CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:
3

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr FIRST: James MI: M	**OFFICE USE ONLY**
	NICKNAME: LAST: Benham SUFFIX:	Date Received

OFFICE USE ONLY

RECEIVED

JUL 09 2013

8:50 am

Date Hand-delivered or Postmarked

Receipt #   Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
[X] change of address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
803 Bethpage Ct   College Station   TX   77845

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (979)   PHONE NUMBER: 777-1535   EXTENSION:

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mr   FIRST: James   MI: M
NICKNAME: LAST: Benham   SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
(residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
803 Bethpage Ct   College Station   TX   77845

8 CAMPAIGN TREASURER PHONE
AREA CODE: (979)   PHONE NUMBER: 777-1535   EXTENSION:

9 REPORT TYPE

- [ ] January 15
- [ ] 30th day before election
- [ ] Runoff
- [ ] 15th day after campaign treasurer appointment (officeholder only)
- [X] July 15
- [ ] 8th day before election
- [ ] Exceeded $500 limit
- [ ] Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month: 1 / Day: 16 / Year: 13   THROUGH   Month: 7 / Day: 15 / Year: 13

11 ELECTION
ELECTION DATE — Month / Day / Year

ELECTION TYPE
- [ ] Primary
- [ ] Runoff
- [ ] General
- [ ] Special

12 OFFICE
OFFICE HELD (if any): College Station City Council, Place 6

13 OFFICE SOUGHT (if known):

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	**15** ACCOUNT # (Ethics Commission Filers)
James M Benham	

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	COMMITTEE NAME
	☐ GENERAL	
	☐ SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
☐ additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0.05
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 0
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1,162.17
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

18 AFFIDAVIT

BARBARA LEE VASS
Notary Public, State of Texas
My Commission Expires
2-15-2016
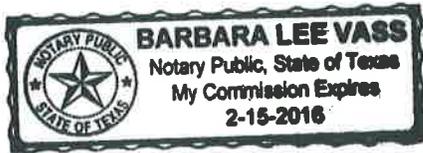
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

_____
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ___James M. Benham___, this the

___9th___ day of ___July___, 20 _13_, to certify which, witness my hand and seal of office.

___Barbara Lee Vass___
Signature of officer administering oath

___Barbara Lee Vass___
Printed name of officer administering oath

___Secretary___
Title of officer administering oath

Revised 04/19/2013

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:

2 FILER NAME James M Benham	**3** ACCOUNT # (Ethics Commission Filers)

| **4** Date
6/28/13 | **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
($)

$0.05 |
| | **7** Purpose for which amount is received
Interest on Checking | |

| Date | Name of person from whom amount is received

. . . .
Address of person from whom amount is received; City; State; Zip Code | Amount
($) |
| | Purpose for which amount is received | |

| Date | Name of person from whom amount is received

. . . .
Address of person from whom amount is received; City; State; Zip Code | Amount
($) |
| | Purpose for which amount is received | |

| Date | Name of person from whom amount is received

. . . .
Address of person from whom amount is received; City; State; Zip Code | Amount
($) |
| | Purpose for which amount is received | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED