# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH COVER SHEET PG 1**

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: Mr | FIRST: Zakary | MI: R

NICKNAME | LAST: Benge | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

Change of Address

ADDRESS / PO BOX: PO Box 2447 | APT / SUITE #: | CITY: Ratcliff, Texas 75858 | STATE: | ZIP CODE:

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE: (936 ) | PHONE NUMBER: 465-4689 | EXTENSION:

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR: Mrs | FIRST: Seema | MI: P

NICKNAME | LAST: Benge | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS**

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): PO Box 2447 | APT / SUITE #: | CITY: Ratcliff, Texas 75858 | STATE: | ZIP CODE:

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: ( 936 ) | PHONE NUMBER: 465-4689 | EXTENSION:

**OFFICE USE ONLY**

Date Received

Houston County Elections

OCT 09 2024

RECEIVED

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**9 REPORT TYPE**

- ☐ January 15
- ☐ July 15
- ■ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☐ Exceeded Modified Reporting Limit
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**

Month / Day / Year: 7 / 2 / 24 THROUGH 10 / 9 / 24

**11 ELECTION**

ELECTION DATE: Month / Day / Year: 11 / 5 / 24

ELECTION TYPE:

- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ■ General
- ☐ Special

**12 OFFICE**

OFFICE HELD (if any)

**13 OFFICE SOUGHT (if known)**

Houston County Sheriff

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

Additional Pages

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

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| 15 C/OH NAME | 16 Filer ID (Ethics Commission Filers) |
|---|---|
| Zakary R Benge | |

| | | | |
|---|---|---|---|
| 17 CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | $ 0.00 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 0.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 0.00 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 0.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 0.15 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ |

**18 SIGNATURE** 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.

Zakary Ray Benge
Signature of Candidate or Officeholder

## Please complete either option below:

**(1) Affidavit**

SHARON RENAY LUKER
NOTARY PUBLIC
STATE OF TEXAS
ID # 12560644-1
My Comm. Expires 03-31-2026

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Zakary Ray Benge this the 9 day of October, 20 24, to certify which, witness my hand and seal of office.

Sharon Renay Luker — Sharon Renay Luker — notary

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

**OR**

**(2) Unsworn Declaration**

My name is Zakary R. Benge, and my date of birth is 09/20/1975.

My address is PO Box 2447 (street), Ratcliff (city), Tx (state), 75858 (zip code), U.S.A. (country).

Executed in Houston County, State of Texas, on the 9 day of October (month), 2024 (year).

Zakary Ray Benge
Signature of Candidate/Officeholder (Declarant)

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**
**COVER SHEET PG 1**

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: Mr.
FIRST: Zakary
MI: R
NICKNAME:
LAST: Benge
SUFFIX:

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**
Change of Address

ADDRESS / PO BOX: PO Box 2447
APT / SUITE #:
CITY: Ratcliff, Texas 75858
STATE:
ZIP CODE:

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE: (936 )
PHONE NUMBER: 465=4689
EXTENSION:

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR: Mrs.
FIRST: Seema
MI: P
NICKNAME:
LAST: Benge
SUFFIX:

**7 CAMPAIGN TREASURER ADDRESS**
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): POMBox 2447
APT / SUITE #:
CITY: Ratcliff, Texas 75858
STATE:
ZIP CODE:

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: ( 936 )
PHONE NUMBER: 465-4689
EXTENSION:

**OFFICE USE ONLY**

Date Received
Houston County Elections
JUL 12 2024
RECEIVED

Date Hand-delivered or Date Postmarked

Receipt #

Amount $

Date Processed

Date Imaged

**9 REPORT TYPE**

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ■ July 15
- ☐ 8th day before election
- ☐ Exceeded Modified Reporting Limit
- ☐ Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**

Month / Day / Year: 2 / 26 / 24
THROUGH
Month / Day / Year: 7 / 1 / 24

**11 ELECTION**

ELECTION DATE
Month / Day / Year: 3 / 5 / 24

ELECTION TYPE
- ☐ Primary
- ☐ Runoff
- ■ Other
- ☐ General
- ☐ Special

Description: Mandatory Filing

**12 OFFICE**

OFFICE HELD (if any):

**13 OFFICE SOUGHT** (if known)
Houston County Sheriff

**14 NOTICE FROM POLITICAL COMMITTEE(S)**
Additional Pages

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

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**15** C/OH NAME
Zakary R Benge

**16** Filer ID (Ethics Commission Filers)

| | | |
|---|---|---|
| **17** CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | $ 0.00 |
| | 2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 2557.28 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 0.00 |
| | 4. **TOTAL POLITICAL EXPENDITURES** | $ 3316.84 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ .15 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ |

**18** SIGNATURE 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.

Zakary Ray Benge
Signature of ~~Candidate~~ or Officeholder

## Please complete either option below:

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Zakary R. Benge, and my date of birth is 09/20/1975.
My address is PO Box 2447 (street), Ratcliff (city), Tx (state), 75858 (zip code), USA (country).
Executed in Houston County, State of Texas, on the 9 day of July (month), 20 24 (year).

Zakary Benge
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH**
**COVER SHEET PG 3**

| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
|---|---|
| Zakary R Benge | |

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
|---|---|---|
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ 2557.28 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | $ |
| 4. | SCHEDULE E: LOANS | $ |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 3316.84 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | $ |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | $ |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | $ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | $ |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

If the requested information is not applicable, **DO NOT include this page in the report.**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:

2 FILER NAME
Zakary R Benge

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#:) | 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|---|---|---|---|
| 02/26/2024 | James R Brenner | Crockett, Texas 75835 | 242.28 | Self | |
| 02/29/2024 | Larry Benge | PO Box 1437 Ratcliff, Tx 75858 | 700.00 | Retired | |
| 03/01/2024 | Betty Atkinson | Crockett, Texas | 100.00 | Retired | |
| 03/15/2024 | Maria Klein | Grapeland, Texas | 1,515.00 | Retired | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 02/28/2024 | The Messenger |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| 815.00 | Grapeland, Texas 75844 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertising | Political Ads |

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

---

| Date | Payee name |
|---|---|
| 02/29/2024 | Lucky Cleaners |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 66.52 | Loop 304 Crockett, Texas 75835 |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Other | Dry Cleaning |

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

---

| Date | Payee name |
|---|---|
| 02/29/2024 | Texas Elite Custom Apparel |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 182.67 | East Houston Street Crockett, Texas 75835 |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising | Political Signs |

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 02/29/2024 | KIVY |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 276.00 | Crockett, Texas 75835 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertising | Political Ads |

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

| Date | Payee name |
|---|---|
| 03/02/2024 | Crockett Chamber of Commerce |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 220.00 | Crockett, Texas 75835 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Event Expense | Banquet |

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

| Date | Payee name |
|---|---|
| 03/04/2024 | HotSpot |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 83.50 | HWY 287 North Latexo, Texas | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Travel | Fuel |

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

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

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

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| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 03/08/2024 | HEB |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 58.15 | Loop 304 Crockett, Texas 75835 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Travel | Fuel |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 03/18/2024 | Crockett Elite Track Club |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 100.00 | Crockett, Texas 75835 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Contributions | Donation |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 03/19/2024 | The Messenger |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 1,515.00 | Grapeland, Texas 75844 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising | Political Ads |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**
**COVER SHEET PG 1**

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

**1** Filer ID (Ethics Commission Filers)

**2** Total pages filed:

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: Mr | FIRST: Zakary | MI: R

