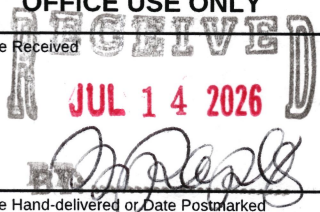


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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:<br>24                                                                                                                                           |
| 3 CANDIDATE / OFFICEHOLDER NAME                                                              | MS / MRS / MR FIRST MI<br>Ben                                                                                                                                                                                                                                                                                                                                                                                                      | <b>OFFICE USE ONLY</b><br><br>Date Received<br>Date Hand-delivered or Date Postmarked<br>Receipt # Amount<br>Date Processed<br>Date Imaged |                                                                                                                                                                      |
|                                                                                              | NICKNAME LAST SUFFIX<br>Zeller                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                               |                                                                                                                                                                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>P.O. BOX 4871<br>Victoria, TX 77903                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                               |                                                                                                                                                                      |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                               |                                                                                                                                                                      |
| 5 CAMPAIGN TREASURER NAME                                                                    | MS / MRS / MR FIRST MI<br>Daniel R                                                                                                                                                                                                                                                                                                                                                                                                 | NICKNAME LAST SUFFIX<br>Goyen                                                                                                                                                                                                 |                                                                                                                                                                      |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                               |                                                                                                                                                                      |
| 6 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                      | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>463 Paco Rd<br>Victoria, TX 77904                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                               |                                                                                                                                                                      |
| 7 CAMPAIGN TREASURER PHONE                                                                   | AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                          | PHONE NUMBER                                                                                                                                                                                                                  | EXTENSION                                                                                                                                                            |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                    | 361-571-4302                                                                                                                                                                                                                  |                                                                                                                                                                      |
| 8 REPORT TYPE                                                                                | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input checked="" 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<br>01/01/2026    THROUGH    06/30/2026                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                               |                                                                                                                                                                      |
| 10 ELECTION                                                                                  | ELECTION DATE<br>Month Day Year                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                               | ELECTION TYPE                                                                                                                                                        |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                               | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |
| 11 OFFICE                                                                                    | OFFICE HELD (if any)<br>Victoria County Judge                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                               | 12 OFFICE SOUGHT (if known)                                                                                                                                          |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

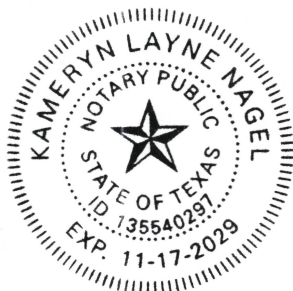
2 of 24

|                               |             |
|-------------------------------|-------------|
| 13 C / OH NAME<br>Zeller, Ben | 14 Filer ID |
|-------------------------------|-------------|

|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><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. |                                      |
|                                                                                        | COMMITTEE TYPE                                                                                                                                                                                                                                                                                                                                                                                 | COMMITTEE NAME                       |
|                                                                                        | <input type="checkbox"/> GENERAL                                                                                                                                                                                                                                                                                                                                                               | COMMITTEE ADDRESS                    |
|                                                                                        | <input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                                                                                              | 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) | \$ 835.00     |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ 34,560.00  |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES                                                                                            | \$ 3,861.14   |
|                         | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ 14,028.18  |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                                | \$ 182,237.75 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ 0.00       |

## 17 AFFIDAVIT



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

*[Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ben Zeller, this the 13 day of July, 2020, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering

Kameryn Layne Nagel  
Printed name of officer administering

Notary Public  
Title of officer administering oath



**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

3 of 24

|                                                  |                                                                                                                        |                    |            |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------|------------|
| <b>18 FILER NAME</b><br>Zeller, Ben              |                                                                                                                        | <b>19 Filer ID</b> |            |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |                                                                                                                        | SUBTOTAL AMOUNT    |            |
| 1.                                               | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                 | 34,560.00  |
| 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                   | \$                 | 8,063.11   |
| 6.                                               | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                                      | \$                 |            |
| 7.                                               | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$                 | 150,000.00 |
| 8.                                               | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                                 | \$                 |            |
| 9.                                               | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$                 | 5,965.07   |
| 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 | \$                 | 825.00     |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                  |                                                                                                                                                                                                                               |                                                          |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b> |                                                                                                                                                                                                                               | <b>1</b> Total pages Schedule A1:<br>Sch: 1/10 Rpt: 4/24 |
| <b>2</b> FILER NAME<br>Zeller, Ben                               |                                                                                                                                                                                                                               | <b>3</b> Filer ID                                        |
| <b>4</b> Date<br>06/25/2026                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bauer, Scott & Sheila<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Victoria, TX                            | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                                                               | <b>9</b> Employer (See Instructions)                     |
| Date<br>06/30/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Blanchett, Amy<br><hr/> Contributor address; City; State; Zip Code<br><br>Victoria, TX                                                     | Amount of Contribution (\$)<br><br>\$150.00              |
| Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                                                               | Employer (See Instructions)                              |
| Date<br>06/25/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Borchard, Richard<br><hr/> Contributor address; City; State; Zip Code<br>481 Meyer Rd.<br><br>Westhoff, TX 77994                           | Amount of Contribution (\$)<br><br>\$500.00              |
| Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                                                               | Employer (See Instructions)                              |
| Date<br>06/22/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Borchers Leon, Robert B. Leon & Charla<br><hr/> Contributor address; City; State; Zip Code<br>2203 N. DeLeon St.<br><br>Victoria, TX 77901 | Amount of Contribution (\$)<br><br>\$2,200.00            |
| Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                                                               | Employer (See Instructions)                              |
| Date<br>06/30/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Brannan III, Waylan<br><hr/> Contributor address; City; State; Zip Code<br>P.O. BOX 3403<br><br>Victoria, TX 77903                         | Amount of Contribution (\$)<br><br>\$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:<br>Sch: 2/10 Rpt: 5/24 |
| 2 FILER NAME<br>Zeller, Ben                               |                                                                                                                                                                                                                 | 3 Filer ID                                        |
| 4 Date<br>06/25/2026                                      | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Castillo, Gerardo & Brittany<br>6 Contributor address; City; State; Zip Code<br>P.O. Box 5609<br>Austin, TX 78763          | 7 Amount of Contribution (\$)<br>\$7,500.00       |
| 8 Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                                                 | 9 Employer (See Instructions)                     |
| Date<br>06/25/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Chavana, Lorraine<br>Contributor address; City; State; Zip Code<br>21127 Simi Valley Dr.<br>San Antonio, TX 78259            | Amount of Contribution (\$)<br>\$50.00            |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                                 | Employer (See Instructions)                       |
| Date<br>06/30/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Clegg, John & Judy<br>Contributor address; City; State; Zip Code<br>16400 NW Zac Lentz Pkwy<br>Victoria, TX 77905            | Amount of Contribution (\$)<br>\$500.00           |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                                 | Employer (See Instructions)                       |
| Date<br>06/17/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cullen, Carsner, Seerden & Cullen, LLP<br>Contributor address; City; State; Zip Code<br>119 S Main St.<br>Victoria, TX 77901 | Amount of Contribution (\$)<br>\$2,200.00         |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                                 | Employer (See Instructions)                       |
| Date<br>06/25/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>DeLaGarza, Ricky & Dana<br>Contributor address; City; State; Zip Code<br>617 W. Colorado<br>Victoria, TX 77901               | Amount of Contribution (\$)<br>\$100.00           |
| 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:<br>Sch: 3/10 Rpt: 6/24 |
| 2 FILER NAME<br>Zeller, Ben                               |                                                                                                                                                                                                                        | 3 Filer ID                                        |
| 4 Date<br>06/19/2026                                      | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Fordiani, Dr. & Mrs. Tom (Dr.)<br>6 Contributor address; City; State; Zip Code<br>102 Professional Park Dr.<br>Victoria, TX 77904 | 7 Amount of Contribution (\$)<br>\$500.00         |
| 8 Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                                                        | 9 Employer (See Instructions)                     |
| Date<br>06/25/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Fox, Ray<br>Contributor address; City; State; Zip Code<br>407 N. Craig St.<br>Victoria, TX 77901                                    | Amount of Contribution (\$)<br>\$100.00           |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                                        | Employer (See Instructions)                       |
| Date<br>06/23/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Galvan, Ben & Diana<br>Contributor address; City; State; Zip Code<br>309 Willow Way<br>Victoria, TX 77904                           | Amount of Contribution (\$)<br>\$1,000.00         |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                                        | Employer (See Instructions)                       |
| Date<br>06/17/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gandy Jr., Francis<br>Contributor address; City; State; Zip Code<br>PO BOX 1316<br>Corpus Christi, TX 78403                         | Amount of Contribution (\$)<br>\$1,000.00         |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                                        | Employer (See Instructions)                       |
| Date<br>06/16/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gorouhi, Dr. & Mrs. Fariborz (Dr.)<br>Contributor address; City; State; Zip Code<br>109 Sandstone St.<br>Victoria, TX 77904         | Amount of Contribution (\$)<br>\$2,200.00         |
| 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:<br>Sch: 4/10 Rpt: 7/24 |
| 2 FILER NAME<br>Zeller, Ben                               |                                                                                                                                                                                                      | 3 Filer ID                                        |
| 4 Date<br>06/08/2026                                      | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Greeson, Milton & Bridey<br>6 Contributor address; City; State; Zip Code<br>P.O. BOX 2509<br>Victoria, TX 77902 | 7 Amount of Contribution (\$)<br>\$2,200.00       |
| 8 Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                                      | 9 Employer (See Instructions)                     |
| Date<br>06/11/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gwosdz, Thomas<br>Contributor address; City; State; Zip Code<br>5606 N Navarro Ste 301<br>Victoria, TX 77904      | Amount of Contribution (\$)<br>\$1,000.00         |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                      | Employer (See Instructions)                       |
| Date<br>06/11/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hartman, Jennifer<br>Contributor address; City; State; Zip Code<br>6004 Country Club Dr.<br>Victoria, TX 77904    | Amount of Contribution (\$)<br>\$250.00           |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                      | Employer (See Instructions)                       |
| Date<br>06/25/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hauboldt, Charles & Heather<br>Contributor address; City; State; Zip Code<br>209 Woodridge<br>Victoria, TX 77904  | Amount of Contribution (\$)<br>\$500.00           |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                      | Employer (See Instructions)                       |
| Date<br>06/24/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Heilker, Warren<br>Contributor address; City; State; Zip Code<br>P.O. Box 3882<br>Victoria, TX 77903              | Amount of Contribution (\$)<br>\$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:<br>Sch: 5/10 Rpt: 8/24 |
| 2 FILER NAME<br>Zeller, Ben                               |                                                                                                                                                                                                                                      | 3 Filer ID                                        |
| 4 Date<br>06/17/2026                                      | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hester, Darrell & Sandra<br>6 Contributor address; City; State; Zip Code<br>341 Hester Rd.<br>Victoria, TX 77905                                | 7 Amount of Contribution (\$)<br>\$100.00         |
| 8 Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                                                                      | 9 Employer (See Instructions)                     |
| Date<br>06/12/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hull, Jon Paul & Ember<br>Contributor address; City; State; Zip Code<br>307 E Convent St.<br>Victoria, TX 77901                                   | Amount of Contribution (\$)<br>\$250.00           |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                                                      | Employer (See Instructions)                       |
