

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	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> Mr. Zakary R </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> Benge </div>				OFFICE USE ONLY Date Received <div style="font-size: 1.2em; font-weight: bold;">Houston County Elections</div> <div style="font-size: 1.5em; font-weight: bold;">JAN 13 2025</div> <div style="font-weight: bold;">RECEIVED</div>	
	<div style="display: flex; justify-content: space-between;"> 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> Change of Address PO Box 2447 Ratcliff, Texas 75858 </div>				Date Hand-delivered or Date Postmarked <div style="display: flex; justify-content: space-between;"> Receipt # Amount \$ </div> <div style="display: flex; justify-content: space-between;"> Date Processed </div> <div style="display: flex; justify-content: space-between;"> Date Imaged </div>	
<div style="display: flex; justify-content: space-between;"> 5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between;"> (936) 465-4689 </div>				<div style="display: flex; justify-content: space-between;"> 6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> Mrs. Seema P </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> Benge </div>		
<div style="display: flex; justify-content: space-between;"> 7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> (Residence or Business) PO Box 2447 Ratcliff, Texas 75858 </div>						<div style="display: flex; justify-content: space-between;"> 8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between;"> (936) 655-2811 </div>
<div style="display: flex; justify-content: space-between;"> 9 REPORT TYPE <div> <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) </div> <div> <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR) </div> </div>				<div style="display: flex; justify-content: space-between;"> 10 PERIOD COVERED <div> <div style="display: flex; justify-content: space-between;"> Month Day Year Month Day Year </div> <div style="display: flex; justify-content: space-between;"> 10 / 29 / 24 THROUGH 12 / 31 / 24 </div> </div> </div>		
<div style="display: flex; justify-content: space-between;"> 11 ELECTION <div> <div style="display: flex; justify-content: space-between;"> ELECTION DATE ELECTION TYPE </div> <div style="display: flex; justify-content: space-between;"> <div> Month Day Year 11 / 5 / 24 </div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div> </div> </div>						<div style="display: flex; justify-content: space-between;"> 12 OFFICE <div> OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) <div style="font-weight: bold; font-size: 1.1em;">Houston County Sheriff</div> </div> </div>
<div style="display: flex; justify-content: space-between;"> 14 NOTICE FROM POLITICAL COMMITTEE(S) <div> <p style="font-size: 0.8em; margin: 0;">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.</p> <div style="display: flex;"> <div style="width: 20%;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </div> <div> COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </div> </div> </div> </div>				<div style="display: flex; justify-content: space-between;"> Additional Pages </div>		

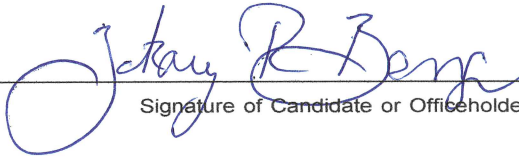
GO TO PAGE 2

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)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

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.


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

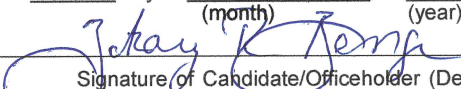
OR

(2) Unsworn Declaration

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

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

Executed in Houston County, State of Texas, on the 10 day of January, 2025.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Zakary R Bengé		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$ 0.14
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	\$

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Zakary R Bengé	3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2024	5 Payee name Zakary R Bengé	Ratcliff, Trexas 75858
6 Amount (\$) 0.14	7 Payee address; PO Box 2447	City; State; Zip Code Ratcliff, Texas 75858
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description
	(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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election			<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
	<input checked="" type="checkbox"/> Final report Other (specify) _____			Receipt # _____ Amount \$ _____	
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day
	10 / 29 / 24			THROUGH 12 / 31 / 24	
Date Processed _____					
Date Imaged _____					

6 EXPLANATION OF CORRECTION I am off by .01 cent on final accounting of campaign account balance. I must have miscalculated an expenditure or credit during the campaign.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☐ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate/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. Bengé, and my date of birth is 09/20/1975.
 My address is PO Box 2447, Ratchiff, TX, 75858, USA.
 (street) (city) (state) (zip code) (country)

Executed in Houston County, State of Texas, on the 10 day of January, 20 25.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

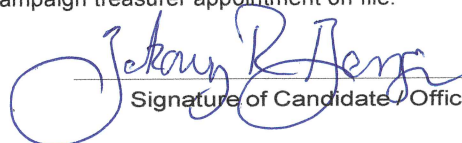
1 C/OH NAME

Zakary R Benge

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

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 FIRST MI Mr Zakary R			OFFICE USE ONLY Date Received Houston County Elections OCT 28 2024 RECEIVED	
	NICKNAME LAST SUFFIX Benge				
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 PHONE NUMBER EXTENSION (936) 465-4689				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs Seema P				
		NICKNAME LAST SUFFIX Benge			Date Hand-delivered or Date Postmarked
					Receipt # Amount \$
					Date Processed
					Date Imaged
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 PHONE NUMBER EXTENSION (936) 465-4689				
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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year Month Day Year 10 / 10 / 24 THROUGH 10 / 28 / 24				
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 11 / 5 / 24 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Houston County Sheriff		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
		COMMITTEE TYPE COMMITTEE NAME			
		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 Bengé		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)	\$	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	\$	0.00

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.


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.

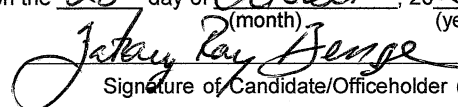
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Zakary Ray Bengé, and my date of birth is 09/20/1975.
My address is PO Box 2447, Ratchiff, Tx, 75858, USA.
(street) (city) (state) (zip code) (country)
Executed in Houston County, State of Texas, on the 28 day of October, 2024.
(month) (year)

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

FIRST

MI

Mr

Zakary

R

NICKNAME

LAST

SUFFIX

Benge

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;
PO Box 2447

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Ratcliff, Texas 75858

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936)

465-4689

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs

Seema

P

NICKNAME

LAST

SUFFIX

Benge

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 2447

Ratcliff, Texas 75858

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936)

465-4689

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

7

/

2

/

24

THROUGH

Month

Day

Year

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)

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

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

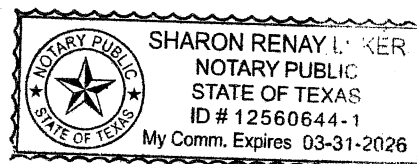
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	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS 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 R Benge
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Zakary R Benge this the 9 day of October, 2024, to certify which, witness my hand and seal of office.

