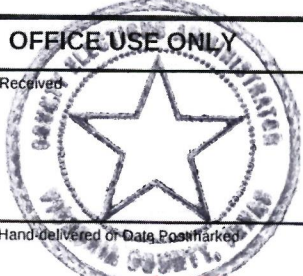


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 13			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI			
		Ben				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE			
	P.O. BOX 4871 Victoria, TX 77903					
OFFICE USE ONLY						
Date Received						
						
Date Hand Delivered or Date Postmarked						
Receipt # JAN 11 2021 Amount						
Date Processed						
Date Imaged						
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
		Daniel	R			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY; STATE; ZIP CODE		
	443 Palo Verde Victoria, TX 77904					
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
		361-571-6302				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month	Day	Year	Month	Day	Year
		07/01/2020		THROUGH	12/31/2020	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
				<input type="checkbox"/> General	<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Victoria County Judge			12 OFFICE SOUGHT (if known) Victoria County Judge		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

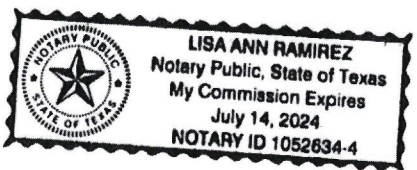
FORM C/OH
COVER SHEET PG 2
2 of 13

13 C / OH NAME Zeller, Ben	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,875.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 1,450.28
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,914.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 82,829.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFADAVIT



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.

Ben Zeller
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ben Zeller, this the 11th day of January, 2021, to certify which, witness my hand and seal of office.

Lisa Ann Ramirez Lisa Ann Ramirez Admin Asst.
Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Zeller, Ben		19 Filer ID
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,875.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,914.13
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 705.10

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/13
2 FILER NAME Zeller, Ben		3 Filer ID
4 Date 11/01/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baass, Allen	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 4700 SW Mood St. Victoria, TX 77905		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bland, Joe & Marsha	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code P.O. Box 338 Victoria, TX 77902		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boozalis, George & Debbie	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 810 Champions Row Victoria, TX 77904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calhoun, Elton	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code P.O. Box 3887 Victoria, TX 77903		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Kevin & Rhonda	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3906 Petra Path Austin, TX 78731		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/13
2 FILER NAME Zeller, Ben		3 Filer ID
4 Date 11/07/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Constant, Ruth	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 3202 Sam Houston Dr. Victoria, TX 77904	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donoghue, Christa	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code P.O. BOX 3790 Victoria, TX 77903	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankson, A.C. & Marie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 305 Summerwind Dr. Victoria, TX 77904	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goris, David & Helen	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 203 Whispering Creek Dr. Victoria, TX 77904	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry , James	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 2608 College Dr. Victoria, TX 77901	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/13
2 FILER NAME Zeller, Ben		3 Filer ID
4 Date 11/01/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Judge & Mrs. Norman 6 Contributor address; City; State; Zip Code 407 W. Commercial St. Victoria, TX 77901	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Rick & Lisa Contributor address; City; State; Zip Code 106 Arbor Lake St. Victoria, TX 77904	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuester, Roy Contributor address; City; State; Zip Code PO BOX 7065 Victoria , TX 77903	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code 500 N Shoreline Blvd, Ste 1111 Corpus Christi, TX 78401	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) New, Jon Contributor address; City; State; Zip Code P.O. Box 1247 Victoria, TX 77902	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/13
2 FILER NAME Zeller, Ben		3 Filer ID
4 Date 11/03/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roeh, Patricia	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code P.O. Box 4567 Victoria , TX 77904		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruddock, Bill	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 230 W. Sunset Rd., Apt. 1314 San Antonio, TX 78209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stofer, James	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2408 Wheeler St. Victoria, TX 77901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zacek, John	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 46 Benbow Rd. Victoria, TX 77968		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 8/13	2 FILER NAME Zeller, Ben	3 Filer ID
4 Date 10/11/2020	5 Payee name Danny Vivian Photography	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 121 S. Main St., 3rd Floor Victoria, TX 77901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Professional Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Professional Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2020	Payee name Mint & Vine, LLC	
Amount (\$) \$125.00	Payee address; City; State; Zip Code P.O. BOX 4784 Victoria, TX 77903	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2020	Payee name Nicholson, Chris	
Amount (\$) \$300.00	Payee address; City; State; Zip Code P.O. BOX 1057 Galveston, TX 77553	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 9/13	2 FILER NAME Zeller, Ben	3 Filer ID
4 Date 11/25/2020	5 Payee name Nicholson, Chris	
6 Amount (\$) \$338.10	7 Payee address; City; State; Zip Code P.O. BOX 1057 Galveston, TX 77553	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/25/2020	Payee name Nicholson, Chris	
Amount (\$) \$787.50	Payee address; City; State; Zip Code P.O. BOX 1057 Galveston, TX 77553	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/16/2020	Payee name Pumphouse Restaurant	
Amount (\$) \$145.62	Payee address; City; State; Zip Code Victoria, TX 77901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense C/OH Expense. Staff Lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 10/13		2 FILER NAME Zeller, Ben		3 Filer ID	
4 Date 11/08/2020		5 Payee name Resolute Media Solutions, LLC			
6 Amount (\$) \$405.00		7 Payee address; City; State; Zip Code 321 Schubert Rd. Victoria , TX 77905			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Professional Services		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Professional Services	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/07/2020		Payee name Resolute Media Solutions, LLC			
Amount (\$) \$450.00		Payee address; City; State; Zip Code 321 Schubert Rd. Victoria , TX 77905			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Professional Services		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Professional Services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/24/2020		Payee name Texas Alliance for Life			
Amount (\$) \$100.00		Payee address; City; State; Zip Code Austin , TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation/Contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 11/13	2 FILER NAME Zeller, Ben	3 Filer ID
4 Date 12/25/2020	5 Payee name Texas Alliance for Life	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution/Donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2020	Payee name UPS Store - Victoria	
Amount (\$) \$323.39	Payee address; City; State; Zip Code 8806 N. Navarro St. Victoria, TX 77904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Postage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2020	Payee name UPS Store - Victoria	
Amount (\$) \$914.24	Payee address; City; State; Zip Code 8806 N. Navarro St. Victoria, TX 77904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 12/13	2 FILER NAME Zeller, Ben	3 Filer ID	
4 Date 11/04/2020	5 Payee name United States Postmaster		
6 Amount (\$) \$275.00	7 Payee address; City; State; Zip Code 312 S Main St Victoria, TX 77901		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Postage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage Expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 13/13

2 FILER NAME
Zeller, Ben

3 Filer ID

4 Date
12/31/2020

5 Name of person from whom amount is received
Navy Army, CCU

8 Amount (\$)
\$705.10

6 Address of person from whom amount is received; City; State; Zip Code
2207 N. HWY 35, Ste. E
Rockport, TX 78382

7 Purpose for which amount is received
Dividends/Interest during reporting period

Check if political contribution returned to filer