NICKNAME | LAST: Benge | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: PO Box 2447 Ratcliff, Texas 75858

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE: (936 ) | PHONE NUMBER: 465-4689 | EXTENSION

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR: Mrs. | FIRST: Seema | MI: P

NICKNAME | LAST: Benge | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS**

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: PO Box 2447 Ratcliff, Texas 75858

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: ( 936 ) | PHONE NUMBER: 465-4689 | EXTENSION

**OFFICE USE ONLY**

Date Received

Houston County Elections

FEB 26 2024

RECEIVED

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**9 REPORT TYPE**

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ July 15
- ■ 8th day before election
- ☐ Exceeded Modified Reporting Limit
- ☐ Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**

Month / Day / Year: 2 / 3 / 24 THROUGH 2 / 25 / 24

**11 ELECTION**

ELECTION DATE — Month / Day / Year: 3 / 5 / 24

ELECTION TYPE

- ■ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

**12 OFFICE**

OFFICE HELD (if any)

**13** OFFICE SOUGHT (if known): Houston County Sheriff

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

Additional Pages

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COMMITTEE TYPE

- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| 15 C/OH NAME | 16 Filer ID (Ethics Commission Filers) |
|---|---|
| Zakary R Benge | |

| | | | |
|---|---|---|---|
| 17 CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | $ 0.00 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 4550.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 0.00 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 7064.58 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 759.71 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 2750.00 |

**18 SIGNATURE** 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.

Zak R Benge
Signature of Candidate or Officeholder

## Please complete either option below:

**(1) Affidavit**

STACY R. HAND
NOTARY PUBLIC
STATE OF TEXAS
ID # 13101567-6
My Comm. Expires 02-22-2025

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Zak Benge this the 26 day of February, 20 24, to certify which, witness my hand and seal of office.

Stacy Hand — Signature of officer administering oath
Stacy Hand — Printed name of officer administering oath
notary — Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH**
**COVER SHEET PG 3**

| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
|---|---|
| Zakary R Benge | |

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
|---|---|---|
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ 4550.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ 3805.00 |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | $ |
| 4. | SCHEDULE E: LOANS | $ 2750.00 |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 7064.58 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | $ |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | $ |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | $ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | $ |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

If the requested information is not applicable, **DO NOT include this page in the report.**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1:

**2** FILER NAME
Zakary R Benge

**3** Filer ID (Ethics Commission Filers)

| **4** Date | **5** Full name of contributor out-of-state PAC (ID#:_____) | **7** Amount of contribution ($) |
|---|---|---|
| 02/05/2024 | Dee Benge<br>**6** Contributor address; City; State; Zip Code<br>Ratcliff, Texas 75858 | 1,900.00 |

| **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) |
|---|---|
| Retired | Retired |

| Date | Full name of contributor out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 02/09/2024 | Brijesh Patel<br>Contributor address; City; State; Zip Code<br>Ratcliff, Texas 75858 | 1,000.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Self | Self |

| Date | Full name of contributor out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 02/16/2024 | Jane Richmond<br>Contributor address; City; State; Zip Code<br>Crockett, Texas 75835 | 100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Retired | Retired |

| Date | Full name of contributor out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 02/16/2024 | Lisa Apodaca<br>Contributor address; City; State; Zip Code<br>Ratcliff, Texas 75858 | 100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Cashier | Lakeside Foodmart |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

If the requested information is not applicable, **DO NOT include this page in the report.**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1:

**2** FILER NAME
Zakary R Benge

**3** Filer ID (Ethics Commission Filers)

| **4** Date | **5** Full name of contributor out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code | **7** Amount of contribution ($) | **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) |
|---|---|---|---|---|
| 02/19/2024 | Ryan Martin<br>Crockett, Texas 75835 | 100.00 | Peace Officer | Latexo ISD |
| 02/21/2024 | Bryan Lake<br>Crockett, Texas 75835 | 150.00 | Retired | Retired |
| 02/21/2024 | Gary LaRue<br>Lovelady, Texas 75851 | 200.00 | Retired | Retired |
| 02/22/2024 | Bobby Shoemake<br>Latexo, Texas 75849 | 1,000.00 | Self | Self |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

If the requested information is not applicable, **DO NOT include this page in the report.**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A2:

2 FILER NAME
Zakary R Benge

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $ 3,805.00

| 5 Date | 6 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 7 Contributor address; City; State; Zip Code | 8 Amount of Contribution $ | 9 In-kind contribution description |
|---|---|---|---|
| 02/14/2024 | Len Glawson<br>Lovelady, Texas 75851 | 900.00 | Food |

Check if travel outside of Texas. Complete Schedule T.

| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employer (FOR NON-JUDICIAL) (See Instructions) |
|---|---|
| Self | Self |
| 12 Contributor's principal occupation (FOR JUDICIAL) | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) |

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution $ | In-kind contribution description |
|---|---|---|---|
| 02/20/2024 | Len Glawson<br>Lovelady, Texas 75851 | 2,905.00 | Food |

Check if travel outside of Texas. Complete Schedule T.

| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employer (FOR NON-JUDICIAL) (See Instructions) |
|---|---|
| Self | Self |
| Contributor's principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See Instructions) |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# LOANS

**SCHEDULE E**

If the requested information is not applicable, **DO NOT include this page in the report.**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule E:

**2** FILER NAME
Zakary R Benge

**3** Filer ID (Ethics Commission Filers)

**4** TOTAL OF UNITEMIZED LOANS
$ 2,750.00

**5** Date of loan
02/20/2024

**7** Name of lender ☐ out-of-state PAC (ID#:_____)
Zakary R Benge

**9** Loan Amount ($)
2,750.00

**6** Is lender a financial Institution?
☐ Y ■ N

**8** Lender address; City; State; Zip Code
PO Box 2447 Ratcliff, Texas 75858

**10** Interest rate

**11** Maturity date

**12** Principal occupation / Job title (See Instructions)
Retired

**13** Employer (See Instructions)
Retired

**14** Description of Collateral
■ none

**15** Check if personal funds were deposited into political account (See Instructions)

**16** GUARANTOR INFORMATION
not applicable

**17** Name of guarantor

**18** Guarantor address; City; State; Zip Code

**19** Amount Guaranteed ($)

**20** Principal Occupation (See Instructions)

**21** Employer (See Instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID#:_____)

Loan Amount ($)

Is lender a financial Institution?
☐ Y ☐ N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION
not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 02/03/2024 | Lakeside Foodmart |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 50.00 | Ratcliff, Texas 75858 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Transportation | Fuel |

(c) Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 02/03/2024 | Commercial Bank |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 60.00 | Kennard, Texas 75847 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Solicitation Expense | Cash for fundraisers |

Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 02/05/2024 | Lakeside Foodmart |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 45.00 | Ratcliff, Texas 75858 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Transportation | Fuel |

Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 02/05/2024 | Lucky Cleaners |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 44.98 | Loop 304 Crockett, Texas 75835 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Other | Dry Cleaning |

(c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 02/06/2024 | Nicol Publishing |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 1,285.00 | Grapeland, Texas 75844 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising | Political Ads |

Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 02/06/2024 | Houston County Go Texan |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 600.00 | Crockett, Texas 75835 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Contributions | Fundraiser |

Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 02/07/2024 | Brookeshire Brothers |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| 51.00 | Grapeland, Texas 75844 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Transportation | Fuel |

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 02/09/2024 | Lucky Cleaners |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 19.86 | Crockett, Texas 75835 |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Other | Dry Cleaning |

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 02/09/2024 | Moosehead Cafe |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 41.74 | Crockett, Texas 75835 |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Food | Meals |

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 02/09/2024 | Crockett Oil, Lube and Wash |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 75.00 | Crockett, Texas 75835 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Transportation | Car Wash |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 02/11/2024 | Valero |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 92.00 | Crockett, Texas 75835 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Transportation | Fuel |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 02/12/2024 | Nicol Publishing |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 355.00 | Grapeland, Texas 75844 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising | Political Ads |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

**4 Date:** 02/14/2024

**5 Payee name:** Latexo Booster Club

**6 Amount ($):** 300.00

**7 Payee address; City; State; Zip Code:** Latexo, Texas 75849

**8 PURPOSE OF EXPENDITURE**

**(a) Category** (See Categories listed at the top of this schedule): Donations

**(b) Description:** Fundraiser

**(c)** Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐

**9 Complete ONLY if direct expenditure to benefit C/OH** — Candidate / Officeholder name: | Office sought: | Office held:

---

**Date:** 02/16/2024

**Payee name:** Kennard ISD

**Amount ($):** 104.00

**Payee address; City; State; Zip Code:** Kennard, Texas 75847

**PURPOSE OF EXPENDITURE**

**Category** (See Categories listed at the top of this schedule): Donation

**Description:** Fundraiser

Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: | Office sought: | Office held:

---

**Date:** 02/17/2024

**Payee name:** Mary Allen Museum

**Amount ($):** 110.00

**Payee address; City; State; Zip Code:** Crockett, Texas 75835

**PURPOSE OF EXPENDITURE**

**Category** (See Categories listed at the top of this schedule): Donation

**Description:** Fundraiser

Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: | Office sought: | Office held:

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 02/17/2024 | Crockett Truck Stop |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 89.00 | Crockett, Texas 75835 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Transportation | Fuel |

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 02/19/2024 | Jayde Young |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 200.00 | Crockett, Texas 75835 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Donation | Fundraiser |

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 02/20/2024 | KIVY |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 156.00 | Crockett, Texas 75835 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising | Political Ads |

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

**4 Date:** 02/20/2024

**5 Payee name:** The Messenger

**6 Amount ($):** 2,730.00

**7 Payee address;** Grapeland, Texas 75844 — City; State; Zip Code

**8 PURPOSE OF EXPENDITURE**

**(a) Category** (See Categories listed at the top of this schedule): Advertising

**(b) Description:** Political Ads

**(c)** Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐

**9** Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: ____ Office sought: ____ Office held: ____

---

**Date:** 02/22/2024

**Payee name:** KIVY

**Amount ($):** 156.00

**Payee address;** Crockett, Texas 75835 — City; State; Zip Code

**PURPOSE OF EXPENDITURE**

**Category** (See Categories listed at the top of this schedule): Advertising

**Description:** Political Ads

Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: ____ Office sought: ____ Office held: ____

---

**Date:** 02/24/2024

**Payee name:** Lovelady FFA

**Amount ($):** 500.00

**Payee address;** Lovelady, Texas 75851 — City; State; Zip Code

**PURPOSE OF EXPENDITURE**

**Category** (See Categories listed at the top of this schedule): Donation

**Description:** Fundraiser

Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: ____ Office sought: ____ Office held: ____

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**
**COVER SHEET PG 1**

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

**1** Filer ID (Ethics Commission Filers)

**2** Total pages filed:

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: Mr | FIRST: Zakary | MI: R
NICKNAME | LAST: Benge | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**
Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 2447 Ratcliff, Texas 75858

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE: (936 ) | PHONE NUMBER: 655-2811 | EXTENSION

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR: Mrs. | FIRST: Seema | MI: P
NICKNAME | LAST: Benge | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS**
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 2447 Ratcliff, Texas 75858

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: ( 936 ) | PHONE NUMBER: 655-2811 | EXTENSION

**OFFICE USE ONLY**

Date Received

Houston County Elections
FEB 0 5 2024
RECEIVED

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**9 REPORT TYPE**

- ☐ January 15
- ☐ July 15
- ■ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☐ Exceeded Modified Reporting Limit
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**

Month / Day / Year: 1 / 1 / 24 THROUGH 2 / 2 / 24

**11 ELECTION**

ELECTION DATE: Month / Day / Year: 3 / 5 / 24

ELECTION TYPE:
- ■ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

**12 OFFICE**

OFFICE HELD (if any)

**13** OFFICE SOUGHT (if known): Houston County Sheriff

**14 NOTICE FROM POLITICAL COMMITTEE(S)**
Additional Pages

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

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| 15 C/OH NAME | 16 Filer ID (Ethics Commission Filers) |
|---|---|
| Zakary R Benge | |

| | | | |
|---|---|---|---|
| 17 CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | $ 0.00 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 875.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 0.00 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 3392.19 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 524.29 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 1500.00 |

**18 SIGNATURE** 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.

Zak Benge

Signature of Candidate or Officeholder

## Please complete either option below:

**(1) Affidavit**

STACY R. HAND
NOTARY PUBLIC
STATE OF TEXAS
ID # 13101567-6
My Comm. Expires 02-22-2025

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Zak Benge this the 5th day of February 2024, to certify which, witness my hand and seal of office.

| Stacy Hand | Stacy Hand | notary |
|---|---|---|
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |

OR

**(2) Unsworn Declaration**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH**
**COVER SHEET PG 3**

| **19** FILER NAME | **20** Filer ID (Ethics Commission Filers) |
|---|---|
| | |

| **21** SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
|---|---|---|
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ 875.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | $ |
| 4. | SCHEDULE E: LOANS | $ 1500.00 |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 3392.19 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | $ |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | $ |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | $ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | $ |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

If the requested information is not applicable, **DO NOT include this page in the report.**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:

2 FILER NAME
Zakary R Benge

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 01/04/2024 | Mike Broxson<br>Lovelady, Texas 75851 | 300.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Banking | Lovelady State Bank |

| Date | Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 01/09/2024 | Robert Ritchie<br>Crockett, Texas 75835 | 75.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Retired | |

| Date | Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 01/24/2024 | Willie Johnston<br>Crockett, Texas 75835 | 50.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Road Hand | Houston County |

| Date | Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 01/24/2024 | Lori Jones Johnston<br>Crockett, Texas 75835 | 50.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Retired | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

If the requested information is not applicable, **DO NOT include this page in the report.**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1:

**2** FILER NAME
Zakary R Benge

**3** Filer ID (Ethics Commission Filers)

| **4** Date | **5** Full name of contributor / out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code | **7** Amount of contribution ($) | **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) |
|---|---|---|---|---|
| 01/25/2024 | Luke Carrabba<br>Houston, Texas 77080 | 300.00 | Retired | |

| Date | Full name of contributor / out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) | Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|---|---|---|
| 01/30/2024 | Mark Redwine<br>Ratcliff, Texas 75858 | 100.00 | | |

| Date | Full name of contributor / out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) | Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|---|---|---|
| | | | | |

| Date | Full name of contributor / out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) | Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|---|---|---|
| | | | | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# LOANS

**SCHEDULE E**

If the requested information is not applicable, **DO NOT include this page in the report.**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule E:

**2** FILER NAME
Zakary R Benge

**3** Filer ID (Ethics Commission Filers)

**4** TOTAL OF UNITEMIZED LOANS
$ 1,500.00

**5** Date of loan
01/22/2024

**7** Name of lender ☐ out-of-state PAC (ID#:_____)
Zak Benge

**9** Loan Amount ($)
750.00

**6** Is lender a financial Institution?
☐ Y ■ N

**8** Lender address; City; State; Zip Code
PO Box 2447 Ratcliff, Texas 75858

**10** Interest rate

**11** Maturity date

**12** Principal occupation / Job title (See Instructions)
Retired

**13** Employer (See Instructions)
Retired

**14** Description of Collateral
none

**15** Check if personal funds were deposited into political account (See Instructions)

**16** GUARANTOR INFORMATION
not applicable

**17** Name of guarantor

**18** Guarantor address; City; State; Zip Code

**19** Amount Guaranteed ($)

**20** Principal Occupation (See Instructions)

**21** Employer (See Instructions)

Date of loan
01/24/2024

Name of lender ☐ out-of-state PAC (ID#:_____)
Zak Benge

Loan Amount ($)
250.00

Is lender a financial Institution?
☐ Y ■ N

Lender address; City; State; Zip Code
PO Box 2447 Ratcliff, Texas 75858

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Description of Collateral
none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION
not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
**If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# LOANS

**SCHEDULE E**

If the requested information is not applicable, **DO NOT include this page in the report.**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule E:

2 FILER NAME
Zakary R Benge

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS
$ 1,500.00

5 Date of loan
01/25/2024

7 Name of lender ☐ out-of-state PAC (ID#:_____ )
Zak Benge

9 Loan Amount ($)
500.00

6 Is lender a financial Institution?
☐ Y ■ N

8 Lender address; City; State; Zip Code
PO Box 2447 Ratcliff, Texas 75858

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)
Retired

13 Employer (See Instructions)
Retired

14 Description of Collateral
none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION
not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

---

Date of loan

Name of lender ☐ out-of-state PAC (ID#:_____ )

Loan Amount ($)

Is lender a financial Institution?
☐ Y ☐ N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION
not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 01/04/2024 | Brookeshire Brothers |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 55.00 | Hwy 287 N. Grapeland, Texas 75844 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Transportation | Fuel |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 01/06/2024 | Lakeside Foodmart |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 75.00 | Hwy 7 East Ratcliff, Texas 75858 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Transportation | Fuel |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 01/12/2024 | Zak Benge |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 40.00 | PO Box 2447 Ratcliff, Texas 75858 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Solicitation Expense | Cash for fundraiser expenses |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 01/13/2024 | Lucky Cleaners |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 43.94 | Loop 304 Crockett, Texas 75835 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Other | Dry Cleaning |

(c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|

| Date | Payee name |
|---|---|
| 01/13/2024 | Houston County Youth Basketball |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 275.00 | Crockett, Texas 75835 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Contributions | Youth Organization |

Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|

| Date | Payee name |
|---|---|
| 01/14/2024 | Lakeside Foodmart |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 60.00 | Hwy 7 East Ratcliff, Texas 75858 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Transportation | Fuel |

Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 01/18/2024 | KIVY Radio |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 225.00 | Crockett, Texas 75835 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertising | Political Ads |

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

| Date | Payee name |
|---|---|
| 01/19/2024 | Houston County Go Texan Committee |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 300.00 | Crockett, Texas 75835 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Contribution | Scholarship Fundraiser |

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

| Date | Payee name |
|---|---|
| 01/23/2024 | Lovelady Lovefest |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 50.00 | Lovelady, Texas 75851 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Contribution | Scholarship Fundraiser |

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 01/20/2024 | Davy Crockett Grill |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 16.00 | Loop 304 Crockett, Texas 75835 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Food | Lunch |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 01/24/2024 | Nicol Publishing |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 1,695.00 | 101 Redbud Circle Crockett, Texas 75835 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising | Political Ads |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 01/25/2024 | Smitty's BBQ |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 13.39 | South 4th St. Crockett, Texas 75835 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Food | Lunch |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 01/25/2024 | Lovelady FFA |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 35.00 | Lovelady ISD Lovelady, Texas 75851 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertising | Political Ads |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 01/29/2024 | Lakeside Foodmart |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 51.00 | Hwy 7 East Ratcliff, Texas 75858 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Transportation | Fuel |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 01/29/2024 | Zak Benge |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 40.00 | PO Box 2447 Ratclff, Texas 75858 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Withdrawal | Cash for expenses |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 02/01/2024 | KIVY Radio |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 115.00 | Crockett, Texas 75835 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertising | Political Ads |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 01/31/2024 | BIGS |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 45.00 | Hwy 7 and Loop 304 Crockett, Texas 75835 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Transportation | Fuel |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 02/01/2024 | Lakeside Foodmart |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 40.00 | Hwy 7 East Ratcliff, Texas 75858 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Transportation | Fuel |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

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**SCHEDULE F1**

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Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 02/02/2024 | Impressions Advertising Specialties |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 217.86 | 128 Frontage Road Minden, LA 71055 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertising | Political Signs |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name | | | |
|---|---|---|---|---|
| Amount ($) | Payee address; | City; | State; | Zip Code |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name | | | |
|---|---|---|---|---|
| Amount ($) | Payee address; | City; | State; | Zip Code |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**
**COVER SHEET PG 1**

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

**1** Filer ID (Ethics Commission Filers)

**2** Total pages filed:

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: Mr | FIRST: Zakary | MI: R
NICKNAME | LAST: Benge | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**
Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 2447 Ratcliff, Texas 75858

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE: (936 ) | PHONE NUMBER: 655-2811 | EXTENSION

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR: Mrs | FIRST: Seema | MI: P
NICKNAME | LAST: Benge | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS**
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 2447 Ratcliff, Texas 75858

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: ( 936 ) | PHONE NUMBER: 655-2811 | EXTENSION

**OFFICE USE ONLY**

Date Received
Houston County Elections
JAN 05 2024
RECEIVED

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**9 REPORT TYPE**

- [■] January 15
- [ ] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded Modified Reporting Limit
- [ ] 15th day after campaign treasurer appointment (Officeholder Only)
- [ ] Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**

| | Month | Day | Year |
|---|---|---|---|
| | 9 | 12 | 23 |
| THROUGH | 12 | 31 | 23 |

**11 ELECTION**

ELECTION DATE: Month 3 / Day 5 / Year 24

ELECTION TYPE: ■ Primary | Runoff | Other Description | General | Special

**12 OFFICE**

OFFICE HELD (if any)

**13** OFFICE SOUGHT (if known)
Houston County Sheriff

**14 NOTICE FROM POLITICAL COMMITTEE(S)**
Additional Pages

**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

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| **15** C/OH NAME | **16** Filer ID (Ethics Commission Filers) |
|---|---|
| Zakary R Benge | |

| | | | |
|---|---|---|---|
| **17** CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | $ 0.00 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 20,263.43 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 0.00 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 18721.95 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 1541.48 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 4078.00 |

**18** SIGNATURE 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.

Zakary Benge
Signature of Candidate or Officeholder

## Please complete either option below:

**(1) Affidavit**

SHARON RENAY LUKER
NOTARY PUBLIC
STATE OF TEXAS
ID # 12560644-1
My Comm. Expires 03-31-2026

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Zakary Benge this the 5 day of January, 20 24, to certify which, witness my hand and seal of office.

Sharon Renay Luker — Sharon Renay Luker — Notary
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH**
**COVER SHEET PG 3**

| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
|---|---|
| Zakary R. Benge | |

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
|---|---|---|---|
| 1. | ☒ | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $20263.43 |
| 2. | ☒ | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $3244.98 |
| 3. | ☐ | SCHEDULE B: PLEDGED CONTRIBUTIONS | $ |
| 4. | ☒ | SCHEDULE E: LOANS | $4078.00 |
| 5. | ☒ | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $18721.95 |
| 6. | ☐ | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ |
| 7. | ☐ | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 8. | ☐ | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | $ |
| 9. | ☐ | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | $ |
| 10. | ☐ | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | $ |
| 11. | ☐ | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 12. | ☐ | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | $ |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

If the requested information is not applicable, **DO NOT include this page in the report.**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1:

**2** FILER NAME
Zakary R Benge

**3** Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#:) | 7 Amount of contribution ($) |
|---|---|---|
| 09/20/2023 | Gene Caldwell<br>6 Contributor address; City; State; Zip Code<br>629 N. 4th St. Crockett, Tx 75835 | 500.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Self | Self |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 09/22/2023 | Chuck and Kim Spellman<br>Contributor address; City; State; Zip Code<br>1979 S. 5th St. Crockett, Tx 75835 | 530.43 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Self | Self |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 09/26/2023 | Gary Shearer<br>Contributor address; City; State; Zip Code<br>155 FM 3275 Crockett, Tx 75835 | 100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Retired | Retired |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 10/02/2023 | Larry and Dee Benge<br>Contributor address; City; State; Zip Code<br>PO Box 1437 Ratcliff, Texas 75858 | 2,500.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Retired | Retired |

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**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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1 Total pages Schedule A1:

2 FILER NAME
Zakary R Benge

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#:) | 7 Amount of contribution ($) |
|---|---|---|
| 11/02/2023 | Mike Curry<br>6 Contributor address; City; State; Zip Code<br>133 TX 7 Kennard, Tx 75847 | 100.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Self | Self |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 11/02/2023 | Laurel LaRue<br>Contributor address; City; State; Zip Code<br>PO Box 303 Lovelady, Tx 75851 | 130.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Retired | Retired |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 11/06/2023 | Dennis Eifling<br>Contributor address; City; State; Zip Code<br>24955 FM 227 E Kennard, Tx 75847 | 100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Retired | Retired |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 11/06/2023 | Jennifer Kulms<br>Contributor address; City; State; Zip Code<br>334 CR 1172 Kennard, Tx 75847 | 50.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Bank Teller | Commercial Bank |

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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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1 Total pages Schedule A1:

2 FILER NAME
Zakary R Benge

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#:) | 7 Amount of contribution ($) |
|---|---|---|
| 10/12/2023 | Morris Earl Luker<br>6 Contributor address; City; State; Zip Code<br>PO Box 184 Ratcliff, Tx 75858 | 50.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Constable | Houston County |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 10/12/2023 | Amanda Strength-Stewart<br>Contributor address; City; State; Zip Code<br>1819 Oak Cluster Circle Pearland, Tx 77581 | 200.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| CPA | HilCorp |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 10/12/2023 | Sidney Blair<br>Contributor address; City; State; Zip Code<br>5940 Honea Egypt Rd Montgomery, Tx 77316 | 250.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Sheriff's Deputy | Walkerf County |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 11/07/2023 | Clyde Black<br>Contributor address; City; State; Zip Code<br>136 FM 231 Lovelady, Tx 75851 | 100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Retired | Retired |

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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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1 Total pages Schedule A1:

2 FILER NAME
Zakary R Benge

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 11/10/2023 | Courtney Hyatt | 100.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Bank Teller | Commercial Bank |

| Date | Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 11/10/2023 | Cari Parrish<br>3092 CR 1170 Kennard, Tx 75847 | 40.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Secretary | Kennard ISD |

| Date | Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 11/10/2023 | Shelli Cole<br>2910 CR 4675 Kennard, Tx 75847 | 40.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Secretary | Kennard ISD |

| Date | Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 11/10/2023 | Stan Read<br>PO Box 200 Kennard, Tx 75847 | 1,000.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Self | Self |

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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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1 Total pages Schedule A1:

2 FILER NAME
Zakary R Benge

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#:) | 7 Amount of contribution ($) |
|---|---|---|
| 11/17/2023 | James Horton<br>6 Contributor address; City; State; Zip Code<br>1391 FM 228 Grapeland, Tx 75844 | 500.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Self | Self |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 11/27/2023 | Dee Benge<br>Contributor address; City; State; Zip Code<br>PO Box 1437 Ratcliff, Tx 75858 | 500.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Retired | Retired |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 11/27/2023 | Rodney Taylor<br>Contributor address; City; State; Zip Code<br>620 S. 4th St. Crockett, Tx 75835 | 750.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Self | Self |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 12/01/2023 | Brenda Stubblefield<br>Contributor address; City; State; Zip Code<br>538 CR 1070 Kennard, Tx 75847 | 100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Retired | Retired |

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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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**1** Total pages Schedule A1:

**2** FILER NAME
Zakary R Benge

**3** Filer ID (Ethics Commission Filers)

| **4** Date | **5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code | **7** Amount of contribution ($) |
|---|---|---|
| 12/01/2023 | Bobby Shoemake<br>1786 CR 1805 Kennard, Tx 75847 | 500.00 |

| **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) |
|---|---|
| Self | Self |

| Date | Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 12/05/2023 | Ryan Hatthorn<br>4710 Ellen Trout Drive Lufkin, Tx 75904 | 2,000.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Self | Self |

| Date | Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 12/05/2023 | Kevin McBride<br>PO Box 334 Kennard, Tx 75847 | 150.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Self | Self |

| Date | Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 12/11/2023 | Carl Ray Polk Jr.<br>PO Box 155108 Lufkin, Tx 75915 | 1,000.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Self | Self |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

If the requested information is not applicable, **DO NOT include this page in the report.**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:

2 FILER NAME
Zakary R Benge

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#:) | 7 Amount of contribution ($) |
|---|---|---|
| 12/11/2023 | Andrew Polk<br>6 Contributor address; City; State; Zip Code<br>PO Box 155108 Lufkin, Tx 75915 | 250.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Lender | Lone Star Ag Credit |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 12/11/2023 | Preston Polk<br>Contributor address; City; State; Zip Code<br>1621 Virginia Place Ft. Worth, Tx 76107 | 250.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Attorney | Cantey-Hanger LLP |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 11/28/2023 | Mark Redwine<br>Contributor address; City; State; Zip Code<br>5332 CR 1180 Ratcliff, Tx 75847 | 100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Retired | Retired |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 11/10/2023 | Brijesh Patel<br>Contributor address; City; State; Zip Code<br>PO Box 122 Ratcliff, Tx 75858 | 1,000.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Self | Self |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

If the requested information is not applicable, **DO NOT include this page in the report.**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1:

**2** FILER NAME
Zakary R Benge

**3** Filer ID (Ethics Commission Filers)

| **4** Date | **5** Full name of contributor out-of-state PAC (ID#:_____) | **7** Amount of contribution ($) |
|---|---|---|
| 10/20/2023 | Chuck and Kim Spellman<br>**6** Contributor address; City; State; Zip Code<br>1979 S. 5th St. Crockett, Tx 75835 | 350.00 |

| **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) |
|---|---|
| Self | Self |

| Date | Full name of contributor out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 10/20/2023 | Seema Benge<br>Contributor address; City; State; Zip Code<br>PO Box 2447 Ratcliff, Tx 75858 | 100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Self | Self |

| Date | Full name of contributor out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 10/20/2023 | Brijesh Patel<br>Contributor address; City; State; Zip Code<br>PO Box 122 Ratcliff, Tx 75858 | 25.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Self | Self |

| Date | Full name of contributor out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 12/15/2023 | Alphia Steinsbo<br>Contributor address; City; State; Zip Code<br>128 Main Street Grapeland, Tx 75844 | 500.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Self | Self |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

If the requested information is not applicable, **DO NOT include this page in the report.**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1:

**2** FILER NAME
Zakary R Benge

**3** Filer ID (Ethics Commission Filers)

| **4** Date | **5** Full name of contributor out-of-state PAC (ID#:_____) | **7** Amount of contribution ($) |
|---|---|---|
| 12/15/2023 | Randy Roden<br>**6** Contributor address; City; State; Zip Code<br>PO Box 399 Lovelady, Tx 75851 | 500.00 |

| **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) |
|---|---|
| Self | Self |

| Date | Full name of contributor out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 12/15/2023 | Howard Schuler<br>Contributor address; City; State; Zip Code<br>PO Box 1587 Ratcliff, Tx 75858 | 200.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Unknown | Unknown |

| Date | Full name of contributor out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 12/15/2023 | Diane Benge<br>Contributor address; City; State; Zip Code<br>PO Box 1437 Ratcliff, Tx 75858 | 1,000.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Retired | Retired |

| Date | Full name of contributor out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| | Contributor address; City; State; Zip Code | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

If the requested information is not applicable, **DO NOT include this page in the report.**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1:

**2** FILER NAME
Zakary R Benge

**3** Filer ID (Ethics Commission Filers)

| **4** Date | **5** Full name of contributor / out-of-state PAC (ID#:) | **7** Amount of contribution ($) |
|---|---|---|
| 12/16/2023 | Essie Kellum<br>**6** Contributor address; City; State; Zip Code<br>CR 1193 Grapeland, Tx 75844 | 100.00 |

| **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) |
|---|---|
| Retired | Retired |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 12/16/2023 | Kennon Kellum<br>Contributor address; City; State; Zip Code<br>CR 1193 Grapeland, Tx 75844 | 100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Retired | Retired |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 12/16/2023 | Luther Boyd<br>Contributor address; City; State; Zip Code<br>FM 229 Grapeland, Tx 75844 | 40.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Retired | Retired |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 12/17/2023 | Travis Fickey<br>Contributor address; City; State; Zip Code<br>Lovelady, Tx 75851 | 30.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Boat Captain | Golding Barge Line |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

If the requested information is not applicable, **DO NOT include this page in the report.**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:

2 FILER NAME
Zakary R Benge

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor (out-of-state PAC (ID#:_____)) | 7 Amount of contribution ($) |
|---|---|---|
| 12/19/2023 | Chuck Cunningham | 100.00 |
| | 6 Contributor address; City; State; Zip Code: Grapeland, Tx 75844 | |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Retired | Retired |

| Date | Full name of contributor (out-of-state PAC (ID#:_____)) | Amount of contribution ($) |
|---|---|---|
| 12/18/2023 | David Minchew | $50.00 |
| | Contributor address; City; State; Zip Code: 200 N 9th Crockett, Tx 75835 | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Retired | Retired |

| Date | Full name of contributor (out-of-state PAC (ID#:_____)) | Amount of contribution ($) |
|---|---|---|
| | Contributor address; City; State; Zip Code | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor (out-of-state PAC (ID#:_____)) | Amount of contribution ($) |
|---|---|---|
| | Contributor address; City; State; Zip Code | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

If the requested information is not applicable, **DO NOT include this page in the report.**

| | |
|---|---|
| **The Instruction Guide explains how to complete this form.** | **1** Total pages Schedule A2: 2 |
| **2** FILER NAME<br>Zakary R Benge | **3** Filer ID (Ethics Commission Filers) |
| **4** TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | $ 3,244.98 |

| **5** Date | **6** Full name of contributor ☐ out-of-state PAC (ID#:_____) | **8** Amount of Contribution $ | **9** In-kind contribution description |
|---|---|---|---|
| 10/18/2023 | Catherine Jordan<br>**7** Contributor address; City; State; Zip Code<br>2900 W. Horizon Ridge St 101 Henderson, NV 89052 | 483.23 | Children's shirts<br>Check if travel outside of Texas. Complete Schedule T. |

| | |
|---|---|
| **10** Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br>Self | **11** Employer (FOR NON-JUDICIAL) (See Instructions)<br>Self |
| **12** Contributor's principal occupation (FOR JUDICIAL) | **13** Contributor's job title (FOR JUDICIAL) (See Instructions) |
| **14** Contributor's employer/law firm (FOR JUDICIAL) | **15** Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
| **16** If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution $ | In-kind contribution description |
|---|---|---|---|
| 10/18/2023 | Len Glawson<br>Contributor address; City; State; Zip Code<br>795 S. 4th St. Crockett, Tx 75835 | 2,500.00 | Table at Fundraiser<br>Check if travel outside of Texas. Complete Schedule T. |

| | |
|---|---|
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br>Self | Employer (FOR NON-JUDICIAL) (See Instructions)<br>Self |
| Contributor's principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See Instructions) |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

If the requested information is not applicable, **DO NOT include this page in the report.**

| | |
|---|---|
| **The Instruction Guide explains how to complete this form.** | **1** Total pages Schedule A2: 2 |
| **2** FILER NAME<br>Zakary R Benge | **3** Filer ID (Ethics Commission Filers) |
| **4** TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | $ 3,244.98 |

| **5** Date | **6** Full name of contributor ☐ out-of-state PAC (ID#:_____) | **8** Amount of Contribution $ | **9** In-kind contribution description |
|---|---|---|---|
| 12/06/2023 | Jennifer Harrison<br>**7** Contributor address; City; State; Zip Code<br>2304 Porter Lane Crockett, Tx 75835 | 261.75 | Adult Shirts<br>Check if travel outside of Texas. Complete Schedule T. |

| | |
|---|---|
| **10** Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br>Self | **11** Employer (FOR NON-JUDICIAL) (See Instructions)<br>Self |
| **12** Contributor's principal occupation (FOR JUDICIAL) | **13** Contributor's job title (FOR JUDICIAL) (See Instructions) |
| **14** Contributor's employer/law firm (FOR JUDICIAL) | **15** Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
| **16** If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution $ | In-kind contribution description |
|---|---|---|---|
| | Contributor address; City; State; Zip Code | | Check if travel outside of Texas. Complete Schedule T. |

| | |
|---|---|
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employer (FOR NON-JUDICIAL) (See Instructions) |
| Contributor's principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See Instructions) |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# LOANS

**SCHEDULE E**

If the requested information is not applicable, **DO NOT include this page in the report.**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule E:

2 FILER NAME
Zakary R Benge

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS
$ 4,078.00

5 Date of loan
09/01/2023

7 Name of lender ☐ out-of-state PAC (ID#:_____)
Zak Benge

9 Loan Amount ($)
50.00

6 Is lender a financial Institution?
☐ Y ■ N

8 Lender address; City; State; Zip Code
PO Box 2447 Ratcliff, Tx 75858

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)
Retired

13 Employer (See Instructions)
Retired

14 Description of Collateral
■ none

15 ✔ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION
■ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan
10/03/2023

Name of lender ☐ out-of-state PAC (ID#:_____)
Zak Benge

Loan Amount ($)
2,168.00

Is lender a financial Institution?
☐ Y ■ N

Lender address; City; State; Zip Code
PO Box 2447 Ratcl;iff, Tx 75858

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Description of Collateral
■ none

✔ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION
■ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
**If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# LOANS

**SCHEDULE E**

If the requested information is not applicable, **DO NOT include this page in the report.**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule E:

2 FILER NAME
Zakary R Benge

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS
$ 4,078.00

5 Date of loan
10/04/2023

7 Name of lender ☐ out-of-state PAC (ID#:_____)
Zak Benge

9 Loan Amount ($)
250.00

6 Is lender a financial Institution?
☐ Y ■ N

8 Lender address; City; State; Zip Code
PO Box 2447 Ratcliff, Tx 75858

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)
Retired

13 Employer (See Instructions)
Retired

14 Description of Collateral
■ none

15 ✔ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION
■ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan
10/10/2023

Name of lender ☐ out-of-state PAC (ID#:_____)
Zak Benge

Loan Amount ($)
80.00

Is lender a financial Institution?
☐ Y ■ N

Lender address; City; State; Zip Code
PO Box 2447 Ratcl;iff, Tx 75858

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Description of Collateral
■ none

✔ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION
■ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# LOANS

**SCHEDULE E**

If the requested information is not applicable, **DO NOT include this page in the report.**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule E:

**2** FILER NAME
Zakary R Benge

**3** Filer ID (Ethics Commission Filers)

**4** TOTAL OF UNITEMIZED LOANS
$ 4,078.00

**5** Date of loan
11/07/2023

**7** Name of lender ☐ out-of-state PAC (ID#:_____)
Zak Benge

**9** Loan Amount ($)
530.00

**6** Is lender a financial Institution?
☐ Y ■ N

**8** Lender address; City; State; Zip Code
PO Box 2447 Ratcliff, Tx 75858

**10** Interest rate

**11** Maturity date

**12** Principal occupation / Job title (See Instructions)
Retired

**13** Employer (See Instructions)
Retired

**14** Description of Collateral
■ none

**15** ✔ Check if personal funds were deposited into political account (See Instructions)

**16** GUARANTOR INFORMATION
■ not applicable

**17** Name of guarantor

**18** Guarantor address; City; State; Zip Code

**19** Amount Guaranteed ($)

**20** Principal Occupation (See Instructions)

**21** Employer (See Instructions)

Date of loan
11/08/2023

Name of lender ☐ out-of-state PAC (ID#:_____)
Zak Benge

Loan Amount ($)
1,000.00

Is lender a financial Institution?
☐ Y ■ N

Lender address; City; State; Zip Code
PO Box 2447 Ratcl;iff, Tx 75858

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Description of Collateral
■ none

✔ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION
■ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
**If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 10/02/2023 | Crockett Police Officers Association |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 490.00 | 200 N. 5th Street Crockett, Texas 75835 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Contributions | CPOA Fundraiser |

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 10/02/2023 | Tx Elite Custom Apparel |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 510.29 | 703 E Houston Ave Crockett, Tx 75835 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising | Tshirts |

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 10/03/2023 | Impressions Advertising Specialties |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 4,828.04 | 128 Frontage Road Minden, LA 71055 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising | Political Signs |

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 10/04/2023 | Brenda Christian |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 250.00 | Crockett, Texas 75835 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Contributions | Benefit Rodeo |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 10/10/2023 | The Grapeland Messenger |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 80.00 | 101 Redbud Circle Crockett, Tx 75835 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising | Political Ads |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 10/13/2023 | The Grapeland Messenger |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 460.00 | 101 Redbud Circle Crockett, Tx 75835 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising | Political Ads |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 10/14/2023 | Lisa Reeves |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 350.00 | Kennard, Tx 75847 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Contributions | Benefit |

(c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

| Date | Payee name |
|---|---|
| 10/19/2023 | Stowe Lumber Company |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 21.42 | 800 1st Street Crockett, Tx 75835 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising | Wood for political sign stand |

Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

| Date | Payee name |
|---|---|
| 10/25/2023 | The Grapeland Messenger |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 470.00 | 101 Redbud Circle Crockett, Tx 75835 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising | Political Ads |

Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 11/01/2023 | Tx Elite Custom Apparel |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 271.82 | 703 E Houston Ave Crockett, Tx 75835 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertising | Tshirts |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 11/01/2023 | Teresa Land |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 100.00 | Crockett, Tx 75835 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Contributions | Church Fundraiser |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 11/06/2023 | Latexo PTO |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 580.00 | Latexo ISD Latexo, Tx 75849 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Contributions | School Fundraiser |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 11/07/2023 | Kennard ISD |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 750.00 | 304 HWY 7 East Kennard, Tx 75847 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Contributions | School Fundraiser |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 11/08/2023 | The Grapeland Messenger |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 275.00 | 101 Redbud Circle Crockett, Tx 75835 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising | Political Ads |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 11/11/2023 | Houston County Republican Party |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 750.00 | 412 E Houston Ave Crockett, Tx 75835 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Polling Expense | Filing Fee |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 11/15/2023 | Kennard Lions Club |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 300.00 | Kennard, Tx 75847 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Contributions | Scholarship Fundraiser |

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 11/18/2023 | Zak Benge |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 40.00 | PO Box 2447 Ratcliff, Tx 75858 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Solicitation Expense | Cash for fundraiser expenses |

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 11/27/2023 | The Grapeland Messenger |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 1,435.00 | 101 Redbud Circle Crockett, Tx 75835 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising | Political Ads |

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 11/28/2023 | KIVY Radio |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 75.00 | 102 S 5th Street Crockett, Tx 75835 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertising | Political Ads |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 11/30/2023 | Lakeside Foodmart |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 125.00 | PO Box 122 Ratcliff, Tx 75858 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Transportation | Fuel |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 12/04/2023 | CULOR, Inc. |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 200.00 | Crockett, Tx 75835 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Contributions | Benefit |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 12/08/2023 | Zak Benge |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 40.00 | PO Box 2447 Ratcliff, Tx 75858 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Solicitation | Cash for fundraiser expenses |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 12/11/2023 | KIVY Radio |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 99.00 | 102 S 5th Street Crockett, Tx 75835 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising | Political Ads |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 12/12/2023 | The Grapeland Messenger |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 705.00 | 101 Redbud Circle Crockett, Tx 75835 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising | Political Ads |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

| 4 Date | 5 Payee name |
|---|---|
| 12/12/2023 | Bigs |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| 100.00 | 1279 E Loop 304 Crockett, Tx 75835 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Transportation | Fuel |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|

| Date | Payee name |
|---|---|
| 12/13/2023 | Betty Boops |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 14.94 | 115 S 4th Street Crockett, Texas 75385 |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Food | Lunch |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|

| Date | Payee name |
|---|---|
| 12/15/2023 | Impressions Advertising Specialties |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 2,180.61 | 128 Frontage Road Minden, LA 71055 |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising | Political Signs |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Zakary R Benge | |