Sharon Renay Luke Sharon Renay Luke 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 Ratchiff Tx 75858 U.S.A.
(street) (city) (state) (zip code) (country)
Executed in Houston County, State of Texas, on the 9 day of October, 2024.
(month) (year)

Zakary R 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

FIRST

MI

Mr.

Zakary

R

NICKNAME

LAST

SUFFIX

Benge

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;
PO Box 2447

APT / SUITE #; CITY;
Ratcliff, Texas 75858

STATE; ZIP CODE

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936)

465=4689

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Seema

P

NICKNAME

LAST

SUFFIX

Benge

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;
POMBox 2447 Ratcliff, Texas 75858

STATE; ZIP CODE

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936)

465-4689

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
Description

☐

General

☐

Special

Mandatory Filing

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Houston County Sheriff

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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.


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

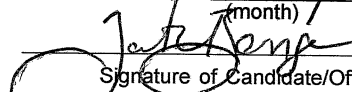
OR

(2) Unsworn Declaration

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

My address is PO Box 2447, Ratchiff, TX, 75858, USA

Executed in Houston (street) County, State of Texas (city), on the 9 (state) day of July (zip code) 20 24 (country) (month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Zakary R Benge

20 Filer ID (Ethics Commission Filers)

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

02/26/2024

5 Full name of contributor

James R Brenner

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

242.28

6 Contributor address;

City;

State;

Zip Code

Crockett, Texas 75835

8 Principal occupation / Job title (See Instructions)

Self

9 Employer (See Instructions)

Date

02/29/2024

Full name of contributor

Larry Benge

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

700.00

Contributor address;

City;

State;

Zip Code

PO Box 1437 Ratchiff, TX 75858

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

03/01/2024

Full name of contributor

Betty Atkinson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Crockett, Texas

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

03/15/2024

Full name of contributor

Maria Klein

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,515.00

Contributor address;

City;

State;

Zip Code

Grapeland, Texas

Principal occupation / Job title (See Instructions)

Retired

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.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Zakary R Bengé	3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2024	5 Payee name The Messenger	
6 Amount (\$) 815.00	7 Payee address; City; State; Zip Code Grapeland, Texas 75844	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/29/2024	Payee name Lucky Cleaners	
Amount (\$) 66.52	Payee address; City; State; Zip Code Loop 304 Crockett, Texas 75835	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Dry Cleaning
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/29/2024	Payee name Texas Elite Custom Apparel	
Amount (\$) 182.67	Payee address; City; State; Zip Code East Houston Street Crockett, Texas 75835	
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 <u>ONLY</u> 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 02/29/2024		5 Payee name KIVY			
6 Amount (\$) 276.00		7 Payee address; City; State; Zip Code Crockett, Texas 75835			
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 03/02/2024		Payee name Crockett Chamber of Commerce			
Amount (\$) 220.00		Payee address; City; State; Zip Code Crockett, Texas 75835			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description 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 03/04/2024		Payee name HotSpot			
Amount (\$) 83.50		Payee address; City; State; Zip Code HWY 287 North Latexo, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel		Description 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 Zakary R Benge	3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2024	5 Payee name HEB	
6 Amount (\$) 58.15	7 Payee address; City; State; Zip Code Loop 304 Crockett, Texas 75835	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel	(b) Description Fuel
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/18/2024	Payee name Crockett Elite Track Club	
Amount (\$) 100.00	Payee address; City; State; Zip Code Crockett, Texas 75835	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions	Description Donation
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/19/2024	Payee name The Messenger	
Amount (\$) 1,515.00	Payee address; City; State; Zip Code Grapeland, Texas 75844	
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 <u>ONLY</u> 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		
	Date Received Houston County Elections FEB 26 2024 RECEIVED		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (936)	PHONE NUMBER 465-4689	EXTENSION
	Date Hand-delivered or Date Postmarked		
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		
	Receipt # Amount \$		
8 CAMPAIGN TREASURER PHONE	AREA CODE (936)	PHONE NUMBER 465-4689	EXTENSION
	Date Processed		
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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
	Date Imaged		
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	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

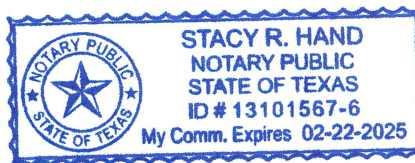
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Zakary R Bengé		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)	\$ 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 Bengé
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Zak Bengé this the 26 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 _____, 20_____.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

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

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 02/05/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Dee Benge 6 Contributor address; City; State; Zip Code Ratcliff, Texas 75858	7 Amount of contribution (\$) 1,900.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 02/09/2024	Full name of contributor out-of-state PAC (ID#: _____) Brijesh Patel Contributor address; City; State; Zip Code Ratcliff, Texas 75858	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 02/16/2024	Full name of contributor out-of-state PAC (ID#: _____) Jane Richmond Contributor address; City; State; Zip Code Crockett, Texas 75835	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/16/2024	Full name of contributor out-of-state PAC (ID#: _____) Lisa Apodaca Contributor address; City; State; Zip Code Ratcliff, Texas 75858	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) 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 02/19/2024	5 Full name of contributor out-of-state PAC (ID#: Ryan Martin 6 Contributor address; City; State; Zip Code Crockett, Texas 75835	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Peace Officer		9 Employer (See Instructions) Latexo ISD
Date 02/21/2024	Full name of contributor out-of-state PAC (ID#: Bryan Lake Contributor address; City; State; Zip Code Crockett, Texas 75835	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/21/2024	Full name of contributor out-of-state PAC (ID#: Gary LaRue Contributor address; City; State; Zip Code Lovelady, Texas 75851	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: Bobby Shoemake Contributor address; City; State; Zip Code Latexo, Texas 75849	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.						1 Total pages Schedule A2:			
2 FILER NAME Zakary R Bengé						3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS						\$ 3,805.00			
5 Date 02/14/2024		6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Len Glawson				8 Amount of Contribution \$ 900.00		9 In-kind contribution description Food	
		7 Contributor address; City; State; Zip Code Lovelady, Texas 75851				Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Self						11 Employer (FOR NON-JUDICIAL)(See Instructions) 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 02/20/2024		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Len Glawson				Amount of Contribution \$ 2,905.00		In-kind contribution description Food	
		Contributor address; City; State; Zip Code Lovelady, Texas 75851				Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Self						Employer (FOR NON-JUDICIAL)(See Instructions) 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)									
<div>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</div> <div>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</div>									

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Zakary R Benge	9 Loan Amount (\$) 2,750.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
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? <input type="checkbox"/> Y <input type="checkbox"/> 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	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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 Zakary R Bengé	3 Filer ID (Ethics Commission Filers)
4 Date 02/03/2024	5 Payee name Lakeside Foodmart	
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code Ratcliff, Texas 75858	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation	(b) Description Fuel
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/03/2024	Payee name Commercial Bank	
Amount (\$) 60.00	Payee address; City; State; Zip Code Kennard, Texas 75847	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Expense	Description Cash for fundraisers
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/05/2024	Payee name Lakeside Foodmart	
Amount (\$) 45.00	Payee address; City; State; Zip Code Ratcliff, Texas 75858	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description Fuel
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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 02/05/2024	5 Payee name Lucky Cleaners	
6 Amount (\$) 44.98	7 Payee address; City; State; Zip Code Loop 304 Crockett, Texas 75835	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Dry Cleaning
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/06/2024	Payee name Nicol Publishing	
Amount (\$) 1,285.00	Payee address; City; State; Zip Code Grapeland, Texas 75844	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/06/2024	Payee name Houston County Go Texan	
Amount (\$) 600.00	Payee address; City; State; Zip Code Crockett, Texas 75835	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions	Description Fundraiser
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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 02/07/2024	5 Payee name Brookeshire Brothers	
6 Amount (\$) 51.00	7 Payee address; City; State; Zip Code Grapeland, Texas 75844	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation	(b) Description 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 02/09/2024	Payee name Lucky Cleaners	
Amount (\$) 19.86	Payee address; City; State; Zip Code Crockett, Texas 75835	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description 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 02/09/2024	Payee name Moosehead Cafe	
Amount (\$) 41.74	Payee address; City; State; Zip Code Crockett, Texas 75835	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description 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 Zakary R Benge	3 Filer ID (Ethics Commission Filers)
4 Date 02/09/2024	5 Payee name Crockett Oil, Lube and Wash	
6 Amount (\$) 75.00	7 Payee address; City; State; Zip Code Crockett, Texas 75835	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation	(b) Description Car Wash
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/11/2024	Payee name Valero	
Amount (\$) 92.00	Payee address; City; State; Zip Code Crockett, Texas 75835	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description Fuel
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/12/2024	Payee name Nicol Publishing	
Amount (\$) 355.00	Payee address; City; State; Zip Code Grapeland, Texas 75844	
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 <u>ONLY</u> 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Zakary R Bengé	3 Filer ID (Ethics Commission Filers)
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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> 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 Bengé	3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2024	5 Payee name Crockett Truck Stop	
6 Amount (\$) 89.00	7 Payee address; City; State; Zip Code Crockett, Texas 75835	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation	(b) Description Fuel
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/19/2024	Payee name Jayde Young	
Amount (\$) 200.00	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/20/2024	Payee name KIVY	
Amount (\$) 156.00	Payee address; City; State; Zip Code Crockett, Texas 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 <u>ONLY</u> 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 Bengé		3 Filer ID (Ethics Commission Filers)	
4 Date 02/20/2024		5 Payee name The Messenger			
6 Amount (\$) 2,730.00		7 Payee address; City; State; Zip Code Grapeland, Texas 75844			
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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 02/22/2024		Payee name KIVY			
Amount (\$) 156.00		Payee address; City; State; Zip Code Crockett, Texas 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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 02/24/2024		Payee name Lovelady FFA			
Amount (\$) 500.00		Payee address; City; State; Zip Code Lovelady, Texas 75851			
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 <u>ONLY</u> if direct expenditure to benefit C/OH					
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	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> Mr Zakary R </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> Benge </div>				OFFICE USE ONLY Date Received Houston County Elections FEB 05 2024 RECEIVED	
	<div style="display: flex; justify-content: space-between;"> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> PO Box 2447 Ratcliff, Texas 75858 </div>					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between;"> (936) 655-2811 </div>				Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> Mrs. Seema P </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> Benge </div>				Receipt # Amount \$	
	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> PO Box 2447 Ratcliff, Texas 75858 </div>				Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between;"> (936) 655-2811 </div>				Date Imaged	
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>					
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 1 / 1 / 24 </div> <div>THROUGH</div> <div> Month Day Year 2 / 2 / 24 </div> </div>					
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 3 / 5 / 24 </div> <div> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div>					
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Houston County Sheriff			
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	<small>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.</small>					
	COMMITTEE TYPE		COMMITTEE NAME			
	<input type="checkbox"/> GENERAL		COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME			
			COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

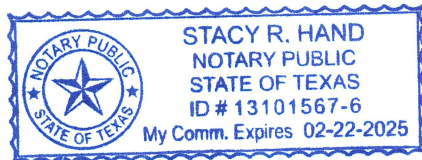
15 C/OH NAME Zakary R Benge		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 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



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 _____, 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)

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 01/04/2024	<div>5 Full name of contributor out-of-state PAC (ID#: _____) Mike Broxson</div> <div>6 Contributor address; City; State; Zip Code Lovelady, Texas 75851</div>	<div>7 Amount of contribution (\$)</div> <div style="font-size: 2em; font-weight: bold;">300.00</div>
8 Principal occupation / Job title (See Instructions) Banking		9 Employer (See Instructions) Lovelady State Bank
Date 01/09/2024	<div>Full name of contributor out-of-state PAC (ID#: _____) Robert Ritchie</div> <div>Contributor address; City; State; Zip Code Crockett, Texas 75835</div>	<div>Amount of contribution (\$)</div> <div style="font-size: 2em; font-weight: bold;">75.00</div>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/24/2024	<div>Full name of contributor out-of-state PAC (ID#: _____) Willie Johnston</div> <div>Contributor address; City; State; Zip Code Crockett, Texas 75835</div>	<div>Amount of contribution (\$)</div> <div style="font-size: 2em; font-weight: bold;">50.00</div>
Principal occupation / Job title (See Instructions) Road Hand		Employer (See Instructions) Houston County
Date 01/24/2024	<div>Full name of contributor out-of-state PAC (ID#: _____) Lori Jones Johnston</div> <div>Contributor address; City; State; Zip Code Crockett, Texas 75835</div>	<div>Amount of contribution (\$)</div> <div style="font-size: 2em; font-weight: bold;">50.00</div>
Principal occupation / Job title (See Instructions) Retired		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 Bengé

3 Filer ID (Ethics Commission Filers)

4 Date

01/25/2024

5 Full name of contributor

out-of-state PAC (ID#: _____)

Luke Carrabba

7 Amount of contribution (\$)

300.00

6 Contributor address;

City;

State;

Zip Code

Houston, Texas 77080

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

01/30/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Mark Redwine

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Ratcliff, Texas 75858

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)

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.

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Zak Benge	9 Loan Amount (\$) 750.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> 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	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan 01/24/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Zak Benge	Loan Amount (\$) 250.00
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> 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	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Zak Benge	9 Loan Amount (\$) 500.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> 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	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
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? <input type="checkbox"/> Y <input type="checkbox"/> 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	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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 Zakary R Benge	3 Filer ID (Ethics Commission Filers)
4 Date 01/04/2024	5 Payee name Brookeshire Brothers	
6 Amount (\$) 55.00	7 Payee address; City; State; Zip Code Hwy 287 N. Grapeland, Texas 75844	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation	(b) Description Fuel
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 01/06/2024	Payee name Lakeside Foodmart	
Amount (\$) 75.00	Payee address; City; State; Zip Code Hwy 7 East Ratcliff, Texas 75858	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description Fuel
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 01/12/2024	Payee name Zak Benge	
Amount (\$) 40.00	Payee address; City; State; Zip Code PO Box 2447 Ratcliff, Texas 75858	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Expense	Description Cash for fundraiser expenses
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Zakary R Bengé	3 Filer ID (Ethics Commission Filers)
4 Date 01/13/2024	5 Payee name Lucky Cleaners	
6 Amount (\$) 43.94	7 Payee address; City; State; Zip Code Loop 304 Crockett, Texas 75835	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Dry Cleaning
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 01/13/2024	Payee name Houston County Youth Basketball	
Amount (\$) 275.00	Payee address; City; State; Zip Code Crockett, Texas 75835	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions	Description Youth Organization
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 01/14/2024	Payee name Lakeside Foodmart	
Amount (\$) 60.00	Payee address; City; State; Zip Code Hwy 7 East Ratcliff, Texas 75858	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description Fuel
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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 Bengé	3 Filer ID (Ethics Commission Filers)
4 Date 01/18/2024	5 Payee name KIVY Radio	
6 Amount (\$) 225.00	7 Payee address; City; State; Zip Code Crockett, Texas 75835	
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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 01/19/2024	Payee name Houston County Go Texan Committee	
Amount (\$) 300.00	Payee address; City; State; Zip Code Crockett, Texas 75835	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description Scholarship Fundraiser
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 01/23/2024	Payee name Lovelady Lovefest	
Amount (\$) 50.00	Payee address; City; State; Zip Code Lovelady, Texas 75851	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description Scholarship Fundraiser
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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 Bengé	3 Filer ID (Ethics Commission Filers)
4 Date 01/20/2024	5 Payee name Davy Crockett Grill	
6 Amount (\$) 16.00	7 Payee address; City; State; Zip Code Loop 304 Crockett, Texas 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/24/2024	Payee name Nicol Publishing	
Amount (\$) 1,695.00	Payee address; City; State; Zip Code 101 Redbud Circle Crockett, Texas 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/25/2024	Payee name Smitty's BBQ	
Amount (\$) 13.39	Payee address; City; State; Zip Code South 4th St. Crockett, Texas 75835	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description Lunch
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Zakary R Bengé	3 Filer ID (Ethics Commission Filers)
4 Date 01/25/2024	5 Payee name Lovelady FFA	
6 Amount (\$) 35.00	7 Payee address; City; State; Zip Code Lovelady ISD Lovelady, Texas 75851	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/29/2024	Payee name Lakeside Foodmart	
Amount (\$) 51.00	Payee address; City; State; Zip Code Hwy 7 East Ratcliff, Texas 75858	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description Fuel
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/29/2024	Payee name Zak Bengé	
Amount (\$) 40.00	Payee address; City; State; Zip Code PO Box 2447 Ratcliff, Texas 75858	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Withdrawal	Description Cash for expenses
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Zakary R Bengé	3 Filer ID (Ethics Commission Filers)
4 Date 02/01/2024	5 Payee name KIVY Radio	
6 Amount (\$) 115.00	7 Payee address; City; State; Zip Code Crockett, Texas 75835	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/31/2024	Payee name BIGS	
Amount (\$) 45.00	Payee address; City; State; Zip Code Hwy 7 and Loop 304 Crockett, Texas 75835	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description Fuel
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/01/2024	Payee name Lakeside Foodmart	
Amount (\$) 40.00	Payee address; City; State; Zip Code Hwy 7 East Ratcliff, Texas 75858	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description Fuel
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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 Bengé	3 Filer ID (Ethics Commission Filers)
4 Date 02/02/2024	5 Payee name Impressions Advertising Specialties	
6 Amount (\$) 217.86	7 Payee address; City; State; Zip Code 128 Frontage Road Minden, LA 71055	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Political Signs
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> 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 FIRST MI Mr Zakary R		OFFICE USE ONLY Date Received Houston County Elections JAN 05 2024 RECEIVED Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged									
	NICKNAME LAST SUFFIX Benge											
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 PHONE NUMBER EXTENSION (936) 655-2811											
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs Seema P											
	NICKNAME LAST SUFFIX Benge											
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 PHONE NUMBER EXTENSION (936) 655-2811											
9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)									
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)									
10 PERIOD COVERED	<table style="width:100%;"> <tr> <td>Month Day Year</td> <td>THROUGH</td> <td>Month Day Year</td> </tr> <tr> <td>9 / 12 / 23</td> <td></td> <td>12 / 31 / 23</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	9 / 12 / 23		12 / 31 / 23			
Month Day Year	THROUGH	Month Day Year										
9 / 12 / 23		12 / 31 / 23										
11 ELECTION	<table style="width:100%;"> <tr> <td>ELECTION DATE</td> <td colspan="2">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General </td> <td> <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description </td> </tr> <tr> <td>3 / 5 / 24</td> <td></td> <td></td> </tr> </table>			ELECTION DATE	ELECTION TYPE		Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description	3 / 5 / 24		
ELECTION DATE	ELECTION TYPE											
Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description										
3 / 5 / 24												
12 OFFICE	OFFICE HELD (if any)											
13 OFFICE SOUGHT (if known)	Houston County Sheriff											
14 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.											
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME										
	GENERAL	COMMITTEE ADDRESS										
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
		COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

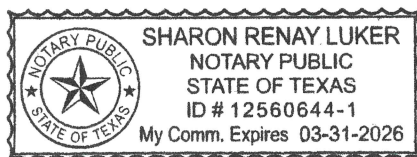
15 C/OH NAME Zakary R Bengé		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 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 Bengé
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Zakary Bengé this the 5 day of January, 2024, 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

Zakary R. Bengé

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>20263.43</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>3244.98</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>4078.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>18721.95</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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 09/20/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Gene Caldwell 6 Contributor address; City; State; Zip Code 629 N. 4th St. Crockett, Tx 75835	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self
Date 09/22/2023	Full name of contributor out-of-state PAC (ID#: _____) Chuck and Kim Spellman Contributor address; City; State; Zip Code 1979 S. 5th St. Crockett, Tx 75835	Amount of contribution (\$) 530.43
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 09/26/2023	Full name of contributor out-of-state PAC (ID#: _____) Gary Shearer Contributor address; City; State; Zip Code 155 FM 3275 Crockett, Tx 75835	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/02/2023	Full name of contributor out-of-state PAC (ID#: _____) Larry and Dee Benge Contributor address; City; State; Zip Code PO Box 1437 Ratcliff, Texas 75858	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions) Retired		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 11/02/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Mike Curry <hr/> 6 Contributor address; City; State; Zip Code 133 TX 7 Kennard, Tx 75847	7 Amount of contribution (\$) <div style="font-size: 2em; text-align: center;">100.00</div>
8 Principal occupation / Job title (See Instructions) <i>Self</i>		9 Employer (See Instructions) <i>Self</i>
Date 11/02/2023	Full name of contributor out-of-state PAC (ID#: _____) Laurel LaRue <hr/> Contributor address; City; State; Zip Code PO Box 303 Lovelady, Tx 75851	Amount of contribution (\$) <div style="font-size: 2em; text-align: center;">130.00</div>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>
Date 11/06/2023	Full name of contributor out-of-state PAC (ID#: _____) Dennis Eifling <hr/> Contributor address; City; State; Zip Code 24955 FM 227 E Kennard, Tx 75847	Amount of contribution (\$) <div style="font-size: 2em; text-align: center;">100.00</div>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>
Date 11/06/2023	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Kulms <hr/> Contributor address; City; State; Zip Code 334 CR 1172 Kennard, Tx 75847	Amount of contribution (\$) <div style="font-size: 2em; text-align: center;">50.00</div>
Principal occupation / Job title (See Instructions) <i>Bank Teller</i>		Employer (See Instructions) <i>Commercial Bank</i>
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 Bengé		3 Filer ID (Ethics Commission Filers)
4 Date 10/12/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Morris Earl Luker 6 Contributor address; City; State; Zip Code PO Box 184 Ratcliff, Tx 75858	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Constable		9 Employer (See Instructions) Houston County
Date 10/12/2023	Full name of contributor out-of-state PAC (ID#: _____) Amanda Strength-Stewart Contributor address; City; State; Zip Code 1819 Oak Cluster Circle Pearland, Tx 77581	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) HilCorp
Date 10/12/2023	Full name of contributor out-of-state PAC (ID#: _____) Sidney Blair Contributor address; City; State; Zip Code 5940 Honea Egypt Rd Montgomery, Tx 77316	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Sheriff's Deputy		Employer (See Instructions) Walker County
Date 11/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Clyde Black Contributor address; City; State; Zip Code 136 FM 231 Lovelady, Tx 75851	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		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 Bengé		3 Filer ID (Ethics Commission Filers)
4 Date 11/10/2023	<div>5 Full name of contributor out-of-state PAC (ID#: _____) Courtney Hyatt</div> <div>6 Contributor address; City; State; Zip Code</div>	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Bank Teller		9 Employer (See Instructions) Commercial Bank
Date 11/10/2023	<div>Full name of contributor out-of-state PAC (ID#: _____) Cari Parrish</div> <div>Contributor address; City; State; Zip Code 3092 CR 1170 Kennard, Tx 75847</div>	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions) Secretary		Employer (See Instructions) Kennard ISD
Date 11/10/2023	<div>Full name of contributor out-of-state PAC (ID#: _____) Shelli Cole</div> <div>Contributor address; City; State; Zip Code 2910 CR 4675 Kennard, Tx 75847</div>	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions) Secretary		Employer (See Instructions) Kennard ISD
Date 11/10/2023	<div>Full name of contributor out-of-state PAC (ID#: _____) Stan Read</div> <div>Contributor address; City; State; Zip Code PO Box 200 Kennard, Tx 75847</div>	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) 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 11/17/2023	<div>5 Full name of contributor out-of-state PAC (ID#: _____) James Horton</div> <div>6 Contributor address; City; State; Zip Code 1391 FM 228 Grapeland, Tx 75844</div>	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self
Date 11/27/2023	<div>Full name of contributor out-of-state PAC (ID#: _____) Dee Benge</div> <div>Contributor address; City; State; Zip Code PO Box 1437 Ratcliff, Tx 75858</div>	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/27/2023	<div>Full name of contributor out-of-state PAC (ID#: _____) Rodney Taylor</div> <div>Contributor address; City; State; Zip Code 620 S. 4th St. Crockett, Tx 75835</div>	Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 12/01/2023	<div>Full name of contributor out-of-state PAC (ID#: _____) Brenda Stubblefield</div> <div>Contributor address; City; State; Zip Code 538 CR 1070 Kennard, Tx 75847</div>	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		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 Bengé		3 Filer ID (Ethics Commission Filers)
4 Date 12/01/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Bobby Shoemake 6 Contributor address; City; State; Zip Code 1786 CR 1805 Kennard, Tx 75847	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self
Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Ryan Hatthorn Contributor address; City; State; Zip Code 4710 Ellen Trout Drive Lufkin, Tx 75904	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Kevin McBride Contributor address; City; State; Zip Code PO Box 334 Kennard, Tx 75847	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 12/11/2023	Full name of contributor out-of-state PAC (ID#: _____) Carl Ray Polk Jr. Contributor address; City; State; Zip Code PO Box 155108 Lufkin, Tx 75915	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) 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 12/11/2023	<div>5 Full name of contributor out-of-state PAC (ID#: _____) Andrew Polk</div> <div>6 Contributor address; City; State; Zip Code PO Box 155108 Lufkin, Tx 75915</div>	<div>7 Amount of contribution (\$)</div> <div style="font-size: 2em; font-weight: bold;">250.00</div>
8 Principal occupation / Job title (See Instructions) Lender		9 Employer (See Instructions) Lone Star Ag Credit
Date 12/11/2023	<div>Full name of contributor out-of-state PAC (ID#: _____) Preston Polk</div> <div>Contributor address; City; State; Zip Code 1621 Virginia Place Ft. Worth, Tx 76107</div>	<div>Amount of contribution (\$)</div> <div style="font-size: 2em; font-weight: bold;">250.00</div>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cantey-Hanger LLP
Date 11/28/2023	<div>Full name of contributor out-of-state PAC (ID#: _____) Mark Redwine</div> <div>Contributor address; City; State; Zip Code 5332 CR 1180 Ratcliff, Tx 75847</div>	<div>Amount of contribution (\$)</div> <div style="font-size: 2em; font-weight: bold;">100.00</div>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/10/2023	<div>Full name of contributor out-of-state PAC (ID#: _____) Brijesh Patel</div> <div>Contributor address; City; State; Zip Code PO Box 122 Ratcliff, Tx 75858</div>	<div>Amount of contribution (\$)</div> <div style="font-size: 2em; font-weight: bold;">1,000.00</div>
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) 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 Bengé		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/2023	5 Full name of contributor out-of-state PAC (ID# _____) Chuck and Kim Spellman 6 Contributor address; City; State; Zip Code 1979 S. 5th St. Crockett, Tx 75835	7 Amount of contribution (\$) 350.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self
Date 10/20/2023	Full name of contributor out-of-state PAC (ID# _____) Seema Bengé Contributor address; City; State; Zip Code PO Box 2447 Ratcliff, Tx 75858	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 10/20/2023	Full name of contributor out-of-state PAC (ID# _____) Brijesh Patel Contributor address; City; State; Zip Code PO Box 122 Ratcliff, Tx 75858	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 12/15/2023	Full name of contributor out-of-state PAC (ID# _____) Alpha Steinsbo Contributor address; City; State; Zip Code 128 Main Street Grapeland, Tx 75844	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) 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 12/15/2023	<div style="display: flex; justify-content: space-between;"><div>5 Full name of contributor Randy Roden</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="border-top: 1px dotted black; display: flex; justify-content: space-between;"><div>6 Contributor address; PO Box 399 Lovelady, Tx 75851</div><div>City; </div><div>State; </div><div>Zip Code </div></div>	<div>7 Amount of contribution (\$)</div> <div style="font-size: 2em; font-weight: bold;">500.00</div>
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self
Date 12/15/2023	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor Howard Schuler</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="border-top: 1px dotted black; display: flex; justify-content: space-between;"><div>Contributor address; PO Box 1587 Ratcliff, Tx 75858</div><div>City; </div><div>State; </div><div>Zip Code </div></div>	<div>Amount of contribution (\$)</div> <div style="font-size: 2em; font-weight: bold;">200.00</div>
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Unknown
Date 12/15/2023	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor Diane Benge</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="border-top: 1px dotted black; display: flex; justify-content: space-between;"><div>Contributor address; PO Box 1437 Ratcliff, Tx 75858</div><div>City; </div><div>State; </div><div>Zip Code </div></div>	<div>Amount of contribution (\$)</div> <div style="font-size: 2em; font-weight: bold;">1,000.00</div>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="border-top: 1px dotted black; display: flex; justify-content: space-between;"><div>Contributor address;</div><div>City;</div><div>State;</div><div>Zip Code</div></div>	<div>Amount of contribution (\$)</div>
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 Bengé		3 Filer ID (Ethics Commission Filers)
4 Date 12/16/2023	<div>5 Full name of contributor out-of-state PAC (ID#: _____) Essie Kellum</div> <div>6 Contributor address; City; State; Zip Code CR 1193 Grapeland, Tx 75844</div>	<div>7 Amount of contribution (\$)</div> <div style="font-size: 2em; font-weight: bold;">100.00</div>
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/16/2023	<div>Full name of contributor out-of-state PAC (ID#: _____) Kennon Kellum</div> <div>Contributor address; City; State; Zip Code CR 1193 Grapeland, Tx 75844</div>	<div>Amount of contribution (\$)</div> <div style="font-size: 2em; font-weight: bold;">100.00</div>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/16/2023	<div>Full name of contributor out-of-state PAC (ID#: _____) Luther Boyd</div> <div>Contributor address; City; State; Zip Code FM 229 Grapeland, Tx 75844</div>	<div>Amount of contribution (\$)</div> <div style="font-size: 2em; font-weight: bold;">40.00</div>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/17/2023	<div>Full name of contributor out-of-state PAC (ID#: _____) Travis Fickey</div> <div>Contributor address; City; State; Zip Code Lovelady, Tx 75851</div>	<div>Amount of contribution (\$)</div> <div style="font-size: 2em; font-weight: bold;">30.00</div>
Principal occupation / Job title (See Instructions) Boat Captain		Employer (See Instructions) 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 12/19/2023	<div>5 Full name of contributor out-of-state PAC (ID#: _____) Chuck Cunningham</div> <div>6 Contributor address; City; State; Zip Code Grapeland, Tx 75844</div>	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/18/2023	<div>Full name of contributor out-of-state PAC (ID#: _____) <i>David Minchew</i></div> <div>Contributor address; City; State; Zip Code <i>200 N 9th Crockett, Tx 75835</i></div>	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>
Date	<div>Full name of contributor out-of-state PAC (ID#: _____)</div> <div>Contributor address; City; State; Zip Code</div>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	<div>Full name of contributor out-of-state PAC (ID#: _____)</div> <div>Contributor address; City; State; Zip Code</div>	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.		

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 Zakary R Bengé		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 3,244.98	
5 Date 10/18/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Jordan 7 Contributor address; City; State; Zip Code 2900 W. Horizon Ridge St 101 Henderson, NV 89052	8 Amount of Contribution \$ 483.23	9 In-kind contribution description Children's shirts Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Self		11 Employer (FOR NON-JUDICIAL) (See Instructions) 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 10/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Len Glawson Contributor address; City; State; Zip Code 795 S. 4th St. Crockett, Tx 75835	Amount of Contribution \$ 2,500.00	In-kind contribution description Table at Fundraiser Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Self		Employer (FOR NON-JUDICIAL) (See Instructions) 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: <div>2</div>			
2 FILER NAME Zakary R Benge						3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS						\$ 3,244.98			
5 Date 12/06/2023		6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Harrison				8 Amount of Contribution \$ 261.75		9 In-kind contribution description Adult Shirts	
		7 Contributor address; City; State; Zip Code 2304 Porter Lane Crockett, Tx 75835				Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Self						11 Employer (FOR NON-JUDICIAL)(See Instructions) 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code				Amount of Contribution \$		In-kind contribution description	
						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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Zak Benge	9 Loan Amount (\$) 50.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> 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 <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan 10/03/2023	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Zak Benge	Loan Amount (\$) 2,168.00
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code PO Box 2447 Ratcliff, Tx 75858	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Description of Collateral <input type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Zak Benge	9 Loan Amount (\$) 250.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan 10/10/2023	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Zak Benge	Loan Amount (\$) 80.00
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code PO Box 2447 Ratcliff, Tx 75858	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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 Zak Benge <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) 530.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan 11/08/2023	Name of lender Zak Benge <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) 1,000.00
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code PO Box 2447 Ratcliff, Tx 75858	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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 Zakary R Bengé		3 Filer ID (Ethics Commission Filers)	
4 Date 10/02/2023		5 Payee name Crockett Police Officers Association			
6 Amount (\$) 490.00		7 Payee address; City; State; Zip Code 200 N. 5th Street Crockett, Texas 75835			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions		(b) Description CPOA Fundraiser		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 10/02/2023		Payee name Tx Elite Custom Apparel			
Amount (\$) 510.29		Payee address; City; State; Zip Code 703 E Houston Ave Crockett, Tx 75835			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Tshirts		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 10/03/2023		Payee name Impressions Advertising Specialties			
Amount (\$) 4,828.04		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 <u>ONLY</u> 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 Bengé		3 Filer ID (Ethics Commission Filers)	
4 Date 10/04/2023		5 Payee name Brenda Christian			
6 Amount (\$) 250.00		7 Payee address; City; State; Zip Code Crockett, Texas 75835			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions		(b) Description Benefit Rodeo		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 10/10/2023		Payee name The Grapeland Messenger			
Amount (\$) 80.00		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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 10/13/2023		Payee name The Grapeland Messenger			
Amount (\$) 460.00		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 <u>ONLY</u> 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Zakary R Bengé	3 Filer ID (Ethics Commission Filers)
4 Date 10/14/2023	5 Payee name Lisa Reeves	
6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code Kennard, Tx 75847	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions	(b) Description Benefit
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 10/19/2023	Payee name Stowe Lumber Company	
Amount (\$) 21.42	Payee address; City; State; Zip Code 800 1st Street Crockett, Tx 75835	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Wood for political sign stand
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 10/25/2023	Payee name The Grapeland Messenger	
Amount (\$) 470.00	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 <u>ONLY</u> 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 Bengé		3 Filer ID (Ethics Commission Filers)	
4 Date 11/01/2023		5 Payee name Tx Elite Custom Apparel			
6 Amount (\$) 271.82		7 Payee address; City; State; Zip Code 703 E Houston Ave Crockett, Tx 75835			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Tshirts		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 11/01/2023		Payee name Teresa Land			
Amount (\$) 100.00		Payee address; City; State; Zip Code Crockett, Tx 75835			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions		Description Church Fundraiser		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 11/06/2023		Payee name Latexo PTO			
Amount (\$) 580.00		Payee address; City; State; Zip Code Latexo ISD Latexo, Tx 75849			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions		Description School Fundraiser		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> 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 Bengé		3 Filer ID (Ethics Commission Filers)	
4 Date 11/07/2023		5 Payee name Kennard ISD			
6 Amount (\$) 750.00		7 Payee address; City; State; Zip Code 304 HWY 7 East Kennard, Tx 75847			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions		(b) Description School Fundraiser		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 11/08/2023		Payee name The Grapeland Messenger			
Amount (\$) 275.00		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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 11/11/2023		Payee name Houston County Republican Party			
Amount (\$) 750.00		Payee address; City; State; Zip Code 412 E Houston Ave Crockett, Tx 75835			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense		Description Filing Fee		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> 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 Bengé		3 Filer ID (Ethics Commission Filers)	
4 Date 11/15/2023		5 Payee name Kennard Lions Club			
6 Amount (\$) 300.00		7 Payee address; City; State; Zip Code Kennard, Tx 75847			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions		(b) Description 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 11/18/2023		Payee name Zak Bengé			
Amount (\$) 40.00		Payee address; City; State; Zip Code PO Box 2447 Ratcliff, Tx 75858			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Expense		Description 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 11/27/2023		Payee name The Grapeland Messenger			
Amount (\$) 1,435.00		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					

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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	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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Zakary R Bengé		3 Filer ID (Ethics Commission Filers)				
4 Date 11/28/2023		5 Payee name KIVY Radio						
6 Amount (\$) 75.00		7 Payee address; City; State; Zip Code 102 S 5th Street Crockett, Tx 75835						
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 <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border:none;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						

Date 11/30/2023		Payee name Lakeside Foodmart						
Amount (\$) 125.00		Payee address; City; State; Zip Code PO Box 122 Ratcliff, Tx 75858						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation		Description Fuel					
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border:none;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						

Date 12/04/2023		Payee name CULOR, Inc.						
Amount (\$) 200.00		Payee address; City; State; Zip Code Crockett, Tx 75835						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions		Description Benefit					
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border:none;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Zakary R Bengé		3 Filer ID (Ethics Commission Filers)
4 Date 12/08/2023	5 Payee name Zak Bengé		
6 Amount (\$) 40.00	7 Payee address; City; State; Zip Code PO Box 2447 Ratcliff, Tx 75858		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation		(b) Description Cash for fundraiser expenses
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 12/11/2023	Payee name KIVY Radio		
Amount (\$) 99.00	Payee address; City; State; Zip Code 102 S 5th Street 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 <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 12/12/2023	Payee name The Grapeland Messenger		
Amount (\$) 705.00	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 <u>ONLY</u> 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 12/12/2023		5 Payee name Bigs			
6 Amount (\$) 100.00		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) Transportation		(b) Description Fuel		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/13/2023		Payee name Betty Boops			
Amount (\$) 14.94		Payee address; City; State; Zip Code 115 S 4th Street Crockett, Texas 75385			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food		Description Lunch		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/15/2023		Payee name Impressions Advertising Specialties			
Amount (\$) 2,180.61		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 <u>ONLY</u> if direct expenditure to benefit C/OH					

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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 Bengé		3 Filer ID (Ethics Commission Filers)	
4 Date 12/16/2023		5 Payee name Lakeside Foodmart			
6 Amount (\$) 125.00		7 Payee address; City; State; Zip Code 18485 SH 7 East Ratcliff, Tx 75858			
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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/17/2023		Payee name Lakeside Foodmart			
Amount (\$) 65.09		Payee address; City; State; Zip Code 18485 SH 7 East Ratcliff, Tx75858			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation		Description Truck Fuel		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/20/2023		Payee name COLOR, Inc.			
Amount (\$) \$200.00		Payee address; City; State; Zip Code Crockett, TX 75835			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions		Description Benefit		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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 <i>Zakary R. Benze</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/21/2023</i>		5 Payee name <i>Moosehead Cafe</i>			
6 Amount (\$) <i>\$16.17</i>		7 Payee address; <i>412 E. Houston Ave</i>		City; <i>Crockett, TX</i>	State; <i>TX</i> Zip Code <i>75835</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food</i>		(b) Description <i>Lunch</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>12/21/2023</i>		Candidate / Officeholder name <i>ATM Withdrawal Fee</i>			
Amount (\$) <i>\$2.00</i>		Payee address; <i>1279 E Loop 304</i>		City; <i>Crockett, TX</i>	State; <i>TX</i> Zip Code <i>75835</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Withdrawal Fee</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>12/21/2023</i>		Candidate / Officeholder name <i>ATM Inquiry Fee</i>			
Amount (\$) <i>\$2.00</i>		Payee address; <i>1279 E. Loop 304</i>		City; <i>Crockett, TX</i>	State; <i>TX</i> Zip Code <i>75835</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Withdrawal Fee</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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 <i>Zakary R. Benge</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/21/2023</i>		5 Payee name <i>ATM Withdrawal</i>			
6 Amount (\$) <i>\$42.50</i>		7 Payee address; <i>1279 E. Loop 304</i>		City; <i>Crockett, Tx</i>	State; <i>75835</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>		(b) Description <i>Cash for expenses</i>		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>12/21/2023</i>		Candidate / Officeholder name <i>Houston County</i>			
Amount (\$) <i>\$25.00</i>		Payee address; <i>401 E. Goliad Ave</i>		City; <i>Crockett, Tx</i>	State; <i>75835</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Voting List</i>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>12/28/2023</i>		Candidate / Officeholder name <i>Crockett Iron Works</i>			
Amount (\$) <i>\$50.00</i>		Payee address; <i>701 W. Goliad Ave</i>		City; <i>Crockett, Tx</i>	State; <i>75835</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>Metal for campaign signs</i>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name <i>Crockett Iron Works</i>					
Office sought <i>Crockett, Tx</i>					
Office held <i>75835</i>					
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 <i>Zakary R. Benge</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/28/2023</i>		5 Payee name <i>H. F. B.</i>			
6 Amount (\$) <i>\$40.00</i>		7 Payee address; <i>1035 SH Loop 304</i>		City; <i>Crockett, TX</i>	State; <i>TX</i> Zip Code <i>75835</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Transportation</i>		(b) Description <i>Truck Fuel</i>		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>12/27/2023</i>		Payee name <i>The Grapeland Messenger</i>			
Amount (\$) <i>\$1200.00</i>		Payee address; <i>101 Redbud Circle</i>		City; <i>Crockett, TX</i>	State; <i>TX</i> Zip Code <i>75835</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>Political Ads</i>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>12/28/2023</i>		Payee name <i>Impressions Advertising Specialties</i>			
Amount (\$) <i>\$1297.58</i>		Payee address; <i>128 Frontage Road</i>		City; <i>Minden, LA</i>	State; <i>LA</i> Zip Code <i>71055</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>Political Signs</i>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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	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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Zakary R. Bengé</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/30/2023</i>	5 Payee name <i>Lakeside Foodmart</i>	
6 Amount (\$) <i>\$40.50</i>	7 Payee address; City; State; Zip Code <i>PO Box 122 Ratcliff TX 75858</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Transportation</i>	(b) Description <i>Fuel for Truck</i>
	(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 <i>12/29/2023</i>	Payee name <i>Commercial Bank</i>		
Amount (\$) <i>\$40.00</i>	Payee address; City; State; Zip Code <i>401 W. Main St. Kennard, TX 75847</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i>	Description <i>Cash for expenses</i>	
	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

OFFICE USE ONLY

Filer ID #

Date Received Houston County Elections

SEP 12 2023

RECEIVED

Date Hand-delivered or Postmarked

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

Receipt #

Amount \$

Date Processed

5 OFFICE
HELD
(if any)

Date Imaged

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

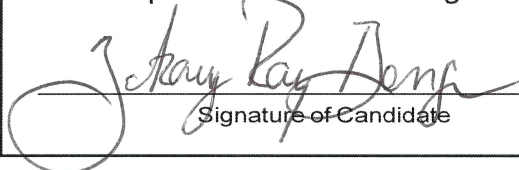
(936) 414-3654

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.


Signature of Candidate

09/12/2023
Date Signed

GO TO PAGE 2

**CANDIDATE MODIFIED
REPORTING DECLARATION**

FORM CTA
PG 2

**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>