

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> <p style="text-align: center; font-size: 1.2em;">6</p>																				
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI <p style="text-align: center; font-size: 1.2em;">Mr                      James                      M</p> <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX <p style="text-align: center; font-size: 1.2em;">Benham</p>	<div style="border: 2px solid black; padding: 5px;"> <p style="text-align: center; font-weight: bold; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 0.8em; margin: 5px 0;">Date Received</p> <p style="font-size: 1.5em; text-align: center; margin: 5px 0;">RECEIVED</p> <p style="font-size: 1.2em; text-align: center; margin: 5px 0;">JAN 22 2013</p> <hr style="border-top: 1px solid black;"/> <p style="font-size: 0.8em; margin: 5px 0;">Date Hand-delivered or Postmarked</p> <table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table> </div>		Receipt #	Amount	Date Processed		Date Imaged															
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Date Processed																							
Date Imaged																							
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <p style="font-size: 1.2em;">315 Woodland Springs Dr, College Station, TX 77845</p>																						
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION <p style="font-size: 1.2em;">( 979 )                      777-1535</p>																						
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI <p style="text-align: center; font-size: 1.2em;">Mr                      James                      M</p> <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX <p style="text-align: center; font-size: 1.2em;">Benham</p>																						
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <p style="font-size: 1.2em;">315 Woodland Springs Dr, College Station, TX 77845</p>																						
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION <p style="font-size: 1.2em;">( 979 )                      777-1535</p>																						
<b>9 REPORT TYPE</b>	<table style="width:100%; font-size: 0.9em;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)												
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<b>10 PERIOD COVERED</b>	<table style="width:100%; font-size: 0.9em;"> <tr> <td>Month</td><td>Day</td><td>Year</td><td style="text-align: center;">THROUGH</td><td>Month</td><td>Day</td><td>Year</td> </tr> <tr> <td style="text-align: center;">7</td><td style="text-align: center;">1</td><td style="text-align: center;">2012</td><td></td><td style="text-align: center;">12</td><td style="text-align: center;">31</td><td style="text-align: center;">2012</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	7	1	2012		12	31	2012						
Month	Day	Year	THROUGH	Month	Day	Year																	
7	1	2012		12	31	2012																	
<b>11 ELECTION</b>	<table style="width:100%; font-size: 0.9em;"> <tr> <td>Month</td><td>ELECTION DATE</td><td>Year</td><td colspan="3">ELECTION TYPE</td> </tr> <tr> <td></td><td>Day</td><td></td><td><input type="checkbox"/> Primary</td><td><input type="checkbox"/> Runoff</td><td><input checked="" type="checkbox"/> General</td><td><input type="checkbox"/> Special</td> </tr> <tr> <td style="text-align: center;">11</td><td style="text-align: center;">6</td><td style="text-align: center;">2012</td><td></td><td></td><td></td><td></td> </tr> </table>			Month	ELECTION DATE	Year	ELECTION TYPE				Day		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	11	6	2012				
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11	6	2012																					
<b>12 OFFICE</b>	OFFICE HELD (if any)  <p style="font-size: 1.2em;">College Station City Council Place 6</p>	<b>13 OFFICE SOUGHT (if known)</b>  <p style="font-size: 1.2em;">College Station City Council Place 6</p>																					
<p style="font-weight: bold; font-size: 1.2em;">GO TO PAGE 2</p>																							

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME**  
James M Benham

**15 ACCOUNT # (Ethics Commission Filers)**

**16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

**17 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 100

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,425

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 2,262.95

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

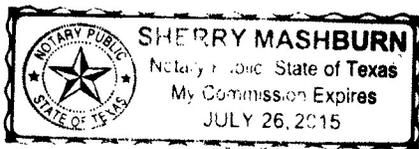
\$ 1,162.05

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

**18 AFFIDAVIT**



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*James M Benham*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JAMES BENHAM, this the 22<sup>nd</sup> day of JANUARY, 20 13, to certify which, witness my hand and seal of office.

*Sherry Mashburn*  
Signature of officer administering oath

Sherry MASHBURN  
Printed name of officer administering oath

CITY SECRETARY  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME James M Benham		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/26/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James T Benham 6 Contributor address; City; State; Zip Code 412 Cornell Ave Baton Rouge, LA 70808	7 Amount of contribution (\$) \$1,000 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Business Owner		10 Employer (See Instructions) JB Knowledge Technologies, Inc.	
Date 7/27/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Sam Harrison Contributor address; City; State; Zip Code 2721 Osler Blvd Bryan, TX 77802	Amount of contribution (\$) \$500 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Harrison Holdings	
Date 7/30/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James and Mary Wolfe Contributor address; City; State; Zip Code 4716 Heron Lakes Circle Bryan, TX 77802	Amount of contribution (\$) \$500 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) The Adam Corporation/Group	
Date 8/10/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moe and Babs Athmann Contributor address; City; State; Zip Code 332 Cornell Ave Baton Rouge, LA 70808	Amount of contribution (\$) \$300 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 8-21-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred and Susan Caldwell Contributor address; City; State; Zip Code 15330 Hilltop View Dr Cypress, TX 77429	Amount of contribution (\$) \$250 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) The Caldwell Companies	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>2</b>	
2 FILER NAME <b>James M Benham</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>7/31/12</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Casey Oldham</b>	7 Amount of contribution (\$) <b>\$250</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2003 Moses Creek Ct College Station, TX 77845</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Business Owner</b>		10 Employer (See Instructions) <b>Oldham Goodwin Group</b>	
Date <b>9/4/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Clint Cooper</b>	Amount of contribution (\$) <b>\$200</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Broker</b>		Employer (See Instructions) <b>Caldwell Companies</b>	
Date <b>8/3/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hunter Goodwin</b>	Amount of contribution (\$) <b>\$200</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		Employer (See Instructions) <b>Oldham Goodwin Group</b>	
Date <b>7/27/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tony and Callie Varisco</b>	Amount of contribution (\$) <b>\$125</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		Employer (See Instructions) <b>Laraby Financial</b>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <b>2</b>	<b>2</b> FILER NAME <b>James M Benham</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>8/28/2012</b>	<b>5</b> Payee name <b>Shannon Morton</b>	
<b>6</b> Amount (\$) <b>\$50</b>	<b>7</b> Payee address; City; State; Zip Code <b>College Station, Texas</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>8/29/2012</b>	Payee name <b>Squarespace</b>	
Amount (\$) <b>\$192</b>	Payee address; City; State; Zip Code <b>459 Broadway, 5th Floor New York, NY 10013</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>8/10/2012</b>	Payee name <b>Paypal</b>	
Amount (\$) <b>\$9</b>	Payee address; City; State; Zip Code <b>2211 North 1st St, San Jose, CA 95131</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>9/4/2012</b>	Payee name <b>Paypal</b>	
Amount (\$) <b>\$6.10</b>	Payee address; City; State; Zip Code <b>2211 North 1st St, San Jose, CA 95131</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <b>2</b>	<b>2</b> FILER NAME <b>James M Benham</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <b>8/13/2012</b>	<b>5</b> Payee name <b>War Room Strategies</b>
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<b>6</b> Amount (\$) <b>\$1,000</b>	<b>7</b> Payee address; City; State; Zip Code <b>4103 S Texas Ave, Bryan. TX 77802 Ste 217</b>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/3/2012</b>	Payee name <b>War Room Strategies</b>
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Amount (\$) <b>\$1,000</b>	Payee address; City; State; Zip Code <b>4103 S Texas Ave, Bryan. TX 77802 Ste 217</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/25/2012</b>	Payee name <b>US Postal Service</b>
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Amount (\$) <b>\$5.85</b>	Payee address; City; State; Zip Code <b>Post Office Bryan, TX 77806</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
1

2 FILER NAME

James M Benham

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/31/12

5 Name of person from whom amount is received

JP Morgan Chase Bank

6 Address of person from whom amount is received; City; State; Zip Code

JP Morgan Chase Bank  
New York, NY

8 Amount (\$)

\$0.06

7 Purpose for which amount is received

Interest Earned on Checking Account

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED