

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | |
|---|--|--|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST <i>Ben</i> LAST <i>Zeller</i> | MI <i></i> SUFFIX <i></i> | OFFICE USE ONLY Date Received <i>FEB 3 2014</i> <i>Mill</i> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>PO Box 4871</i> <i>Victoria, TX 77907</i> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(361) 649-7932</i> | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST <i>Daniel</i> LAST <i>Goyen</i> | MI <i>R</i> SUFFIX <i></i> | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <i>211 Fenway</i> <i>Victoria, TX 77904</i> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(361) 571-6302</i> | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year <i>1 / 1 / 14</i> <i>1 / 23 / 14</i> | | |
| 11 ELECTION | ELECTION DATE Month Day Year <i>3 / 4 / 14</i> | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) <i>_____</i> | 13 OFFICE SOUGHT (if known) <i>Victoria County Judge</i> | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 C/OH NAME _____ 15 ACCOUNT # (Ethics Commission Filers) _____

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

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

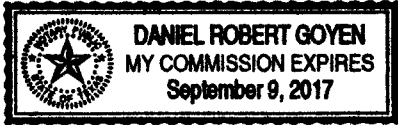
| | |
|--|--------------------------------------|
| COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE NAME |
| | COMMITTEE ADDRESS |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

**17 CONTRIBUTION
TOTALS**

| | | |
|-------------------------|---|--------------|
| CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ _____ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 2,650.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ _____ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 8,178.65 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 13,796.35 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 15,000.00 |

18 AFFIDAVIT

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



Daniel Robert Goyen
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CANDIDATE, this the 3rd day of February, 2014, to certify which, witness my hand and seal of office.

Daniel Robert Goyen DANIEL ROBERT GOYEN Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A. | |
| 2 FILER NAME <i>Ben Zeller</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address: City: State: Zip Code | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| <i>See Attachment</i> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| 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.

Ben Zeller Campaign
Contributions Jan 1st 2014 – Jan 23rd 2014

| Date | Name | Address | Amount |
|-------------|--------------------------|--|---------------|
| 1/1/2014 | Lacie & Andrew Merryman | 9715 N FM 620 #9107 Austin, TX 78726 | \$ 250.00 |
| 1/2/2014 | Rick and Lisa Jones | 102 Park VW Victoria, TX 77904 | \$ 100.00 |
| 1/2/2013 | Darlene Marshall | 502 Elmhurst Port Lavaca, TX 77979 | \$ 300.00 |
| 1/3/2013 | Bette-Jo Buhler | 6010 COUNTRY CLUB DR Victoria TX, 77904 | \$ 100.00 |
| 1/3/2014 | Lorraine Chavana | 21127 Simi Valley Dr San Antonio, TX 78259 | \$ 100.00 |
| 1/4/2013 | Dale Zuck | 2001 E. Sabine Ste 208 Victoria, TX 77901 | \$ 250.00 |
| 1/4/2014 | Alain & Cristina Agudelo | 19818 Crypresswood Spgs Spring, TX 77373 | \$ 200.00 |
| 1/6/2013 | Joshua & Sarah Zeller | 107 Beechwood Dr. Victoria, TX 77901 | \$ 500.00 |
| 1/11/2014 | Bill & Mary Lou Proctor | 2042 Lake Fountain Dr. Katy, TX 77494 | \$ 100.00 |
| 1/10/2014 | Earl and Karen Zeller | PO BOX 7348 Cut and Shoot, TX 77306 | \$ 500.00 |
| 1/23/2014 | Brad and Lynne Kutach | 205 Alamogordo Dr. Victoria, TX 77904 | \$ 150.00 |
| 1/23/2014 | Dan Gorfido | 5301 N, John Stockbauer Dr. 77904 | \$ 100.00 |
| | | total | \$ 2,650.00 |

LOANS

SCHEDULE E

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E. |
| 2 FILER NAME <i>Ben Zeller</i> | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ | | \$ <i>0.00</i> |
| 5 Date of loan <i>12/10/13</i> | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ben Zeller & Jamie Zeller</i> | 9 Loan Amount (\$) <i>15,000.00</i> |
| 6 Is lender a financial institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | 8 Lender address; City; State; Zip Code <i>204 Spur Dr. Victoria, TX 77904</i> | 10 Interest rate <i>0</i> |
| | | 11 Maturity date <i>n/a</i> |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/> <i>Deposit of Personal funds.</i> |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> none | | Check if personal funds were deposited into political account <input type="checkbox"/> |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor Guarantor address; City; State; Zip Code | Amount Guaranteed (\$) |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--------------------------|-----------------------------------|--|
| 1 Total pages Schedule F | 2 FILER NAME <i>Ben Zeller</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|--------------------------|-----------------------------------|--|

| | |
|--------------------------|--------------------------------------|
| 4 Date <i>1-10-14</i> | 5 Payee name <i>C magnets.com</i> |
|--------------------------|--------------------------------------|

| | |
|--------------------------------|--|
| 6 Amount (\$) <i>570.00</i> | 7 Payee address; City; State; Zip Code |
|--------------------------------|--|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|--|---|

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

| | |
|------------------------|---------------------------------------|
| Date <i>1-18-14</i> | Payee name <i>Texas Golf store</i> |
|------------------------|---------------------------------------|

| | |
|-------------------------------|--------------------------------------|
| Amount (\$) <i>1996.65</i> | Payee address; City; State; Zip Code |
|-------------------------------|--------------------------------------|

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|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Advertising Expense</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

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

| | |
|------------------------|--|
| Date <i>1-20-14</i> | Payee name <i>Lamar Advertising</i> |
|------------------------|--|

| | |
|-------------------------------|--------------------------------------|
| Amount (\$) <i>4043.00</i> | Payee address; City; State; Zip Code |
|-------------------------------|--------------------------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Advertising Expense</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

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

| | |
|------------------------|-------------------------------------|
| Date <i>1-21-14</i> | Payee name <i>U.S Postmaster</i> |
|------------------------|-------------------------------------|

| | |
|------------------------------|--------------------------------------|
| Amount (\$) <i>969.00</i> | Payee address; City; State; Zip Code |
|------------------------------|--------------------------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Other</i> | Description (If travel outside of Texas, complete Schedule T) <i>Postage</i> |
|------------------------|--|---|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED