			The same of the sa			
The C/OH Instruction G	Guide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Zakary	, мі R	OFFICE USE ONLY		
NAME	NICKNAME	LAST Benge	SUFFIX	Date Received Houston County Elections		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO Box 2447	APT / SUITE #; Ratcliff, Texa	JAN 1 3 2025			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (936)	PHONE NUMBER 465-4689	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	Ms / MRS / MR Mrs.	FIRST Seema	мі Р	Receipt # Amount \$ Date Processed		
NAME	NICKNAME	Benge	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	PO Box 2447			STATE; ZIP CODE		
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	(936)	PHONE NUMBER 655-2811	EXTENSION			
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 10	Day Year / 29 / 24	THROUGH 12	Day Year / 31 / 24		
11 ELECTION	Month Day	Year Primary	Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known Houston County	•		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	HOLDER. THESE EXPENDITURE	'S MAY HAVE BEEN MADE WITHOUT THE CAN	NADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
001111111111111111111111111111111111111	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS			
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER

FORM C/OH

CAMPAIGI	OVER SHEET PG 2			
15 C/OH NAME Zakary R Benge	16 File	er ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	\$ 0.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00		
EXPENDITURE 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			
OUTSTANDING LOAN TOTALS	\$ 0.00			
Is suear, 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:			

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 office	er 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) Executed in Houston County, State of Texas	, on the 10 day of January (month) Signature of Cahdidate/C	(year) Officeholder (Declarant)				
Forms provided by Texas Ethics Commission www.ethi	cs.state.tx.us	Revised 1/1/2024				

SUBTOTALS - C/OH

	FILER NAME Ikary R Benge	20 Filer ID (Ethics Co	mmission Filers)
	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.	4. SCHEDULE E: LOANS		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$ 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 FUN	IDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

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

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 12/31/2024	5 Payee name Zakary R Benge	Ratcliff, Trexas	75858	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
0.14	PO Box 2447	Ratcliff, Texa	·	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	·		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	rin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE				-
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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 Austi	in, 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	S SCHEDULE AS NEE	EDED	

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed:	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mc. Zakar NICKNAME LAST Ber	ysuffix	Date Received
4 ORIGINAL REPORT TYPE	January 15 Run	eeded modified reporting	Date Hand-delivered or Date Postmarked
	30th day before election	Other (specify) n day after treasurer ointment (officeholder only)	Receipt # Amount \$ Date Processed
5 ORIGINAL PERIOD COVERED	Month Day Year 10 / 29 / 24 TH	Month Day Year IROUGH $12/31/24$	Date Imaged
6 EXPLANATION OF CO account balance campaign.	PRRECTION I am off her. I must have miscale	by, ol cent on final a	counting of campaign r credit during the
7 SIGNATURE Swe	ear, or affirm, under penalty of	perjury, that this corrected report is	s true and correct.
Chec	ck ONLY if applicable:		
Semiannual mislead or to	reports: I swear, or affirm, that to misrepre-sent the information of	the original report was made in good factorial in the report.	aith and without an intent to
□ date I learne	ts: I swear, or affirm, that I am fil ed that the report as originally file the report as originally filed was i	ing this corrected report not later than d is inaccurate or incomplete. I swear made in good faith.	the 14th business day after the r, or affirm, that any error or
		Signature of Candidat	e/Officeholder
	Please co	omplete either option below:	
(1) Affidavit			
NOTARY STAMP/SEA	AL		
Sworn to and subscribed	before me by	this the	, day of,
20, to certify	y which, witness my hand and seal of off	rice.	
Signature of officer administ	ering oath Printed name	e of officer administering oath	Title of officer administering oath
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		OR	
(2) Unsworn Declarat	ion		
My name is Po	Kary K. Kenge Box 2447	and my date of birth is	09/20/1975 75858 USA
Executed in House	(street) County, State of Texa	Jekay K	1.5 , 20 25. (year)
Pamambar To Atta	ach Any Part Of The Campaign	Signature of Candidate	e/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this for	m.
		 Complete only if "Report Type" on page 1 is marked "Final 	ıl Report" ⊷
1 Z	слон N akar	y R Benge	2 Filer ID (Ethics Commission Filers)
3	SIGNA		
	designa	expect any further political contributions or political expenditures in connection with m ting a report as a final report terminates my campaign treasurer appointment. I also ugn contributions or make any campaign expenditures without a campaign treasurer appointment. Signature	nderstand that I may not accept any
4		WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Checl	k only one:	
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.
	The second secon	I have unexpended contributions or unexpended interest or income earned from policinary not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contiling this final report. Further, I understand that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement.	me earned on political contributions to contributions and that I may not retain ributions longer than six years after cal contributions and unexpended
	B.	ASSETS	
	Chec	k only one:	
	1	I do not retain assets purchased with political contributions or interest or other incom	e from political contributions.
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to
5		EHOLDER	
	•• Com	I am aware that I remain subject to filing requirements applicable to an officeholder who of file. I am also aware that I will be required to file reports of unexpended contributions if an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	, after filing the last required report as
			ignature of Officeholder

<u></u>					
The C/OH Instruction (Guide explains how to complete this form	Filer ID (Ethics Commission Filers) 1.	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	Ms / MRs / MR FIRST Mr Zakary	мі R	OFFICE USE ONLY		
NAME	NICKNAME LAST Benge	SUFFIX	Date Received Houston County Elections		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	SS / PO BOX; APT / SUITE #, CITY; STATE; ZIP CODE			
Change of Address	ADEA CODE	EVELNOON			
5 CANDIDATE/ OFFICEHOLDER PHONE	(936) 465-4689	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	Ms / MRs / MR FIRST Mrs Seema	мі Р	Receipt # Amount \$		
NAME	NICKNAME LAST	SUFFIX	Date Processed		
	Benge		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS		PT / SUITE #; CITY; Cexas 75858	STATE; ZIP CODE		
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	(936) 465-4689	EXTENSION			
9 REPORT TYPE	January 15 30th day be	efore election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 8th day befo	ore election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 10 / 10 / 24	THROUGH 10	Day Year / 28 / 24		
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day Year Prin	mary Runoff Other Description			
	11 / 5 / 24 Ger	neral Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Houston County	•		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDI CONSENT. CANDIDATES AND OFFICEHOLDERS ARE F	ITURES MAY HAVE BEEN MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGI	N TREASURER ADDRESS			
	GO 1	TO PAGE 2			

15 C/OH NAME Zakary R Benge				16 Filer	ID (Ethics Con	nmission Filers)
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIB IES, LOANS, OR GUARANTEES OF RIBUTIONS MADE ELECTRONICALL	LOANS, OR	N	\$	0.00
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUA	RANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDIT	URE.		\$	0.00
	4. TOTAL	POLITICAL EXPENDITURES			\$	0.00
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTORTING PERIOD	TAINED AS OF THE LAS	ST DAY	\$	0.15
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTS AY OF THE REPORTING PERIOD	FANDING LOANS AS O	F THE	\$	0.00
		er penalty of perjury, that the acco		e and cor	rect and includ	des all information
red	quired to be reported	by me under Title 15, Election Code				
			76	X		
			Johny Can	Jen	r_	
			Signature of Ca	andidate(d	r Officeholder	
		Please complete eith	er option belov	v:		
			-			
(1) Affidavit						
NOTARY STAMP/SEA	Ī					
Sworn to and subscribed	before me by		this the		day of	,
20, to certify	which, witness my ha	and and seal of office.				
Signature of officer administe	ering oath	Printed name of officer administe	ring oath		Title of officer a	dministering oath
		OR				
(2) Unsworn Declarati	on				1	
Z_{ij}	kan Pa	Renan		09	/20 / 19	75
My name is Zal	2 1 2000	-cuge ,	and my date of birth is	Z 1	750TE	1151
My address is POB	00X' X77'	, <u>K</u>	QICIITT,	,,	/J & JØ;	(country)
Haus	ton County, S	·		state) (zip code)	(country)
Executed in	County, S	tale of 1000 , on the 6	day of <u>OCFC</u>	1).7	(year)	
			Jattery Kay	Jeny	re	
		(/	Signature of Candid	date/Office	nolder (Declar	ant)

			1 Filer ID (Ethics Commission Filers)	2 Total pages Flad:
The C/OH Instruction	Guide explains how	w to complete this form.	1 Filer ID (cults commission riers)	2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR	FIRST	MI	
OFFICEHOLDER	Mr	Zakary	R	OFFICE USE ONLY
NAME	• • • • • • • • • • • • • • • • • • • •	······································		Date Received
	NICKNAME	Rengo	SUFFIX	Houston County Elections
		Benge		Housion boding Liveron
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	,	CITY; STATE; ZIP CODE	OCT 0 0 2024
MAILING	PO Box 2447	7 натсшт	ff, Texas 75858	OCT 0 9 2024
ADDRESS			1	RECEIVED
Change of Address			,	
5 CANDIDATE/	AREA CODE	PHONE NUMBER	TOTAL COMME	
OFFICEHOLDER			EXTENSION	Date Hand-delivered or Date Postmarked
PHONE	(936)	465-4689	· .	
6 CAMPAIGN	MS / MRS / MR	FIRST		Receipt # Amount \$
TREASURER	1		MI	1
NAME	Mrs	Seema	P	Date Processed
	NICKNAME	LAST	SUFFIX	
		Benge		Date Imaged
7 CAMPAIGN	STREET ADDRESS /	(NO PO BOX PLEASE); APT / SUI	UITE #; CITY:	
TREASURER	PO Box 2447		1	STATE; ZIP CODE
ADDRESS	FU DUX 2771	7 Ratcliff, Te	Xas /5050	
(Residence or Business)				
8 CAMPAIGN	AREA CODE	CHONE MUMBED	EVERNAN	
TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE	(936)	465-4689		
	(,	TOO TOO		
9 REPORT TYPE	January 15	30th day before ele	lection Runoff	15th day after campaign
I	Processor med	Topoc manney	ACHOIT I TAILOIT	treasurer appointment
1	July 15	Oth day hafara alar	ction Exceeded Modified	(Officeholder Only)
	July 10	8th day before elect	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	7	/ 2 / 24	10	·
	' /	· C / C+	THROUGH 10	7 9 / 24
11 ELECTION	ELECTION DAT	TE .	ELECTION TYPE	
i ·	Month Day	Year Primary	parent parent	
! !			Description	
!	11 / 5 /	24 General	Special	
1				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
!			Houston County	Sheriff
14 NOTICE FROM	THIS BOX IS FOR NOTICE	E OF POLITICAL CONTRIBUTIONS A	ACCEPTED OR POLITICAL EXPENDITURES MAI	ADE BY BOLLTICAL COMMITTEES TO SUPPORT
POLITICAL	THE CANDIDATE / OFFICE	EHULDER. THESE EXPENDITURES M	MAY HAVE REEN MADE WITHOUT THE CANDU	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	D TO REPORT THIS IN STREET, S	EY RECEIVE NUTICE OF SUCH EAFENDITURES.
1	COMMUNITALE	COMMITTEE IN MIL		
1	OFNEDAL	COMMITTEE ADDRESS		
Additional Pages	GENERAL			
	CDECIEIC	COMMITTEE CAMPAIGN TREAS	CIIDED NAME	
l	SPECIFIC	OOMINITIEE OF MINITED TO	SUKER NAME	
ļ	1			~
1		COMMITTEE CAMPAIGN TREAS	SURER ADDRESS	
		COTOF		
		GO TO P	AGE 2	!

15 C/OH NAME Zakary R Benge		16 Filer II	O (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	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 LAS OF REPORTING PERIOD	T DAY	\$ 0.15		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$		
	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	SHARON RENAY L. KER NOTARY PUBLIC STATE OF TEXAS ID # 12560644-1 My Comm. Expires 03-31-2026				
NOTARY STAMP/SEAL		_			
Sworn to and subscribed	before me by Inkary Ray Benge this the	9_	day of October,		
20 24, to certify	which, witness my hand and seal of office.		notory		
Signature of officer administer		Ti	itle of officer administering oath		
	OR	,			
(2) Unsworn Declaration	on		/ /		
My name is My address is Po A	Kary K. Denge, and my date of birth is Ratcliff, 7	09/ x . 17	20/1975 5858 U.S.A.		
Executed in Houst		lober.	p code) (country) 2024 (year) older (Declarant)		

The C/OH Instruction	Guide explains how	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages f	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Zakary	MI R	OFFICE	E USE ONLY
) WAIVILL	NICKNAME	Benge	SUFFIX	Date Received	Punty Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 244		city; state; zip code as 75858	JUL 1	2 2024
Change of Address 5 CANDIDATE/	AREA CODE	PHONE NUMBER	FYTEMOLONI		
OFFICEHOLDER PHONE	(936)	465=4689	EXTENSION		ed or Date Postmarked
6 CAMPAIGN TREASURER NAME	Ms/MRs/MR Mrs.	FIRST Seema	мі Р	Receipt # Date Processed	Amount \$
I W HAIL	NICKNAME	LAST	SUFFIX		Market and the second s
		Benge		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	POMBox 24	(NO PO BOX PLEASE); APT / SU 47 Ratcliff, Texa	·	STATE;	ZIP CODE
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE	(936)	465-4689			
9 REPORT TYPE	January 15	30th day before el	election Runoff	15th day af treasurer a (Officeholde	
	July 15	8th day before elec	Exceeded Modified Reporting Limit		rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	٢
	2	/ 26 / 24	THROUGH 7	/ 1 / 24	4
11 ELECTION	ELECTION DA		ELECTION TYPE		
	Month Day	Year Primary	Runoff Other	A 11 L	c.1,
	3 / 5 /	24 General		Mandatory F	illing
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Houston County		
14 NOTICE FROM POLITICAL COMMITTEE(S)	I THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES MA I MAY HAVE BEEN MADE WITHOUT THE CANDI RED TO REPORT THIS INFORMATION ONLY IF TH	IDATE'S OR DESICEUOL	DEDIC KNOW! EDGE OD
	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS		Action of the desired of the second of the s
	<u> </u>	GO TO F	PAGE 2		

Zakary R Benge				16 F	Filer ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, I	TEMIZED POLITICAL LOANS, OR GUARAN TIONS MADE ELECTI	CONTRIBUTIONS (OTH ITEES OF LOANS, OR RONICALLY)	IER THAN	\$ 0	.00
	2. TOTAL POL (OTHER THA	LITICAL CONTRIBL AN PLEDGES, LOANS	JTIONS S, OR GUARANTEES OF	LOANS)	\$ 25	557.2 8
EXPENDITURE TOTALS	3. TOTAL UNIT	EMIZED POLITICAL	EXPENDITURE.		\$ 0	. OÔ
	4. TOTAL POL	ITICAL EXPENDIT	URES		\$ 33	16.84
CONTRIBUTION BALANCE	5. TOTAL POLIT	TICAL CONTRIBUTIO	NS MAINTAINED AS OF	THE LAST DAY	\$	15
OUTSTANDING LOAN TOTALS	6. TOTAL PRING LAST DAY OF	CIPAL AMOUNT OF A F THE REPORTING F	ALL OUTSTANDING LOA PERIOD	NS AS OF THE	\$	1
18 SIGNATURE I sv req	wear, or affirm, under pe uired to be reported by m	enalty of perjury, that e under Title 15, Elec	ction Code.	ort is true and	Pens	
(1) Affidavit		lease comple	te either option	below:		
NOTARY STAMP/SEAL						
Sworn to and subscribed by 20, to certify w			t	his the	day of	······································
Signature of officer administeri	ng oath P	Printed name of officer	administering oath		Title of office	er administering oath
(2) Unsworn Declaration	n D	OF			/ /	
My name is <u>La Ka</u>	ry K. Ber	192	, and my date of	birth is 09	/20/19	175
My address is <u>Pの ら</u> Executed in <u></u> Hoいいん	(street) County, State of	Texas,	on the $\frac{\text{(city)}}{\text{day of}}$	(state) Tuly (month)	75838, (zip code) , 20 Z (year)	(country)
			Signature of	Candidate/Offi	ceholder (Dec	arant)

SUBTOTALS - C/OH

	akary R Benge	20 Filer ID (Ethics Co	ommission Filers)
	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 CO	NTRIBUTIONS	\$ 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 FUN	IDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

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 f	form.	1 Total pages Schedule A1:
² FILER NAME Zakary R			3 Filer ID (Ethics Commission Filers)
4 Date 02/26/2024	James R Brenner 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) 242.28
	Crockett, Texas 75835		
8 Principal occu Self	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date		ID#:)	Amount of contribution (\$)
02/29/2024	Larry Benge Contributor address; City;		700.00
	PO Box 1437 Rateliff,		, 00100
Principal occup	vation / Job title (See Instructions)	Employer (See Instruction	ons)
Date		D#:)	Amount of contribution (\$)
03/01/2024	Betty Atkinson Contributor address; City; Crockett, Texas	State; Zip Code	100.00
Principal occup	ration / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of contribution (\$)
03/15/2024	Contributor address; City;	State; Zip Code	1,515.00
Principal occup	Grapeland, Texas	Employer (See Instruction	ins)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruction		

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

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)

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 3 Filer ID (Ethics Commission Filers) Zakary R Benge 4 Date 5 Payee name 02/28/2024 The Messenger 6 Amount (\$) 7 Payee address: City; State: Zip Code 815.00 Grapeland, Texas 75844 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising **PURPOSE** Political Ads OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/29/2024 **Lucky Cleaners** Amount (\$) Payee address; City; State: Zip Code Loop 304 Crockett, Texas 75835 66.52 Category (See Categories listed at the top of this schedule) Description Other **PURPOSE** Dry Cleaning OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 02/29/2024 **Texas Elite Custom Apparel** Amount (\$) Payee address; City; State; Zip Code East Houston Street Crockett, Texas 75835 182.67 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Political Signs OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

5 Payee name

KIVY

(c)

Advertising Expense

Contributions/Donations Made By

Candidate/Officeholder/Political Committee

Accounting/Banking

Consulting Expense

Credit Card Payment

02/29/2024

276.00

PURPOSE

OF **EXPENDITURE**

6 Amount (\$)

4 Date

8

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Travel In District Printing Expense Travel Out Of District Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Zakary R Benge 7 Payee address: City; State; Zip Code Crockett, Texas 75835 (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Political Ads Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholde

9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
03/02/2024	Crockett Chamber of Commerce		
Amount (\$)	Payee address;	City;	State; Zip Code
220.00	Crockett, Texas 75835		·
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Banquet	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
03/04/2024	HotSpot		
Amount (\$)	Payee address; HWY 287 North Latexo, Texas	City;	State; Zip Code
83.50	11W1 207 North Latexo, Texas		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Travel	Fuel	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Zakary R Benge		3 Filer ID (Ethic	s Commission Filers)
4 Date 03/08/2024	5 Payee name HEB		4	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
58.15	Loop 304 Crockett, Texas 75835			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Travel	Fuel		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/18/2024	Crockett Elite Track Club			
Amount (\$)	Payee address;	City;	State;	Zip Code
100.00	Crockett, Texas 75835			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Contributions	Donation		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, 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			
03/19/2024	The Messenger			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,515.00	Grapeland, Texas 75844			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Political Ads		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	DED	

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER	Mr	Zakary	R	OFFICE USE CIVE!
NAME	NICKNAME	LAST	SUFFIX	Date Received
	MONVAINE	Benge		Heasien Geunty Elections
- CANDIDATE /	ADDDEOG / DO DOY		CITY; STATE; ZIP CODE	AND REAL COLL
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	7 Ratcliff, Texas 7		FEB 2 6 2024
MAILING	I O BOX Z 111	riatomi, roxao r		RECEIVED
ADDRESS				
Change of Address				
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
OFFICEHOLDER PHONE	(936)	465-4689		
	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
6 CAMPAIGN TREASURER	Mrs.	Seema	P	
NAME				Date Processed
	NICKNAME	LAST	SUFFIX	Date Imaged
		Benge		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	PO Box 2447	7 Ratcliff, Texas 7	5858	
(Residence or Business)			EVERNOION	
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE	(936)	465-4689		
	/			
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment
	Laurensen	Recognisional	Bassagos removie	(Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED			2	/ 25 / 24
	2	/ 3 / 24	THROUGH	, 20 / 24
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other	
		granteeaprey	Description	
	3 / 5 /	General General	Lawrence	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	n)
- 0,,,,,,			Houston County	/ Sheriff
AA NOTICE EDOM	THE DOVIE FOR NOTE	OF DOLLTICAL CONTRIBUTIONS		IADE BY POLITICAL COMMITTEES TO SUPPORT
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CANI	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	RED TO REPORT THIS IN ORDER TON CHET II	THE RESERVE NOTICE OF COOK EXTENSIONES.
	COMMITTEE TIPE	OOMMITTEE WANE		
	GENERAL	COMMITTEE ADDRESS		
Additional Pages	GENERAL			
-	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
	\$posession 2			
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS	
	L	1		
		GO TO	PAGE 2	

15 C/OH NAME Zakary R Benge	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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 DA 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 s	wear, or affirm, under penalty of perjury, that the accompanying report is true and	correct and includes all information
	wear, or animit, under penalty of penalty, that the accompanying report is tide and puried to be reported by me under Title 15, Election Code.	denote and molades an information
160	quired to be reported by the under Title 13, Election Code.	
	arteni	
	Signature of Candida	ate or Officeholder
	Please complete either option below:	
	STACY R. HAND	
	NOTARY PUBLIC	
	STATE OF TEXAS ID # 13101567-6	
(1) Affidavit	My Comm. Expires 02-22-2025	
NOTARY STAMP/SEA	_ / 2	
Sworn to and subscribed	before me by Lak Benge this the 20	p day of February
2//	uno une	,
20 <u>a 4</u> , to certify	which, witness my hand and seal of office.	day of February,
Stall Ita	har Stary Hand h	vary
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	and the state of the part of the particular and
(2) Unsworn Declarati		
My name is	, and my date of birth is	•
	,,	,
anguarant and an individual an		(zip code) (country)
Eve evited in		
Executed in	County, State of, on the day of(month)	, 20 (year)
		-
	Signature of Candidate/0	Officeholder (Declarant)

SUBTOTALS - C/OH

	19 FILER NAME Zakary R Benge		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4550.00 \$ 3805.00
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 CO	NTRIBUTIONS	\$ 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 FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

ii tile requee	ned information to not applicable, 90 1101 in		
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
² FILER NAME Zakary R	Benge		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Dee Benge		7 Amount of contribution (\$)
02/05/2024	6 Contributor address; City; Ratcliff, Texas 75858	State; Zip Code	1,900.00
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruct Retired	ions)
Date	Full name of contributor out-of-state PA Brijesh Patel	C (ID#:)	Amount of contribution (\$)
02/09/2024	Contributor address; City; Ratcliff, Texas 75858	State; Zip Code	1,000.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date Full name of contributor out-of-state PAC Jane Richmond		, , , , , , , , , , , , , , , , , , , ,	
02/16/2024	Contributor address; City; Crockett, Texas 7583	State; Zip Code	100.00
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruct Retired	ions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
02/16/2024	Contributor address; City; Ratcliff, Texas 75858	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct Lakeside Foodmart	ions)

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.

ii tiio roquod	ted information to not applicable, 20 110		
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	4 Date 5 Full name of contributor out-of-state PAC (ID#:) Ryan Martin		7 Amount of contribution (\$)
02/19/2024	6 Contributor address; City; Crockett, Texas 758	State; Zip Code	100.00
8 Principal occup Peace Office	pation / Job title (See Instructions)	9 Employer (See Instruction Latexo ISD	tions)
Date	Full name of contributor out-of-state	te PAC (ID#:)	Amount of contribution (\$)
02/21/2024	Contributor address; City; Crockett, Texas 758	State; Zip Code	150.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		te PAC (ID#:)	Amount of contribution (\$)
02/21/2024	Gary LaRue Contributor address; City; Lovelady, Texas 75	State; Zip Code	200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction Retired	tions)
Date	•	te PAC (ID#:)	Amount of contribution (\$)
02/22/2024	Contributor address; City;	State; Zip Code	1,000.00
	Latexo, Texas 7584		
Principal occup	ation / Job title (See Instructions)	Self	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:	
2 FILER NAME	Ξ		3 Filer ID (Ethics Co	mmission Filers)
Zakary R	Benge			
	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 3,805.0	00
5 Date	6 Full name of contributor)	8 Amount of	9 In-kind contribution
Date	Len Glawson		Contribution \$	description
02/14/2024			900.00	Food
02/14/2024		Zip Code		
	Lovelady, Texas 75851		Check if travel outsi	de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe Self	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of	In-kind contribution
Date	Len Glawson		Contribution \$	description
02/20/2024			2,905.00	Food
	Lovelady, Texas 75851	Zip Code		 de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Self		Self		,
	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED	

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

Revised 1/1/2024

LOANS SCHEDULE E

If the requested	information is not applicable, DO N 0	OT include this page in the re	port.
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Zakary R Ber	nge		
4 TOTAL OF UN	NITEMIZED LOANS		\$ 2,750.00
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
02/20/2024	Zakary R Benge		2,750.00
6 Is lender a financial Institution?	8 Lender address; City; PO Box 2447 Ratcliff, Texas 7	State; Zip Code '5858	10 Interest rate 11 Maturity date
YEN			
12 Principal occupation Retired	on / Job title (See Instructions)	13 Employer (See Instructions) Retired	
14 Description of Coll none	ateral	Check if personal fun account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
		21	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	e PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fun account (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If Is	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NEI	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Onici (onici a catego	ry not iisted above)	
1 Total pages Schedule F1:	2 FILER NAME Zakary R Benge		3 Filer ID (Ethics	Commission Filer	s)
4 Date 02/03/2024	5 Payee name Lakeside Foodmart		<u> </u>		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
50.00	Ratcliff, Texas 75858				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Transportation	Fuel			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name		· · · · · · · · · · · · · · · · · · ·		
02/03/2024	Commercial Bank				
Amount (\$)	Payee address;	City;	State;	Zip Code	
60.00	Kennard, Texas 75847				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Solicitation Expense	Cash for fundr	raisers		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held	
Date	Payee name				
02/05/2024	Lakeside Foodmart				
Amount (\$) 45.00	Payee address; Ratcliff, Texas 75858	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Transportation	Fuel			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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 NEE	DED		

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a extension pet listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services SalariesA The Instruction Guide explains how to	Nages/Contract Labor complete this form.	Other (enter a category not listed a	above)
1 Total pages Schedule F1:	2 FILER NAME Zakary R Benge		3 Filer ID (Ethics Commission	on Filers)
4 Date 02/05/2024	5 Payee name Lucky Cleaners		<u> </u>	
6 Amount (\$) 44.98	7 Payee address; Loop 304 Crockett, Texas 75835	City;	State; Zip Co	de
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Other	Dry Cleaning		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	d
Date	Payee name			
02/06/2024	Nicol Publishing			
Amount (\$)	Payee address;	City;	State; Zip Coo	de
1,285.00	Grapeland, Texas 75844			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Political Ads		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	i
Date	Payee name			
02/06/2024	Houston County Go Texan			
Amount (\$) 600.00	Payee address; Crockett, Texas 75835	City;	State; Zip Cod	de
	Category (See Categories listed at the top of this schedule)	Description	N	
PURPOSE OF EXPENDITURE	Contributions	Fundraiser		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	d
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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

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)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	00101 (011001 01 0111-01	ny notroise above,
1 Total pages Schedule F1:	2 FILER NAME Zakary R Benge		3 Filer ID (Ethics	S Commission Filers)
4 Date 02/07/2024	5 Payee name Brookeshire Brothers			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
51.00	Grapeland, Texas 75844			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Transportation	Fuel		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/09/2024	Lucky Cleaners			
Amount (\$)	Payee address;	City;	State;	Zip Code
19.86	Crockett, Texas 75835			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Other	Dry Cleaning		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/09/2024	Moosehead Cafe			
Amount (\$)	Payee address;	City;	State;	Zip Code
41.74	Crockett, Texas 75835			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Food	Meals		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	DED	

SCHEDULE F1

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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

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

Travel In District
Travel Out Of District
or Other (enter a category not list

Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Zakary R Benge		3 Filer ID (Ethics	s Commission Filers)
4 Date 02/09/2024	5 Payee name Crockett Oil, Lube and Wash			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
75.00	Crockett, Texas 75835			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Transportation	Car Wash		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	j expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
02/11/2024	Valero			
Amount (\$)	Payee address;	City;	State;	Zip Code
92.00	Crockett, Texas 75835			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation	Fuel		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/12/2024	Nicol Publishing			
Amount (\$)	Payee address;	City;	State;	Zip Code
355.00	Grapeland, Texas 75844			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Political Ads		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	DED	

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

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		•	
1 Total pages Schedule F1:	2 FILER NAME Zakary R Benge		3 Filer ID (Ethic	s Commission Filers)
4 Date 02/14/2024	5 Payee name Latexo Booster Club				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
300.00	Latexo, Texas 75849				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Donations	Fundraiser			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				-
02/16/2024	Kennard ISD				
Amount (\$)	Payee address;	City;	State;	Zip Code	
104.00	Kennard, Texas 75847				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Donation	Fundraiser			
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
02/17/2024	Mary Allen Museum				
Amount (\$)	Payee address;	City;	State;	Zip Code	
110.00	Crockett, Texas 75835				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Donation	Fundraiser			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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 NEE	:DED		

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

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	,	-
1 Total pages Schedule F1:	2 FILER NAME Zakary R Benge		3 Filer ID (Ethics Commi	ssion Filers)
4 Date 02/17/2024	5 Payee name Crockett Truck Stop			
6 Amount (\$)	7 Payee address;	City;	State; Zip	Code
89.00	Crockett, Texas 75835			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Transportation	Fuel		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office h	neld
Date	Payee name			
02/19/2024	Jayde Young			
Amount (\$)	Payee address;	City;	State; Zip	Code
200.00	Crockett, Texas 75835			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Fundraiser		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office h	eld
Date	Payee name			
02/20/2024	KIVY			
Amount (\$)	Payee address;	City;	State; Zip (Code
156.00	Crockett, Texas 75835			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Political Ads		:
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office I	neld
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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 Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salariesv The Instruction Guide explains how to o	complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Zakary R Benge		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
02/20/2024	The Messenger			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2,730.00	Grapeland, Texas 75844			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising	Political Ads		
OF EXPENDITURE				· · · · · · · · · · · · · · · · · · ·
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/22/2024	KIVY			
Amount (\$)	Payee address;	City;	State;	Zip Code
156.00	Crockett, Texas 75835			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising	Political Ads		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/24/2024	Lovelady FFA			,
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00	Lovelady, Texas 75851			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Fundraiser		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

					
The C/OH Instruction G	Guide explains how to complete	e this form.	Filer ID (Ethics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR F Mr Zaka	irst ary	мі R	OFFICE	USEONLY
NAME	nickname l. Ber	ast ige	SUFFIX	Date Received Houston C	County Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 2447 Ratcliff	r / suite #; city; , Texas 75858	STATE; ZIP CODE	FEB	0 5 2024
Change of Address	1251 2005		EVERNOON	1762	imei a err
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE N (936) 655-2		EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER		ema	мі	Receipt #	Amount \$
NAME		AST	SUFFIX	Date Processed	
	Be	nge		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	PO Box 2447 Ratcliff			STATE;	ZIP CODE
(Residence or Business)				· · · · · · · · · · · · · · · · · · ·	
8 CAMPAIGN TREASURER PHONE	(936) 655-2		EXTENSION		
9 REPORT TYPE	January 15	30th day before election	Runoff	15th day af treasurer a (Officeholde	
	July 15	8th day before election	Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month Day 1 / 1 /	Year ∕ 24	THROUGH 2	Day Year / 2 / 24	
11 ELECTION	ELECTION DATE Month Day Year 3 / 5 / 24	Primary General	Runoff Other Description Special	:	
	0 / 0 / 21	Energyali In-	97 PAL		
12 OFFICE	OFFICE HELD (if any)		Houston County	•	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL THE CANDIDATE / OFFICEHOLDER. THE CONSENT. CANDIDATES AND OFFICEHO	ESE EXPENDITURES MAY I	HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE	NAME			
Additional Pages	GENERAL COMMITTEE	ADDRESS			
	SPECIFIC COMMITTEE	CAMPAIGN TREASURI	ER NAME		
	COMMITTEE	E CAMPAIGN TREASUR	RER ADDRESS		
		GO TO PAG	GE 2		

15 C/OH NAME Zakary R Benge		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 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 LAS OF REPORTING PERIOD	\$ 524.29
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 1500.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	e and correct and includes all information
109	Jaka	ndidate or Officeholder
	Please complete either option below	<i>7</i> :
(1) Affidavit	STACY R. HAND NOTARY PUBLIC STATE OF TEXAS ID # 13101567-6 My Comm. Expires 02-22-2025	
NOTARY STAMP/SEAL	1 10	
Sworn to and subscribed	before me by <u>Lak Benge</u> this the	5th day of February
20 24, to certify Signature of officer administer	which, witness my hand and seal of office. Abol Stary Hand	no ferry Title of officer administering oath
Signature of officer puriness	OR	The state of the s
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
		,
Executed in	(street) (city) (s County, State of , on the day of(month	state) (zip code) (country), 20 (year)
	Signature of Candid	late/Officeholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME	20 Filer ID (Ethics Con	mmission 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 CON	\$ 1500.00 \$ 3392.19	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
² FILER NAME Zakary R	Benge		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Mike Broxson		7 Amount of contribution (\$)	
01/04/2024	6 Contributor address; City; Lovelady, Texas 758	•	300.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	
Date		PAC (ID#:)	Amount of contribution (\$)
01/09/2024 Robert Ritchie Contributor address; City; State; Zip Code Crockett, Texas 75835		75.00	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	iions)
Date	Full name of contributor out-of-state Willie Johnston	PAC (ID#:)	Amount of contribution (\$)
01/24/2024	Contributor address; City; Crockett, Texas 758	State; Zip Code	50.00
Principal occup Road Hand	pation / Job title (See Instructions)	Employer (See Instruction County	tions)
Date	Full name of contributor out-of-state	e PAC (ID#:)	Amount of contribution (\$)
01/24/2024	Contributor address; City;	State; Zip Code	50.00
	Crockett, Texas 758	35	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC, please see I		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
² FILER NAME Zakary R	Benge		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Luke Carrabba	(ID#:)	7 Amount of contribution (\$)
01/25/2024	6 Contributor address; City; Houston, Texas 77080	State; Zip Code	300.00
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC Mark Redwine	(ID#:)	Amount of contribution (\$)
01/30/2024	Contributor address; City; Ratcliff, Texas 75858	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES Of If contributor is out-of-state PAC, please see Instruc		

The I	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Zakary R Ben	nge		
4 TOTAL OF UN	ITEMIZED LOANS		\$ 1,500.00
5 Date of loan	7 Name of lender ut-of-state P	PAC (ID#:)	9 Loan Amount (\$)
01/22/2024	Zak Benge		750.00
6 Is lender a financial Institution?	8 Lender address; City; PO Box 2447 Ratcliff, Texas 75	State; Zip Code	10 Interest rate
Y N	. O DON 2777 Hatolill, 16/43 70		11 Maturity date
12 Principal occupatio	on / Job title (See Instructions)	13 Employer (See Instructions)	the special control of
Retired		Retired	
14 Description of Colla	ateral	Check if personal fund account (See Instruction	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
01/24/2024	Zak Benge	,	250.00
Is lender a financial	Lender address; City; PO Box 2447 Ratcliff, Texas 75	State; Zip Code	Interest rate
Institution?	. O DOX 2-77 Hatomi, TOXAS 70		Maturity date
Principal occupation Retired	on / Job title (See Instructions)	Employer (See Instructions) Retired	
Description of Colla	ateral	Check if personal func	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI ender is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

ii tile requested	- Information is not applicable, DC 140	pago alo lo	
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME		A STATE OF THE STA	3 Filer ID (Ethics Commission Filers)
Zakary R Ber	nge		
4 TOTAL OF UN	IITEMIZED LOANS		\$ 1,500.00
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)
01/25/2024	Zak Benge		500.00
6 Is lender a financial Institution?	8 Lender address; City; PO Box 2447 Ratcliff, Texas 75	State; Zip Code	10 Interest rate
Y N	FO BOX 2447 Hatchin, Texas 70	,000 1000	11 Maturity date
	on / Job title (See Instructions)	13 Employer (See Instructions)	
Retired		Retired	
14 Description of Colla	ateral	Check if personal fundaccount (See Instruction	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor	,	19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable	, ,		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	² FILER NAME Zakary R Benge	3 File	r ID (Ethics Commission Filers)
4 Date	5 Payee name		
01/04/2024	Brookeshire Brothers		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
55.00	Hwy 287 N. Grapeland, Texas 75844		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Transportation	Fuel	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	ceholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/06/2024	Lakeside Foodmart		
Amount (\$)	Payee address;	City;	State; Zip Code
75.00	Hwy 7 East Ratcliff, Texas 75858		1
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Transportation	Fuel	
OF EXPENDITURE	·		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offic	ceholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/12/2024	Zak Benge		
Amount (\$)	Payee address;	City;	State; Zip Code
40.00	PO Box 2447 Ratcliff, Texas 75858		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Solicitation Expense	Cash for fundraiser e	expenses
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offic	eholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	·

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)

Credit Card Fayment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Zakary R Benge		3 Filer ID (Ethics Commission Filers)
4 Date 01/13/2024	5 Payee name Lucky Cleaners		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
43.94	Loop 304 Crockett, Texas 75835		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Other	Dry Cleaning	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
01/13/2024	Houston County Youth Basketball		
Amount (\$)	Payee address;	City;	State; Zip Code
275.00	Crockett, Texas 75835		
	Category (See Categories listed at the top of this schedule)	Description	-
PURPOSE OF	Contributions	Youth Organiz	ration
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/14/2024	Lakeside Foodmart		
Amount (\$)	Payee address;	City;	State; Zip Code
60.00	Hwy 7 East Ratcliff, Texas 75858		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Transportation	Fuel	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	in, 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 NEF	EDED

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

Event Expense Food/Beverage Expense
Gift/Awards/Memorials Ex Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politice Credit Card Payment		nang Expense aries/Wages/Contract Labor w to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		•	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
01/18/2024	KIVY Radio		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
225.00	Crockett, Texas 75835		
8	(a) Category (See Categories listed at the top of this schedul	ule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising	Political Ads	
	(c) Check if travel outside of Texas. Complete Schedule	:T. Check if Aust	tin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
01/19/2024	Houston County Go Texan Commi	ittee	
Amount (\$)	Payee address;	City;	State; Zip Code
300.00	Crockett, Texas 75835		
	Category (See Categories listed at the top of this schedule)	e) Description	
PURPOSE OF EXPENDITURE	Contribution	Scholarship Fu	undraiser
	Check if travel outside of Texas. Complete Schedule T	T. Check if Austin	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/23/2024	Lovelady Lovefest		
Amount (\$)	Payee address;	City;	State; Zip Code
50.00	Lovelady, Texas 75851		
	Category (See Categories listed at the top of this schedule)) Description	
PURPOSE OF EXPENDITURE	Contribution	Scholarship Fu	ndraiser
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEE	:DED

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	² FILER NAME Zakary R Benge		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
01/20/2024	Davy Crockett Grill			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
16.00	Loop 304 Crockett, Texas 75835			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food	Lunch		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/24/2024	Nicol Publishing			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,695.00	101 Redbud Circle Crockett, Texas 7	75835		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising	Political Ads		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/25/2024	Smitty's BBQ			
Amount (\$) 13.39	Payee address; South 4th St. Crockett, Texas 75835	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food	Lunch		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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 NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	² FILER NAME Zakary R Benge		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
01/25/2024	Lovelady FFA			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
35.00	Lovelady ISD Lovelady, Texas 75851			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Political Ads		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
01/29/2024	Lakeside Foodmart			
Amount (\$)	Payee address;	City;	State; Zip Code	
51.00	Hwy 7 East Ratcliff, Texas 75858			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Transportation	Fuel		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
01/29/2024	Zak Benge	·		
Amount (\$)	Payee address;	City;	State; Zip Code	
40.00	PO Box 2447 Ratclff, Texas 75858			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Withdrawal	Cash for exper	nses	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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 NEE	EDED	

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		,,,
1 Total pages Schedule F1:	2 FILER NAME Zakary R Benge		3 Filer ID (Ethics	Commission Filers)
4 Date 02/01/2024	5 Payee name KIVY Radio			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
115.00	Crockett, Texas 75835			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Political Ads		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
01/31/2024	BIGS			
Amount (\$)	Payee address;	City;	State;	Zip Code
45.00	Hwy 7 and Loop 304 Crockett, Texas	75835		
•	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Transportation	Fuel		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/01/2024	Lakeside Foodmart			
Amount (\$)	Payee address;	City;	State;	Zip Code
40.00	Hwy 7 East Ratcliff, Texas 75858			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation	Fuel		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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 NEE	EDED	

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	² FILER NAME Zakary R Benge		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name		<u> </u>	
02/02/2024	Impressions Advertising Specialties			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
217.86	128 Frontage Road Minden, LA 7105	55		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising	Political Signs		
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living	g 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
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	•			
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	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 NEED	DED	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

					
The C/OH Instruction (Guide explains hov	w 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		E USE ONLY
TWAIVIL	NICKNAME	LAST Benge	SUFFIX	Date Received Houston (County Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 244	x; APT / SUITE #; C I7 Ratcliff, Texas 75	CITY; STATE; ZIP CODE 5858		0 5 2024 CEIVED
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(936)	PHONE NUMBER 655-2811	EXTENSION	Date Hand-delivere	ed or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Seema	мі Р	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
		Benge		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	1	(NO PO BOX PLEASE); APT / SU 7 Ratcliff, Texas 75		STATE;	ZIP CODE
(Residence or Business)					***
8 CAMPAIGN TREASURER PHONE	(936)	PHONE NUMBER 655-2811	EXTENSION	,	
	(300)		· · · · · · · · · · · · · · · · · · ·		
9 REPORT TYPE	January 15	30th day before ele	lection Runoff		ufter campaign appointment er Only)
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit		ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Yea	
	9	/ 12 / 23	THROUGH 12	/ 31 / 23	1
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
	3 / 5 /	24 General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Houston County		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	Ceholder. <i>These expenditures</i> .	ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDI	IDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			***************************************
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS		
		GO TO F	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	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 LAS OF REPORTING PERIOD	\$ 1541. 48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ 4078-00
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is tru	e and correct and includes all information
	uired to be reported by me under Title 15, Election Code.	
	$\alpha \downarrow \Lambda$	
	at the	nc
	Signature of Ca	andidate or Officeholder
	Please complete either option below	v:
	SHARON RENAY LUKER	
(1) Affidavit	NOTARY PUBLIC STATE OF TEXAS ID # 12560644-1 My Comm. Expires 03-31-2026	
NOTARY STAMP/SEA		- 1
Sworn to and subscribed	before me by ZAKAM Benge this the	day of fahusay ;
20 24 , to certify	which, witness my hand and seal of office.	
Sharm Rena	Luker Shakon Renay Luker	NUTAN
Signature of officer administe		Title of officer administering oath
	OR	Control of the contro
(2) Unsworn Declaration	And the first of the state of t	
My name is	, and my date of birth is	
	, and my date of shall	
iviy addiess is		state) (zip code) (country)
Evacuted in		
Executed III	County, State of , on the day of (mont	h) (year)
	Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Zakary R. Benge 20 Filer ID (Ethics Corr	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$20263.43
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3244.98
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$4078-00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 18721.95
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

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

	ned information to not applicable, 50 1101			
The	Instruction Guide explains how to complete t	this form.	1 Total pages Schedule A1:	
² FILER NAME Zakary R	Benge		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state Gene Caldwell	PAC (ID#:)	7 Amount of contribution (\$)	
09/20/2023	6 Contributor address; City; 629 N. 4th St. Crockett		500.00	
8 Principal occu Self	pation / Job title (See Instructions)	9 Employer (See Instruction Self	tions)	
Date	Full name of contributor out-of-state Chuck and Kim Spellman	PAC (ID#:)	Amount of contribution (\$)	
09/22/2023	1979 S. 5th St. Crockett, Tx 75835		530.43	
Principal occup Self	pation / Job title (See Instructions)	Employer (See Instruc Self	tions)	
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)	
09/26/2023	Gary Shearer Contributor address; City; 155 FM 3275 Crockett,			
Principal occup	aation / Job title (See Instructions)	Employer (See Instruction Retired	ctions)	
Date	Full name of contributor out-of-state Larry and Dee Benge	PAC (ID#:)	Amount of contribution (\$)	
10/02/2023	Contributor address; City; PO Box 1437 Ratcliff,	State; Zip Code Texas 75858	2,500.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction Retired	tions)	

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
² FILER NAME Zakary R	Benge	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
11/02/2023	6 Contributor address; City; State; Zip Code 133 TX 7 Kennard, Tx 75847	100.00
8 Principal occur Sel	pation / Job title (See Instructions) 9 Employer (See Instructions)	tructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
11/02/2023	Contributor address; City; State; Zip Code PO Box 303 Lovelady, Tx 75851	130.00
<i>7.</i>) <i>1</i>	ration / Job title (See Instructions) Employer (See Instructions) Retired	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
11/06/2023	Contributor address; City; State; Zip Code	100.00
	24955 FM 227 E Kennard, Tx 75847	
. 47.	pation / Job title (See Instructions) Employer (See Instructions) Retired	tructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
11/06/2023	Contributor address; City; State; Zip Code	50.00
	334 CR 1172 Kennard, Tx 75847	
· '	cation / Job title (See Instructions) Employer (See Instructions) Commercial	
u	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED
	If contributor is out-of-state PAC, please see Instruction guide for addition	

SCHEDULE A1

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

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
² FILER NAME Zakary R	Benge		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state F Morris Earl Luker	AC (ID#:)	7 Amount of contribution (\$)
10/12/2023	6 Contributor address; City; PO Box 184 Ratcliff,	State; Zip Code Tx 75858	50.00
8 Principal occu Constable	pation / Job title (See Instructions)	9 Employer (See Instruction Houston County	tions)
Date	Full name of contributor out-of-state F Amanda Strength-Stewart	AC (ID#:)	Amount of contribution (\$)
10/12/2023	Contributor address; City; 1819 Oak Cluster Circle Pearl	State; Zip Code and, Tx 77581	200.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state F	AC (ID#:)	Amount of contribution (\$)
10/12/2023	Sidney Blair Contributor address; City;	State; Zip Code	250.00
	5940 Honea Egypt Rd Montgo	omery, Tx 77316	200.00
Principal occup Sheriff's Depu	pation / Job title (See Instructions) Lity	Employer (See Instruct Walkerf County	tions)
Date	Full name of contributor out-of-state F	AC (ID#:)	Amount of contribution (\$)
11/07/2023	Contributor address; City;	State; Zip Code	100.00
, .	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Retired		Retired	
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULF AS N	JEEDED

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SCHEDULE A1

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

The	Instruction Guide explains how to con	mplete this	form.	1 Total pages Schedule A1:
² FILER NAME Zakary R	Benge			3 Filer ID (Ethics Commission Filers)
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:		(ID#:)	7 Amount of contribution (\$)
11/10/2023	6 Contributor address; C	ity;	State; Zip Code	100.00
8 Principal occup Bank Teller	oation / Job title (See Instructions)		9 Employer (See Instruct Commercial Bank	ions)
Date	Cari Parrish		(ID#:)	Amount of contribution (\$)
11/10/2023		City;	State; Zip Code	40.00
Principal occup Secretary	ation / Job title (See Instructions)		Employer (See Instructi Kennard ISD	ions)
Date 11/10/2023	Full name of contributor out		(ID#:)	Amount of contribution (\$)
11/10/2023		ity;	State; Zip Code	40.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct Kennard ISD	ions)
Date	Full name of contributor out	t-of-state PAC	(ID#:)	Amount of contribution (\$)
11/10/2023	Contributor address; Ci	nard,	State; Zip Code Tx 75847	1,000.00
Principal occup	nation / Job title (See Instructions)		Employer (See Instruct	ions)
	ATTACH ADDITIONAL	COPIES C	OF THIS SCHEDULE AS N	EEDED

SCHEDULE A1

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

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Zakary R	Benge		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA James Horton	C (ID#:)	7 Amount of contribution (\$)
11/17/2023	6 Contributor address; City; 1391 FM 228 Grapeland	State; Zip Code d, Tx 75844	500.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA Dee Benge	.C (ID#:)	Amount of contribution (\$)
11/27/2023	Contributor address; City; PO Box 1437 Ratcliff,	State; Zip Code , Tx 75858	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct Retired	ions)
Date		.C (ID#:)	Amount of contribution (\$)
11/27/2023	Rodney Taylor Contributor address; City; 620 S. 4th St. Crockett,	State; Zip Code Ty 75835	750.00
Principal occup	ration / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA Brenda Stubblefield	.C (ID#:)	Amount of contribution (\$)
12/01/2023	Contributor address; City; 538 CR 1070 Kennard,	State; Zip Code Tx 75847	100.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to complete t	this form.	1 Total pages Schedule A1:
² FILER NAME Zakary R	Benge		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state Bobby Shoemake	PAC (ID#:)	7 Amount of contribution (\$)
12/01/2023	6 Contributor address; City; 1786 CR 1805 Kennar	State; Zip Code d, Tx 75847	500.00
8 Principal occu Self	pation / Job title (See Instructions)	9 Employer (See Instruction Self	tions)
Date	Full name of contributor out-of-state Ryan Hatthorn	PAC (ID#:)	Amount of contribution (\$)
12/05/2023	Contributor address; City; 4710 Ellen Trout Drive Lufkin	State; Zip Code , Tx 75904	2,000.00
Principal occup	l aation / Job title (See Instructions)	Employer (See Instruc Self	tions)
Date	Full name of contributor out-of-state Kevin McBride	PAC (ID#:)	Amount of contribution (\$)
12/05/2023	Contributor address; City; PO Box 334 Kennard	State; Zip Code d, Tx 75847	150.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc Self	tions)
Date	Full name of contributor out-of-state Carl Ray Polk Jr.	PAC (ID#:)	Amount of contribution (\$)
12/11/2023	Contributor address; City; PO Box 155108 Lufkin	State; Zip Code	1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction Self	tions)
	ATTACH ADDITIONAL COPIE If contributor is out-of-state PAC, please see In		

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SCHEDULE A1

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

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
² FILER NAME Zakary R	Benge		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state P Andrew Polk	AC (ID#:)	7 Amount of contribution (\$)
12/11/2023	6 Contributor address; City; PO Box 155108 Lufkin,	State; Zip Code	250.00
8 Principal occur Lender	pation / Job title (See Instructions)	9 Employer (See Instruction Lone Star Ag Credi	
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)
12/11/2023	Contributor address; City; 1621 Virginia Place Ft. Worth,	State; Zip Code Tx 76107	250.00
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instruc Cantey-Hanger LLF	,
Date		AC (ID#:)	Amount of contribution (\$)
11/28/2023	Mark Redwine Contributor address; City; 5332 CR 1180 Ratcliff,	State; Zip Code Tx 75847	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction Retired	tions)
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)
11/10/2023	Contributor address; City; PO Box 122 Ratcliff,	State; Zip Code Tx 75858	1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS N	NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDEL

SCHEDULE A1

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

n are requee	stod information to not applicable, 20 1101		
The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
² FILER NAME Zakary R	Benge		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state Pa	AC (ID#:)	7 Amount of contribution (\$)
10/20/2023	6 Contributor address; City; 1979 S. 5th St. Crocket	State; Zip Code t, Tx 75835	350.00
8 Principal occu Self	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state Pa	AC (ID#:)	Amount of contribution (\$)
10/20/2023	Contributor address; City; PO Box 2447 Ratcliff		100.00
Principal occup Self	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 10/20/2023	Full name of contributor out-of-state Parijesh Patel Contributor address; City;	AC (ID#:) State; Zip Code	Amount of contribution (\$) 25.00
	PO Box 122 Ratcliff,	Tx 75858	20.00
Principal occup Self	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state Pa	AC (ID#:)	Amount of contribution (\$)
12/15/2023	Contributor address; City; 128 Main Street Grapeland, T	State; Zip Code x 75844	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL CODIES	COETUIC COUEDIII E AC N	EEDED

SCHEDULE A1

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	Date 5 Full name of contributor out-of-state PAC (ID#:		C (ID#:)	7 Amount of contribution (\$)
12/15/2023	6 Contributor address; PO Box 399 Lo	city; velady	State; Zip Code 7, Tx 75851	500.00
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See Instruction Self	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/15/2023	Contributor address;	City;	State; Zip Code	200.00
	PO Box 1587 R	atciii,	1X /5858	
Principal occup Unknown	ation / Job title (See Instructions)		Employer (See Instruc Unknown	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/15/2023	Diane Benge Contributor address;	City;	State; Zip Code	1,000.00
	PO Box 1437 R			1,000.00
Principal occup Retired	nation / Job title (See Instructions)		Employer (See Instruc Retired	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDITIO		OF THIS SCHEDULE AS Nuction guide for additional	

SCHEDULE A1

The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
² FILER NAME Zakary R	Benge		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state Essie Kellum	PAC (ID#:)	7 Amount of contribution (\$)
12/16/2023	6 Contributor address; City; CR 1193 Grapeland	State; Zip Code	100.00
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruction Retired	tions)
Date	Full name of contributor out-of-state Kennon Kellum	PAC (ID#:)	Amount of contribution (\$)
12/16/2023	Contributor address; City;	State; Zip Code	100.00
	CR 1193 Grapeland, Tx 75844		100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		PAC (ID#:)	Amount of contribution (\$)
12/16/2023	Luther Boyd Contributor address; City;	State; Zip Code	40.00
	FM 229 Grapeland,	-	-10.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		PAC (ID#:)	Amount of contribution (\$)
12/17/2023	Travis Fickey Contributor address; City;	State; Zip Code	30.00
	Lovelady, Tx 75851		00.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	
Boat Captain		Golding Barge Line	
		ES OF THIS SCHEDULE AS N	IFFDFD

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
² FILER NAME Zakary R	Benge		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Chuck Cunningham	C (ID#:)	7 Amount of contribution (\$)
12/19/2023	6 Contributor address; City; Grapeland, Tx 75844	State; Zip Code	100.00
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruction Retired	tions)
12/18/2023	David Minchew	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES of the contributor is out-of-state PAC, please see Instru		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

•			_	
Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 2
2 FILER NAME	Ē		3 Filer ID (Ethics Co	ommission Filers)
Zakary R	Benge		(2	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 3,244.9	98
5 Date	6 Full name of contributor)	8 Amount of	9 In-kind contribution
	Catherine Jordan		Contribution \$	description
10/18/2023			483.23	Children's shirts
10/10/2023	7 Contributor address; City; State;	Zip Code		
	2900 W. Horizon Ridge St 101 Henderson, NV 89	052	Check if travel outs	I ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of	In-kind contribution
Date	Len Glawson		Contribution \$	description
10/18/2023	Contributor address; City; State; Zip Code		2,500.00	Table at
10/16/2023			2,000.00	Fundraiser
	795 S. 4th St. Crockett, Tx 7	75835	Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Self		Self		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (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.

•			_		
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 2		
2 FILER NAMI	E		3 Filer ID (Ethics Co	ommission Filers)	
Zakary R	Benge				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 3,244.9	98	
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description Adult Shirts	
12/06/2023	7 Contributor address; City; State;	Zip Code	201.73	Addit Office	
	2304 Porter Lane Crockett, Tx 7583		Check if travel outs	i ide of Texas. Complete Schedule T.	
10 Principal occ Self	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (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)	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel outs	 de of Texas. Complete Schedule T.	
Principal acc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe			
Fincipal occ	upation 7 300 title (1 OK NON-30010/AE) (366 matricular)	Employer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)	
Contributor's	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)	L		The state of the s	

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

THE	Instruction Guide explains how to co	omplete this form.	1 Total pages Schedule E:
z filer name Zakary R Bei	nge		3 Filer ID (Ethics Commission Filers
TOTAL OF UN	NITEMIZED LOANS		\$ 4,078.00
5 Date of loan 09/01/2023	Zak Benge	-state PAC (ID#:)	9 Loan Amount (\$) 50.00
6 Is lender a financial Institution?	8 Lender address; City; PO Box 2447 Ratcliff, Tx 75	State; Zip Code 5858	10 Interest rate 11 Maturity date
	on / Job title (See Instructions)	13 Employer (See Instructions) Retired	
14 Description of Coll none	ateral	15	nds were deposited into political titions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
■ not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	<u> </u>
Date of loan 10/03/2023	Zak Benge	state PAC (ID#:)	Loan Amount (\$) 2,168.00
Is lender a financial Institution?	Lender address; City; PO Box 2447 Ratcl;iff, Tx 75	State; Zip Code	Interest rate
YIN			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions) Retired	
Description of Colla	iteral	Check if personal function account (See Instruction	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
= not applicable	Guarantor address; City;	State; Zip Code	
■ not applicable	on (See Instructions)	Employer (See Instructions)	

			_	
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Zakary R Ber	nge			
4 TOTAL OF UN	NITEMIZED LOANS		\$ 4,078.00	
5 Date of loan 10/04/2023		PAC (ID#:)	9 Loan Amount (\$) 250.00	
		·	10 Interest rate	
6 Is lender a financial Institution?	PO Box 2447 Ratcliff, Tx 75858	State; Zip Code		
Y N			11 Maturity date	
·	on / Job title (See Instructions)	13 Employer (See Instructions)		
Retired		Retired		
14 Description of Coll none	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political cions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	18 Guarantor address; City; State; Zip Code			
not applicable				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender out-of-state F	PAC (ID#:)	Loan Amount (\$)	
10/10/2023	Zak Benge		80.00	
Is lender a financial Institution?	Lender address; City; PO Box 2447 Ratcl;iff, Tx 75858	State; Zip Code	Interest rate	
Y N	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	Maturity date	
Principal occupation Retired	on / Job title (See Instructions)	Employer (See Instructions) Retired		
		neliieu		
Description of Colla	aterat	Check if personal fundaccount (See Instruct	ds were deposited into political ions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
■ not applicable				
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
If le	ATTACH ADDITIONAL COPI ender is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE truction guide for additional re	· ·	

The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
² FILER NAME Zakary R Be	nge		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$ 4,078.00
5 Date of loan 11/07/2023	Zak Benge	PAC (ID#:)	9 Loan Amount (\$) 530.00
6 Is lender a financial Institution?	8 Lender address; City; PO Box 2447 Ratcliff, Tx 75858	State; Zip Code	10 Interest rate 11 Maturity date
12 Principal occupati Retired	ion / Job title (See Instructions)	13 Employer (See Instructions) Retired	
14 Description of Coll	lateral	Check if personal fund account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
■ not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender Quit-of-state	PAC (ID#:)	Loan Amount (\$)
11/08/2023	Zak Benge	PAC (ID#:	1,000.00
Is lender a financial Institution?	Lender address; City; PO Box 2447 Ratcl;iff, Tx 75858	State; Zip Code	Interest rate
Y			Maturity date
Principal occupation Retired	on / Job title (See Instructions)	Employer (See Instructions) Retired	
Description of Colla	ateral	Check if personal func	ds were deposited into political
none	·	account (See Instructi	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable	Ĺ	1	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS NEE struction guide for additional rep	

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/N The Instruction Guide explains how to o	Nages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/02/2023	Crockett Police Officers Association		
6 Amount (\$) 490.00	7 Payee address; 200 N. 5th Street Crockett, Texas 75	City; 835	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contributions	CPOA Fundra	iser
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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		
10/02/2023	Tx Elite Custom Apparel		
Amount (\$)	Payee address;	City;	State; Zip Code
510.29	703 E Houston Ave Crockett, Tx 7583	35	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising	Tshirts	
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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		
10/03/2023	Impressions Advertising Specialties		
Amount (\$)	Payee address;	City;	State; Zip Code
4,828.04	128 Frontage Road Minden, LA 71058)	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Political Signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (eriter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Zakary R Benge		3 Filer ID (Ethic	s Commission Filers)
4 Date 10/04/2023	5 Payee name Brenda Christian			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
250.00	Crockett, Texas 75835			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contributions	Benefit Rodeo		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/10/2023	The Grapeland Messenger			
Amount (\$)	Payee address;	City;	State;	Zip Code
80.00	101 Redbud Circle Crockett, Tx 7583	35		
	Category (See Categories listed at the top of this schedule)	Description	***************************************	
PURPOSE OF EXPENDITURE	Advertising	Political Ads		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/13/2023	The Grapeland Messenger			
Amount (\$)	Payee address;	City;	State;	Zip Code
460.00	101 Redbud Circle Crockett, Tx 7583	5		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Political Ads		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Zakary R Benge		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
10/14/2023	Lisa Reeves			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
350.00	Kennard, Tx 75847			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	- Control of the Cont	
PURPOSE OF EXPENDITURE	Contributions	Benefit		
i	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		***************************************	
10/19/2023	Stowe Lumber Company			
Amount (\$)	Payee address;	City;	State;	Zip Code
21.42	800 1st Street Crockett, Tx 75835			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Wood for polit	ical sign stand	d
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/25/2023	The Grapeland Messenger			
Amount (\$)	Payee address;	City;	State;	Zip Code
470.00	101 Redbud Circle Crockett, Tx 7583	i 5		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Political Ads		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	EDED	

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

Credit Card Payment	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 11/01/2023	5 Payee name Tx Elite Custom Apparel		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
271.82	703 E Houston Ave Crockett, Tx 758	-	2.p 6666
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	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/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
11/01/2023	Teresa Land		
Amount (\$)	Payee address;	City;	State; Zip Code
100.00	Crockett, Tx 75835		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Contributions	Church Fundra	iser
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		10.5) P. 11.10 P. 11.
11/06/2023	Latexo PTO		
Amount (\$)	Payee address;	City;	State; Zip Code
580.00	Latexo ISD Latexo, Tx 75849		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contributions	School Fundrais	er
	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 NEED)ED

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

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	(g., ,g., ,	
1 Total pages Schedule F1:	2 FILER NAME Zakary R Benge		3 Filer ID (Ethics Commission File	ers)
4 Date 11/07/2023	5 Payee name Kennard ISD			
6 Amount (\$)	7 Payee address;	City;	Ctata: Zin Cada	
750.00	304 HWY 7 East Kennard, Tx 75847	Спу,	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contributions	School Fundra	aiser	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
11/08/2023	The Grapeland Messenger			
Amount (\$)	Payee address;	City;	State; Zip Code	
275.00	101 Redbud Circle Crockett, Tx 7583	5		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Political Ads		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense	·····
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/11/2023	Houston County Republican Party			
Amount (\$)	Payee address;	City;	State; Zip Code	
750.00	412 E Houston Ave Crockett, Tx 7583	5		
	Category (See Categories listed at the top of this schedule)	Description		***********
PURPOSE OF EXPENDITURE	Polling Expense	Filing Fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED	

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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Zakary R Benge		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/2023	5 Payee name Kennard Lions Club		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
300.00	Kennard, Tx 75847		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contributions	Scholarship Fu	undraiser
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/18/2023	Zak Benge		
Amount (\$)	Payee address;	City;	State; Zip Code
40.00	PO Box 2447 Ratcliff, Tx 75858		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Solicitation Expense	Cash for fundra	aiser expenses
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/27/2023	The Grapeland Messenger		
Amount (\$)	Payee address;	City;	State; Zip Code
1,435.00	101 Redbud Circle Crockett, Tx 75835	5	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Political Ads	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEL	DED

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Zakary R Benge		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
11/28/2023	KIVY Radio	City.	State	Zin Codo
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
75.00	102 S 5th Street Crockett, Tx 75835			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Political Ads		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
11/30/2023	Lakeside Foodmart			
Amount (\$)	Payee address;	City;	State;	Zip Code
125.00	PO Box 122 Ratcliff, Tx 75858			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation	Fuel		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/04/2023	CULOR, Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
200.00	Crockett, Tx 75835			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contributions	Benefit		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

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

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Zakary R Benge		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12/08/2023	Zak Benge		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
40.00	PO Box 2447 Ratcliff, Tx 75858		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Solicitation	Cash for fundr	aiser expenses
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/11/2023	KIVY Radio		
Amount (\$)	Payee address;	City;	State; Zip Code
99.00	102 S 5th Street Crockett, Tx 75835		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Political Ads	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/12/2023	The Grapeland Messenger		
Amount (\$)	Payee address;	City;	State; Zip Code
705.00	101 Redbud Circle Crockett, Tx 7583	5	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Political Ads	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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 NEE	EDED

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

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	(,,
1 Total pages Schedule F1:			3 Filer ID (Ethics	s Commission Filers)
4 Date 12/12/2023	5 Payee name Bigs			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
100.00	1279 E Loop 304 Crockett, Tx 75835			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Transportation	Fuel		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	(Office held
Date	Payee name			
12/13/2023	Betty Boops			
Amount (\$)	Payee address;	City;	State;	Zip Code
14.94	115 S 4th Street Crockett, Texas 7538	85		
·	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Food	Lunch		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
12/15/2023	Impressions Advertising Specialties			
Amount (\$)	Payee address;	City;	State;	Zip Code
2,180.61	128 Frontage Road Minden, LA 71055	;		
	Category (See Categories listed at the top of this schedule)	Description	-	
PURPOSE OF EXPENDITURE	Advertising	Political Signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED	

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

Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Fayment	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	5 Payee name		
12/16/2023	Lakeside Foodmart		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
125.00	18485 SH 7 East Ratcliff, Tx 75858		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Transportation	Truck Fuel	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/17/2023	Lakeside Foodmart		
Amount (\$)	Payee address;	City;	State; Zip Code
65.09	18485 SH 7 East Ratcliff, Tx75858		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Transportation	Truck Fuel	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date /	Payee name		
12/20/2023	CULOR, Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 200.00	Crockett, Ty 7	15835	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contributions	Benet);+
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salariae/Merses/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to co	complete this form.
1 Total pages Schedule F1:	2 FILER NAME Lary R. Benge	3 Filer ID (Ethics Commission Filers)
4 Date / 12/21/2023	5 Payee name Moose head Cafe	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$16.17	412 E. Houston Aue	Crockett, Tr 75735
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Food	Lunch
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date / /	Payee name	
12/21/2023	ATM Withdrawal	1 Fee
Amount (\$)	Payee address;	City; State; Zip Code
#2.00	1279 E Loop 304 C	rockett, Tx 75835
	Category (See Categories listed at the top of this schedule)	Description Description
PURPOSE OF EXPENDITURE	Fees	Withdrawal Fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
12/21/2023	ATM Inquiry Fe	e e
Amount (\$)	Payee address;	City; State; Zip Code
\$ 2.00	1279 E. Loop 304	Cockett, Tx 75835
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Fees	Withdrawal Fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	Zakary R. Beng		Filer ID (Ethics Commission Filers)
4 Date / /2023	ATM Withdrawa	4	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
42.50	1279 E. Loop 304	Crockett	Tx 75835
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	Cash for +	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	Payee name	*	
12/21/2023	Howton County		
Amount (\$)	Payee address;	City;	State; Zip Code
A25.00	401 E. Coliad Ave	Crockett,	Tx 75835
	Category (See Categories listed at the top of this schedule)	Description	8
PURPOSE OF EXPENDITURE	Fees	Voting C	test
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date /	Payee name		
12/28/2023	Crockett Iron Wor	ks	
Amount (\$)	Payee address;	City;	State; Zip Code
\$50.00	701 W. Goliad Ave	Crockett,	Tx 75835
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Metal for	Campaign Signs
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEFDER)

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

Event Expense Fees Food/Beverage Expense Gifl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/Manes/Contract Labor

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Zakary R. Be	nse	3 Filer ID (Ethics	s Commission Filers)
12/28/202 3	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
440.00	1035 SH Loop 304	Crocket	+, Tx	75835
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Transportation	Truck	Fuel	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date / 27 /202	Payee name			
12/21/2025	The Grapeland Messe	nger		
Amount (\$)	Payee address;	City;	State;	Zip Code
#1200.00	101 Redbud Circle	Crocket	+, Tx	75835
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Politica	1 Ads	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date /	Payee name		****	
12/28/2023	Impressions Advertis	sing Speci	alties	
Amount (\$)	Payee address;	U City,∜	State;	Zip Code
\$1297.58	128 Frontage Road	Minden,	LA 71	055
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Political	Sign-	2
	Check if travel outside oluexas. Complete Schedule T.	Check if Austin,	TX, officeholder living	
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 NEED	DED	

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	·	,
1 Total pages Schedule F1:	2 FILER NAME Zakary R. Ben	1G C	3 Filer ID (Ethio	cs Commission Filers)
4 Date / 2023	5 Payee name Lakeside Foodman			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$40.50	PO Box 122	Rateliff	TX	7581F
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Transportation	Fuel +	or True	k
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date ,	Payee name			
12/29/2023	Commercial Bank			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$40.00	401 W. Main St.	Kennai	ditx	75847
	Category (See Categories listed at the top of this schedule)	Description	, ,	
PURPOSE OF EXPENDITURE	Accounting/Banking	Cash for	expens	ES.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	<u> </u>		
		0.1	01-1-	7:- 0-1-
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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	MS / MRS / MR FIRST MI	OFFICE USE ONLY
NAME	Mr. Zakary R.	Filer ID #
	NICKNAME LAST SUFFIX	Date Receivedston County Elections
	Benge	SEP 1 2 2023
3 CANDIDATE MAILING	ADDRESS / PO BOX; APT / SUITE#; CITY; STATE; ZIP CODE	That I is in View
ADDRESS	P.O. Box 2447 Ratcliff, TX 75858	REGEIVED
		Date Hand-delivered or Postmarked
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt# Amount\$
FHONE	(936) 465 - 4689	Date Processed
5 OFFICE		Date Imaged
HELD (if any)		
6 OFFICE SOUGHT (if known)	Houston County Sheriff	
7 CAMPAIGN TREASURER	MS/MRS/MR FIRST MI NICKNAME	LAST SUFFIX
NAME	Mrs. Seema P.	Benge
8 CAMPAIGN	STREET ADDRESS; APT / SUITE #; CITY;	STATE; ZIP CODE
TREASURER STREET	POBOX 2447 Ratclift,	Tx 75858
ADDRESS (residence or business)	10 50% & 777	, .
	,	
9 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION	
PHONE	(936) 414-3654	
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	exas Government Code.
	I am aware of my responsibility to file timely reports as the Election Code.	s required by title 15 of
	I am aware of the restrictions in title 15 of the Election C from corporations and labor organizations.	Code on contributions
	Ray Ray Dong	09/12 /2023 Date/Signed
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1	GO TO PAGE 2	

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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

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