| Date<br>06/11/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jones, Rick & Lisa<br>Contributor address; City; State; Zip Code<br>106 Arbor Lake St.<br>Victoria, TX 77904                                      | Amount of Contribution (\$)<br>\$50.00            |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                                                      | Employer (See Instructions)                       |
| Date<br>06/16/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Linebarger Goggan Blair & Samson, LLP<br>Contributor address; City; State; Zip Code<br>500 N Shoreline Blvd, Ste 1111<br>Corpus Christi, TX 78401 | Amount of Contribution (\$)<br>\$2,200.00         |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                                                      | Employer (See Instructions)                       |
| Date<br>06/25/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Marshall, Darlene<br>Contributor address; City; State; Zip Code<br>502 Elmhurst<br>Port Lavaca, TX 77979                                          | Amount of Contribution (\$)<br>\$50.00            |
| 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:<br>Sch: 6/10 Rpt: 9/24 |
| 2 FILER NAME<br>Zeller, Ben                               |                                                                                                                                                                                                         | 3 Filer ID                                        |
| 4 Date<br>06/25/2026                                      | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Miller, Justin & Victoria<br>6 Contributor address; City; State; Zip Code<br>212 Lamorak St.<br>Victoria, TX 77904 | 7 Amount of Contribution (\$)<br>\$50.00          |
| 8 Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                                         | 9 Employer (See Instructions)                     |
| Date<br>06/25/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Moore, Jayson<br>Contributor address; City; State; Zip Code<br>1592 W FM 1961<br>Yorktown, TX 78164                  | Amount of Contribution (\$)<br>\$500.00           |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                         | Employer (See Instructions)                       |
| Date<br>06/09/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>O'Connor, Morgan Dunn<br>Contributor address; City; State; Zip Code<br>PO BOX 290<br>Victoria, TX 77902              | Amount of Contribution (\$)<br>\$250.00           |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                         | Employer (See Instructions)                       |
| Date<br>06/09/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Olson, Mike & Chris<br>Contributor address; City; State; Zip Code<br>408 Iron Gate<br>Victoria, TX 77904             | Amount of Contribution (\$)<br>\$500.00           |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                         | Employer (See Instructions)                       |
| Date<br>06/11/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Prasek Sr. , Mike<br>Contributor address; City; State; Zip Code<br>29714 US Hwy 59<br>El Campo, TX 77437             | Amount of Contribution (\$)<br>\$100.00           |
| 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:<br>Sch: 7/10 Rpt: 10/24 |
| 2 FILER NAME<br>Zeller, Ben                               |                                                                                                                                                                                               | 3 Filer ID                                         |
| 4 Date<br>06/25/2026                                      | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Serrato, Mario & Sylver<br>6 Contributor address; City; State; Zip Code<br>Victoria, TX                  | 7 Amount of Contribution (\$)<br>\$25.00           |
| 8 Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                               | 9 Employer (See Instructions)                      |
| Date<br>06/24/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sterne, Lynne<br>Contributor address; City; State; Zip Code<br>213 Amberglow Court<br>Victoria, TX 77904   | Amount of Contribution (\$)<br>\$100.00            |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                               | Employer (See Instructions)                        |
| Date<br>06/10/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stone, June<br>Contributor address; City; State; Zip Code<br>107 Ridge View<br>Victoria, TX 77904          | Amount of Contribution (\$)<br>\$250.00            |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                               | Employer (See Instructions)                        |
| Date<br>06/12/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Tamez, Mark & Denise<br>Contributor address; City; State; Zip Code<br>205 Ridge View<br>Victoria, TX 77904 | Amount of Contribution (\$)<br>\$500.00            |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                               | Employer (See Instructions)                        |
| Date<br>04/29/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Thomas, Evelyn<br>Contributor address; City; State; Zip Code<br>Inez, TX                                   | Amount of Contribution (\$)<br>\$250.00            |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                               | Employer (See Instructions)                        |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                  |                                                                                                                                                                                                                                 |                                                           |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b> |                                                                                                                                                                                                                                 | <b>1</b> Total pages Schedule A1:<br>Sch: 8/10 Rpt: 11/24 |
| <b>2</b> FILER NAME<br>Zeller, Ben                               |                                                                                                                                                                                                                                 | <b>3</b> Filer ID                                         |
| <b>4</b> Date<br>06/19/2026                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Tomanek, Larry & Kathy<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>202 E. Hiller St.<br><br>Victoria , TX 77901 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                                                                 | <b>9</b> Employer (See Instructions)                      |
| Date<br>06/15/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ulrey, Wanda<br><hr/> Contributor address; City; State; Zip Code<br>P.O. Box 2282<br><br>Victoria, TX 77902                                  | Amount of Contribution (\$)<br><br>\$50.00                |
| Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                                                                 | Employer (See Instructions)                               |
| Date<br>06/14/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wagner, William J. Wagner Jr., MD (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br>601 Bingham Rd<br><br>Victoria, TX 77904      | Amount of Contribution (\$)<br><br>\$100.00               |
| Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                                                                 | Employer (See Instructions)                               |
| Date<br>06/09/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wayne, Tina<br><hr/> Contributor address; City; State; Zip Code<br>15 Spring Creek Rd.<br><br>Victoria, TX 77904                             | Amount of Contribution (\$)<br><br>\$1,000.00             |
| Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                                                                 | Employer (See Instructions)                               |
| Date<br>06/18/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Weber, David<br><hr/> Contributor address; City; State; Zip Code<br>208 Sirocco Dr.<br><br>Victoria, TX 77904                                | Amount of Contribution (\$)<br><br>\$250.00               |
| 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:<br>Sch: 9/10 Rpt: 12/24 |
| 2 FILER NAME<br>Zeller, Ben                               |                                                                                                                                                                                                                          | 3 Filer ID                                         |
| 4 Date<br>06/29/2026                                      | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Westwood Political Action Committee (Texas)<br>6 Contributor address; City; State; Zip Code<br>P.O. Box 42307<br>Portland, OR 97242 | 7 Amount of Contribution (\$)<br>\$250.00          |
| 8 Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                                                          | 9 Employer (See Instructions)                      |
| Date<br>06/25/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wu, Jack & Tina<br>Contributor address; City; State; Zip Code<br>El Camino Real<br>Port Lavaca , TX 77979                             | Amount of Contribution (\$)<br>\$500.00            |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                                          | Employer (See Instructions)                        |
| Date<br>06/10/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>ZB, Zborowski<br>Contributor address; City; State; Zip Code<br>1615 Shofner Dr.<br>Port Lavaca, TX 77979                              | Amount of Contribution (\$)<br>\$2,200.00          |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                                          | Employer (See Instructions)                        |
| Date<br>06/09/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Zafereo, Mark<br>Contributor address; City; State; Zip Code<br>125 Kreekview Dr.<br>Victoria, TX 77904                                | Amount of Contribution (\$)<br>\$250.00            |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                                          | Employer (See Instructions)                        |
| Date<br>06/30/2026                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Zaplac, Jimmy & Dawn<br>Contributor address; City; State; Zip Code<br>2505 N. Navarro<br>Victoria, TX 77901                           | Amount of Contribution (\$)<br>\$500.00            |
| Principal occupation / Job title (See Instructions)       |                                                                                                                                                                                                                          | Employer (See Instructions)                        |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|                                                                  |                                                                                                                                                                                                                      |                                                            |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b> |                                                                                                                                                                                                                      | <b>1</b> Total pages Schedule A1:<br>Sch: 10/10 Rpt: 13/24 |
| <b>2</b> FILER NAME<br>Zeller, Ben                               |                                                                                                                                                                                                                      | <b>3</b> Filer ID                                          |
| <b>4</b> Date<br>06/25/2026                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Zeller, Sarah<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>203 Wildrose Dr.<br><br>Victoria, TX 77904 | <b>7</b> Amount of Contribution (\$)<br><br>\$300.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                                                      | <b>9</b> Employer (See Instructions)                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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.

|                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/5 Rpt: 14/24            | <b>2</b> FILER NAME<br>Zeller, Ben                                                                                                                       | <b>3</b> Filer ID                                                                                                                                                                                                                                    |
| <b>4</b> Date<br>03/02/2026                                         | <b>5</b> Payee name<br>Caldera, Victoria                                                                                                                 |                                                                                                                                                                                                                                                      |
| <b>6</b> Amount (\$)<br>\$200.00                                    | <b>7</b> Payee address; City; State; Zip Code<br><br>Victoria , TX 77901                                                                                 |                                                                                                                                                                                                                                                      |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation FBO Turning Point USA activities at A&M-Victoria. |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                            |
| Date<br>05/02/2026                                                  | Payee name<br>Committee for a Stronger Victoria PAC                                                                                                      |                                                                                                                                                                                                                                                      |
| Amount (\$)<br>\$250.00                                             | Payee address; City; State; Zip Code<br>4611 E. Airline Rd. #301<br><br>Victoria, TX 77904                                                               |                                                                                                                                                                                                                                                      |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation.                                                  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                            |
| Date<br>04/13/2026                                                  | Payee name<br>First English Lutheran Church                                                                                                              |                                                                                                                                                                                                                                                      |
| Amount (\$)<br>\$100.00                                             | Payee address; City; State; Zip Code<br><br>TX                                                                                                           |                                                                                                                                                                                                                                                      |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Heritage Day donation.                                     |
| Complete <u>ONLY</u> 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.

|                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/5 Rpt: 15/24            | <b>2</b> FILER NAME<br>Zeller, Ben                                                                                                                       | <b>3</b> Filer ID                                                                                                                                                                                                                   |
| <b>4</b> Date<br>01/12/2026                                         | <b>5</b> Payee name<br>Nicholson, Chris                                                                                                                  |                                                                                                                                                                                                                                     |
| <b>6</b> Amount (\$)<br>\$575.75                                    | <b>7</b> Payee address; City; State; Zip Code<br>P.O. BOX 1057<br><br>Galveston, TX 77553                                                                |                                                                                                                                                                                                                                     |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor                                                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contract Labor and expense reimbursement. |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                           |
| Date<br>03/30/2026                                                  | Payee name<br>Nursery VFD                                                                                                                                |                                                                                                                                                                                                                                     |
| Amount (\$)<br>\$100.00                                             | Payee address; City; State; Zip Code<br><br>Nursery, TX                                                                                                  |                                                                                                                                                                                                                                     |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Nursery VFD donation.                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                           |
| Date<br>06/26/2026                                                  | Payee name<br>Resolute Media Solutions, LLC                                                                                                              |                                                                                                                                                                                                                                     |
| Amount (\$)<br>\$357.75                                             | Payee address; City; State; Zip Code<br><br>Victoria , TX 77905                                                                                          |                                                                                                                                                                                                                                     |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Professional Services.                                                        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Professional Services.                    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                           |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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.

|                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                                |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/5 Rpt: 16/24            | <b>2</b> FILER NAME<br>Zeller, Ben                                                                                                                       | <b>3</b> Filer ID                                                                                                                                                                                                              |
| <b>4</b> Date<br>06/25/2026                                         | <b>5</b> Payee name<br>Salazar, Bobby                                                                                                                    |                                                                                                                                                                                                                                |
| <b>6</b> Amount (\$)<br>\$600.00                                    | <b>7</b> Payee address; City; State; Zip Code<br><br>Victoria, TX 77901                                                                                  |                                                                                                                                                                                                                                |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                                                                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Live music for Campaign Event        |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                      |
| Date<br>06/24/2026                                                  | Payee name<br>Texas Alliance for Life                                                                                                                    |                                                                                                                                                                                                                                |
| Amount (\$)<br>\$100.00                                             | Payee address; City; State; Zip Code<br>8000 Centre Park Dr #380<br><br>Austin, TX 78754                                                                 |                                                                                                                                                                                                                                |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation to Texas Alliance for Life. |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                      |
| Date<br>05/25/2026                                                  | Payee name<br>Texas Alliance for Life                                                                                                                    |                                                                                                                                                                                                                                |
| Amount (\$)<br>\$100.00                                             | Payee address; City; State; Zip Code<br>8000 Centre Park Dr #380<br><br>Austin, TX 78754                                                                 |                                                                                                                                                                                                                                |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation to Texas Alliance for Life. |
| Complete <u>ONLY</u> 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.

