#### FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT Total pages filed: 1 Filer ID The C/OH Instruction Guide explains how to complete this form. MI FIRST MS / MRS / MR OFFICE USE ONLY CANDIDATE / **OFFICEHOLDER** Ben Date Received NAME **SUFFIX** LAST NICKNAME Zeller ZIP CODE ADDRESS / PO BOX; APT / SUITE #; CITY; CANDIDATE / **OFFICEHOLDER** P.O. BOX 4871 MAILING **ADDRESS** Change of Address Victoria, TX 77903 Date Proces **FIRST** MI MS / MRS / MR CAMPAIGN **TREASURER** NAME SUFFIX NICKNAME 60xen STATE: ZIP CODE APT / SUITE #; CITY; STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN **TREASURER ADDRESS** (Residence or Business) yles Paco Rd. VICTORIA, TX 77904 PHONE NUMBER EXTENSION AREA CODE CAMPAIGN TREASURER PHONE 361- 433-0553 8 REPORT 15th day after campaign treasurer TYPE 30th day before election Runoff January 15 appointment (officeholder only) Final Report (Attach C/OH-FR) Exceeded modified 8th day before election July 15 reporting limit Month Day Year PERIOD Day Year COVERED 07/01/2021 **THROUGH** 12/31/2021 **ELECTION TYPE ELECTION DATE** 10 ELECTION Runoff Other X Primary Month Day Year 03/01/2022 Special General 12 OFFICE SOUGHT (if known) OFFICE HELD (if any) 11 OFFICE Victoria County Judge Victoria County Judge **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 13

13 C / OH NAME	Zeller, Ben	1	L4 Filer ID				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	political contributions accepted or political expenditure These expenditures may have been made without the I officeholders are required to report this information	ne candidate's or officeho	older's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
-		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	S				
16 CONTRIBUTION TOTALS	1. TOTAL UNITEN	IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC	NPLEDGES, LOANS, CTRONICALLY)	\$ 0.00			
	2. TOTAL POLITION (OTHER THAN	CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	)	\$ 3,450.00			
EXPENDITURE TOTALS	3. TOTAL UNITEN	IZED POLITICAL EXPENDITURES		\$ 4,923.12			
	4. TOTAL POLITION	CAL EXPENDITURES		\$ 16,373.15			
CONTRIBUTION BALANCE	REPORTING PI			\$ 95,803.76			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT	, Marie						
	LISA ANN RAMIREZ Notary Public, State of Te My Commission Expire July 14, 2024 NOTARY ID 1052634-4	Blub	of perjury, that the acco Il information required to Candidate or Officehold	be reported by me			
	STARY STAMP / SEAL AFT SET SET SET SET SET SET SET SET SET SE	Dolla	, this the	day			
Signature of off	ficer administering	Printed name of officer administering	rez Junn Title profficer	administering dath			

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

3 of 13

18 FIL	18 FILER NAME 19 Filer ID									
Zel	Zeller, Ben									
	HEDULE	SUBTOTAL AMOUNT								
NA	ME OF S									
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,450.00					
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.		SCHEDULE E: LOANS		\$						
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	12,803.13					
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	3,570.02					
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	156.89					
				_						

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 4/13 3 Filer ID FILER NAME Zeller, Ben 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$250.00 12/10/2021 Calhoun, Ann 6 Contributor address; City; State; Zip Code 203 Willow Way Victoria, TX 77904 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$250.00 12/20/2021 Heard D.D.S. Rick Contributor address; City; State; Zip Code 5606 N Navarro St. Ste 304 Victoria, TX 77904 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$2,000.00 07/09/2021 Huegele, Rick Contributor address; City; State; Zip Code P.O. Box 3524 Victoria, TX 77903 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Date Full name of contributor \$50.00 12/22/2021 Kleck, Wil Contributor address; City; State; Zip Code 705 Taos St. Victoria, TX 77904 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: \$100.00 12/09/2021 McKay, Robert Contributor address; City; State; Zip Code 609 E Mockingbird Lane Victoria, TX 77904 Employer (See Instructions) Principal occupation / Job title (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 5/13 3 Filer ID 2 FILER NAME Zeller, Ben 7 Amount of Contribution (\$) out-of-state PAC (ID#: 4 Date 5 Full name of contributor \$500.00 12/10/2021 New, Jon 6 Contributor address; City; State; Zip Code P.O. Box 1247 Victoria, TX 77902 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$50.00 12/15/2021 Prasek Sr., Mike Contributor address; City; State; Zip Code 29714 US Hwy 59 El Campo, TX 77437 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$250.00 07/23/2021 Russell, Bill Contributor address; City; State; Zip Code P.O. Box 4849 Victoria, TX 77903 Principal occupation / Job title (See Instructions) Employer (See Instructions) Version V1.1.ab979f02 www.ethics.state.tx.us

Forms provided by Texas Ethics Commission

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Loan Renayment/Reimbursement Event Expense Advertising Expense Accounting/Banking Transportation Equipment & Related Expense Office Overhead/Rental Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Consulting Expense Contributions/ Donations Made By Travel Out of District OTHER (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID FILER NAME Total pages Schedule F1: 2 Sch: 1/6 Rpt: 6/13 Zeller, Ben Payee name 4 Date 08/21/2021 Brittany's Belivers State: Zip Code Payee address; City; 6 Amount (\$) \$500.00 Victoria, TX (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Donation for fundraiser for non-profit entity. **EXPENDITURE** Check if Austin, TX, officeholder living expense Donation for fundraiser for non-profit entity. Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Danny Vivian Photography 10/24/2021 Payee address; City State; Zip Code Amount (\$) 121 S. Main St., 3rd Floor \$175.00 Victoria, TX 77901 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF **Professional Services EXPENDITURE** Check if Austin, TX, officeholder living expense Professional Services Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Gallaher, Todd 09/08/2021 State; Zip Code Payee address; City; Amount (\$) P.O. BOX 84263 \$540.00 Pearland, TX 77584 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Pass through pmt. to: Melissa Data Corp. **EXPENDITURE** Check if Austin, TX, officeholder living expense Rancho Santa Margarita, CA for data Pass through pmt. to: purchase Melissa Data Corp. Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayi Office Overh Polling Expe Printing Expe Salaries/Wa	ment/Reimbursement nead/Rental Expense ense ense gges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	Credit Card Payment		The Instruction Guide explains l	how to com	plete this form.			
1	Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID		
	Sch: 2/6 Rpt: 7/13	Zeller, Ben	l					
4	Date	5 Payee name	9		- 10- per 10077			
	10/15/2021	Hostgator.	com					
6	\$454.80	7 Payee addre		; Zip Cod				
8	PURPOSE		See Categories listed at the top of this sch	nedule) (	(b) Description	outside of Toyon Complete School II		
	OF EXPENDITURE	Profession	nal Services			outside of Texas. Complete Schedule T.  n, TX, officeholder living expense  Services		
_	Complete CAU V if all and	Candidata	fficeholder name C	Office soug	ht	Office held		
9	Complete ONLY if direct expenditure to benefit C/OF		moenoider name (	omce soug	prik	Since riciu		
	Date	Payee name	e					
	11/19/2021	KVIC						
	Amount (\$) \$459.00	Payee addr	ess; City; State	e; Zip Cod	de			
		Victoria , T		Г.	(h) p			
	PURPOSE OF EXPENDITURE		(See Categories listed at the top of this sch g Expense	hedule)	Check if Austin	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense Radio Advertising		
	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Office soug	ght	Office held		
Г	Date	Payee nam	ie					
	12/02/2021	KVIC						
	Amount (\$) \$467.50	Payee addi	ress; City; State	e; Zip Cod	de			
		Victoria, T	X 77901					
	PURPOSE OF EXPENDITURE		(See Categories listed at the top of this sci g Expense	chedule)	Check if Austin	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense F Radio Advertising		
	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office soug	ght	Office held		
		н						

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Foodmittee Foodmitt							
	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1: Sch: 3/6 Rpt: 8/13	2 FILER NAME Zeller, Ben 3 Filer ID							
1	Date	5 Payee name							
	09/21/2021	Mint & Vine, LLC							
6	Amount (\$) \$125.00	7 Payee address; City; State; Zip Code P.O. BOX 4784  Victoria, TX 77903							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Professional Services  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Professional Services							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
Г	Date	Payee name							
	07/09/2021	Nicholson, Chris							
	Amount (\$) \$237.63	Payee address; City; State; Zip Code P.O. BOX 1057  Galveston, TX 77553							
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Event Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Reimb. for event expense.							
r	Complete ONLY if direct								
F	Date	Payee name							
	07/09/2021	Nicholson, Chris							
	Amount (\$) \$1,552.50	Payee address; City; State; Zip Code P.O. BOX 1057							
		Galveston, TX 77553							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contract Labor							
r	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

# Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment						
1	Total pages Schedule F1: Sch: 4/6 Rpt: 9/13	2 FILER NAME Zeller, Ben 3 Filer ID					
4		5 Payee name Nicholson, Chris					
6	Amount (\$) \$697.50	7 Payee address; City; State; Zip Code P.O. BOX 1057  Galveston, TX 77553					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contract Labor					
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H					
	Date 11/06/2021	Payee name Nicholson, Chris					
	Amount (\$) \$732.50	Payee address; City; State; Zip Code  P.O. BOX 1057  Galveston, TX 77553					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contract Labor					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date 12/02/2021	Payee name Nicholson, Chris					
	Amount (\$) \$495.00	Payee address; City; State; Zip Code P.O. BOX 1057  Galveston, TX 77553					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contract Labor					
	Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held  OH					
l							

#### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees
Food/Reverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Constituting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	I Cor	nmittee Le	ift/Awards/Memorials Expe egal Services The Instruction Guide			ense ages/0	Contract Labor	Travel Out of District OTHER (enter a category not I	isted above)
1	Total pages Schedule F1:	2	FILER NAME						3 Filer ID	
	Sch: 5/6 Rpt: 10/13		Zeller, Ben							
4	Date	5	Payee name							
	09/03/2021		Resolute Med	dia Solutions, LLC						
6	Amount (\$)	7	Payee address		State;	Zip Cod	de			
	\$221.34		321 Schuber	t Rd.						
			Victoria , TX	77905						
8	PURPOSE	(a)	Category (See	Categories listed at the top	p of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Professional						outside of Texas. Complete Schedul	e T.
	LAFENDITORE					l		Professional	n, TX, officeholder living expense	
								i ioicaalonal	J01 V1003	
			2 did 10 ff	abaldar a a a a		Office com	abt		Office held	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	enolder name		Office sou	giil		Office field	
	Date		Payee name							
	10/15/2021		Resolute Me	dia Solutions, LLC	<u> </u>					
Г	Amount (\$)	Г	Payee address	s; City;	State	; Zip Co	de			
	\$249.92		321 Schuber	t Rd.						
			Victoria , TX 77905							
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description										
OF Professional Services Check if travel outside of Texas. Complete Schedule T.					ile T.					
1	EXPENDITURE  Check if Austin, TX, officeholder living expense Professional Services									
1								riviessional	JEI VICES	
L			0 111 102	-1-1-1		Office	abt		Office held	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	enolder name	(	Office sou	gnt		Office field	
L		_								
	Date		Payee name		_					
	11/05/2021		Resolute Me	edia Solutions, LLC	j ———					
	Amount (\$)		Payee addres		State	e; Zip Co	de			
	\$284.43		321 Schube	rt Rd.						
			Victoria , TX	77905						
r	PURPOSE	(á	Category (Se	e Categories listed at the to	op of this scl	hedule)	(b)	Description		
	OF EXPENDITURE		Professiona	l Services					el outside of Texas. Complete Sched	ule T.
1	EXPENDITURE  Check if Austin, TX, officeholder living expense  Professional Services									
								. 10100010110		
H	Complete ONLY if direct	_	Candidate/Offic	reholder name		Office sou	laht		Office held	
	expenditure to benefit C/C	ЭН	Candidate/Office	sendider name		J50 500	-9116			
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1										

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel out of Friends

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	y - Gift/Awards/Memorials Expense Printing Expense Printi	d above)					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID						
•	Sch: 6/6 Rpt: 11/13	Zeller, Ben						
4	Date	5 Payee name						
	12/09/2021	Townsquare Media						
6	Amount (\$) \$447.00	7 Payee address; City; State; Zip Code						
		Victoria, TX						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Purchase of radio advertising						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Г	Date	Payee name						
	11/29/2021	Victoria County Republican Party						
	Amount (\$) \$750.00	Payee address; City; State; Zip Code						
		Victoria, TX 77901						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense 2022 Filling Fee						
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
F	Date	Payee name Zeller, Ben						
L	08/07/2021							
	Amount (\$) \$2,060.91	Payee address; City; State; Zip Code P.O. BOX 4871						
L		Victoria, TX 77903						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Loan Repayment/Reimbursement  (b) Description  Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Reimb. for political expenditures made funds detailed on 7/15/21 report.						
	Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH						

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

#### EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Event Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel Out of District Contributions/ Donations Made By OTHER (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 2 FILER NAME Total pages Schedule G: Sch: 1/1 Rpt: 12/13 Zeller, Ben 4 Date Payee name Victoria Bach Festival 10/15/2021 City; State; Zip Code 6 Amount (\$) 7 Payee address; \$500.00 Reimbursement from political contributions intended X Victoria, TX (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense OF Donation to non-profit entity **EXPENDITURE** Donation to non-profit entity Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 10/06/2021 Warriors Weekend State; Zip Code Amount (\$) Payee address; City; \$500.00 3603 Miori Lane Reimbursement from political contributions intended Victoria, TX 77901 Check if travel outside of Texas. Complete Schedule T. Description **PURPOSE** Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense OF Donation to non-profit entity. **EXPENDITURE** Donation to non-profit entity. Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 13/13 3 Filer ID 2 FILER NAME Zeller, Ben 8 Amount (\$) 5 Name of person from whom amount is received 4 Date \$156.89 12/31/2021 Navy Army, CCU 6 Address of person from whom amount is received; City; State; Zip Code 2207 N. HWY 35, Ste. E Rockport, TX 78382 Check if political contribution returned to filer 7 Purpose for which amount is received Interest/Dividends for reporting period