**Entry 1**

| 4 Date | 5 Payee name | |
|---|---|---|
| 12/16/2023 | Lakeside Foodmart | |
| **6 Amount ($)** | **7 Payee address;** | City; State; Zip Code |
| 125.00 | 18485 SH 7 East Ratcliff, Tx 75858 | |

**8 PURPOSE OF EXPENDITURE**

| (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|
| Transportation | Truck Fuel |

(c) Check if travel outside of Texas. Complete Schedule T. — Check if Austin, TX, officeholder living expense

**9** Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

**Entry 2**

| Date | Payee name | |
|---|---|---|
| 12/17/2023 | Lakeside Foodmart | |
| **Amount ($)** | **Payee address;** | City; State; Zip Code |
| 65.09 | 18485 SH 7 East Ratcliff, Tx75858 | |

**PURPOSE OF EXPENDITURE**

| Category (See Categories listed at the top of this schedule) | Description |
|---|---|
| Transportation | Truck Fuel |

Check if travel outside of Texas. Complete Schedule T. — Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

**Entry 3**

| Date | Payee name | |
|---|---|---|
| 12/20/2023 | COLOR, Inc. | |
| **Amount ($)** | **Payee address;** | City; State; Zip Code |
| $200.00 | Crockett, TX 75835 | |

**PURPOSE OF EXPENDITURE**

| Category (See Categories listed at the top of this schedule) | Description |
|---|---|
| Contributions | Benefit |

Check if travel outside of Texas. Complete Schedule T. — Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME: Zakary R. Benge | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|

**Expenditure 1**

| 4 Date | 5 Payee name | |
|---|---|---|
| 12/21/2023 | Moosehead Cafe | |
| **6 Amount ($)** | **7 Payee address;** City; State; Zip Code | |
| $16.17 | 412 E. Houston Ave Crockett, TX 75835 | |

**8 PURPOSE OF EXPENDITURE**

(a) Category (See Categories listed at the top of this schedule): Food

(b) Description: Lunch

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

**9** Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

**Expenditure 2**

| Date | Payee name | |
|---|---|---|
| 12/21/2023 | ATM Withdrawal Fee | |
| **Amount ($)** | **Payee address;** City; State; Zip Code | |
| $2.00 | 1279 E Loop 304 Crockett, TX 75835 | |

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule): Fees

Description: Withdrawal Fee

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

**Expenditure 3**

| Date | Payee name | |
|---|---|---|
| 12/21/2023 | ATM Inquiry Fee | |
| **Amount ($)** | **Payee address;** City; State; Zip Code | |
| $2.00 | 1279 E. Loop 304 Crockett, TX 75835 | |

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule): Fees

Description: Withdrawal Fee

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME: Zakary R. Benge | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 4 Date: 12/21/2023 | 5 Payee name: ATM Withdrawal | |
| 6 Amount ($): $42.50 | 7 Payee address; City; State; Zip Code: 1279 E. Loop 304 Crockett, Tx 75835 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule): Fees | (b) Description: Cash for expenses |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| Date | Payee name |
|---|---|
| 12/21/2023 | Houston County |
| Amount ($): $25.00 | Payee address; City; State; Zip Code: 401 E. Goliad Ave Crockett, Tx 75835 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): Fees / Description: Voting List |
| | Check if travel outside of Texas. Complete Schedule T. / Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name / Office sought / Office held |

| Date | Payee name |
|---|---|
| 12/28/2023 | Crockett Iron Works |
| Amount ($): $50.00 | Payee address; City; State; Zip Code: 701 W. Goliad Ave Crockett, Tx 75835 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): Advertising / Description: Metal for campaign signs |
| | Check if travel outside of Texas. Complete Schedule T. / Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name / Office sought / Office held |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME: Zakary R. Benge | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 4 Date: 12/28/2023 | 5 Payee name: H.E.B. | |
| 6 Amount ($): $40.00 | 7 Payee address; City; State; Zip Code: 1035 SH Loop 304 Crockett, TX 75835 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule): Transportation | (b) Description: Truck Fuel |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| Date: 12/27/2023 | Payee name: The Grapeland Messenger | |
|---|---|---|
| Amount ($): $1200.00 | Payee address; City; State; Zip Code: 101 Redbud Circle Crockett, Tx 75835 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): Advertising | Description: Political Ads |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| Date: 12/28/2023 | Payee name: Impressions Advertising Specialties | |
|---|---|---|
| Amount ($): $1297.58 | Payee address; City; State; Zip Code: 128 Frontage Road Minden, LA 71055 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): Advertising | Description: Political Signs |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

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

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME Zakary R. Benge | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 4 Date 12/30/2023 | 5 Payee name Lakeside Foodmart | |
| 6 Amount ($) $40.50 | 7 Payee address; PO Box 122 | City; Ratcliff State; TX Zip Code 75858 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation | (b) Description Fuel for Truck |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| Date 12/29/2023 | Payee name Commercial Bank | |
|---|---|---|
| Amount ($) $40.00 | Payee address; 401 W. Main St. | City; Kennard, TX State; Zip Code 75847 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description Cash for expenses |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| Date | Payee name | |
|---|---|---|
| Amount ($) | Payee address; | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

**2 CANDIDATE NAME**

| MS / MRS / MR | FIRST | MI |
|---|---|---|
| Mr. | Zakary | R. |

| NICKNAME | LAST | SUFFIX |
|---|---|---|
| | Benge | |

**3 CANDIDATE MAILING ADDRESS**

| ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
|---|---|---|---|---|
| P.O. Box 2447 | | Ratcliff, | Tx | 75858 |

**4 CANDIDATE PHONE**

| AREA CODE | PHONE NUMBER | EXTENSION |
|---|---|---|
| (936) | 465-4689 | |

**5 OFFICE HELD** (if any)

**6 OFFICE SOUGHT** (if known)

Houston County Sheriff

**7 CAMPAIGN TREASURER NAME**

| MS/MRS/MR | FIRST | MI | NICKNAME | LAST | SUFFIX |
|---|---|---|---|---|---|
| Mrs. | Seema | P. | | Benge | |

**8 CAMPAIGN TREASURER STREET ADDRESS** (residence or business)

| STREET ADDRESS; | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
|---|---|---|---|---|
| PO Box 2447 | | Ratcliff, | Tx | 75858 |

**9 CAMPAIGN TREASURER PHONE**

| AREA CODE | PHONE NUMBER | EXTENSION |
|---|---|---|
| (936) | 414-3654 | |

**10 CANDIDATE SIGNATURE**

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

Zakary Ray Benge
Signature of Candidate

09/12/2023
Date Signed

**OFFICE USE ONLY**

Filer ID #

Date Received

Houston County Elections
SEP 12 2023
RECEIVED

Date Hand-delivered or Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

GO TO PAGE 2

# CANDIDATE MODIFIED REPORTING DECLARATION



| | |
|---|---|
| 11 CANDIDATE NAME | Zakary R. Benge |
| 12 MODIFIED REPORTING DECLARATION | **COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING** |

**•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••**

**•• The modified reporting option is valid for one election cycle only. ••**
(An election cycle includes a primary election, a general election, and any related runoffs.)

**•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••**

I do not intend to accept more than $1,010 in political contributions or make more than $1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

_____ _____

Year of election(s) or election cycle to which declaration applies

Signature of Candidate

**This appointment is effective on the date it is filed with the appropriate filing authority.**

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC

For more information about where to file go to:
https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php