|                                                                     |                                                                                                |                                                                                                                                                                                                            |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/5 Rpt: 17/24            | <b>2</b> FILER NAME<br>Zeller, Ben                                                             | <b>3</b> Filer ID                                                                                                                                                                                          |
| <b>4</b> Date<br>06/02/2026                                         | <b>5</b> Payee name<br>UPS Store - Victoria                                                    |                                                                                                                                                                                                            |
| <b>6</b> Amount (\$)<br>\$186.73                                    | <b>7</b> Payee address; City; State; Zip Code<br>8806 N. Navarro St.<br><br>Victoria, TX 77904 |                                                                                                                                                                                                            |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printing Expense |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                |                                                                                                                                                                                                            |
| Date<br>06/02/2026                                                  | Candidate/Officeholder name<br>US Postal Service                                               | Office sought<br>Office held                                                                                                                                                                               |
| Amount (\$)<br>\$370.50                                             | Payee address; City; State; Zip Code<br><br>Victoria, TX 77901                                 |                                                                                                                                                                                                            |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Postage Expense.        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                |                                                                                                                                                                                                            |
| Date<br>06/30/2026                                                  | Candidate/Officeholder name<br>United States Postmaster                                        | Office sought<br>Office held                                                                                                                                                                               |
| Amount (\$)<br>\$184.86                                             | Payee address; City; State; Zip Code<br>312 S Main St<br><br>Victoria, TX 77901                |                                                                                                                                                                                                            |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>postage                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                |                                                                                                                                                                                                            |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political 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:<br>Sch: 5/5 Rpt: 18/24            | 2 FILER NAME<br>Zeller, Ben                                                             | 3 Filer ID                                                                                                                                                                                               |
| 4 Date<br>06/02/2026                                         | 5 Payee name<br>Victoria Symphony                                                       |                                                                                                                                                                                                          |
| 6 Amount (\$)<br>\$676.38                                    | 7 Payee address; City; State; Zip Code<br><br>Victoria, TX 77901                        |                                                                                                                                                                                                          |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Victoria Symphony     |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                             | Office sought Office held                                                                                                                                                                                |
| Date<br>05/27/2026                                           | Payee name<br>Warriors Weekend                                                          |                                                                                                                                                                                                          |
| Amount (\$)<br>\$400.00                                      | Payee address; City; State; Zip Code<br>3603 Miori Lane<br><br>Victoria, TX 77901       |                                                                                                                                                                                                          |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>WW event sponsorship. |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name                                                             | Office sought Office held                                                                                                                                                                                |

# PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:  
Sch: 1/3 Rpt: 19/24

2 FILER NAME

Zeller, Ben

3 Filer ID

4 Date

04/20/2026

5 Name of person from whom investment is purchased

Vanguard Total International Stock Market ETF

6 Address of person from whom investment is purchased; City; State; Zip Code

TX

7 Description of investment

Purchase of 47 shares VXUS ETF via Fidelity.

8 Amount of investment (\$)

4,000.00

Date

05/12/2026

Name of person from whom investment is purchased

Vanguard Total International Stock Market ETF

Address of person from whom investment is purchased; City; State; Zip Code

TX

Description of investment

Purchase of 95 shares VXUS etf via Fidelity.

Amount of investment (\$)

8,000.00

Date

06/05/2026

Name of person from whom investment is purchased

Vanguard Total International Stock Market ETF

Address of person from whom investment is purchased; City; State; Zip Code

TX

Description of investment

Purchase of 59 shares VXUS etf via Fidelity.

Amount of investment (\$)

5,000.00

Date

06/05/2026

Name of person from whom investment is purchased

Vanguard Total International Stock Market ETF

Address of person from whom investment is purchased; City; State; Zip Code

TX

Description of investment

Purchase of 94 shares VXUS etf via Fidelity.

Amount of investment (\$)

8,000.00

# PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

|                                                           |                                                                                        |                                                   |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------|
| The Instruction Guide explains how to complete this form. |                                                                                        | 1 Total pages Schedule F3:<br>Sch: 2/3 Rpt: 20/24 |
| 2 FILER NAME<br>Zeller, Ben                               |                                                                                        | 3 Filer ID                                        |
| 4 Date<br>04/20/2026                                      | 5 Name of person from whom investment is purchased<br>Vanguard Total Stock Market ETF  |                                                   |
|                                                           | 6 Address of person from whom investment is purchased; City; State; Zip Code<br><br>TX |                                                   |
|                                                           | 7 Description of investment<br>Purchase of 57 shares VTI ETF via Fidelity.             |                                                   |
|                                                           | 8 Amount of investment (\$)<br>20,000.00                                               |                                                   |
| Date<br>05/12/2026                                        | Name of person from whom investment is purchased<br>Vanguard Total Stock Market ETF    |                                                   |
|                                                           | Address of person from whom investment is purchased; City; State; Zip Code<br><br>TX   |                                                   |
|                                                           | Description of investment<br>Purchase of 55 shares VTI etf via Fidelity.               |                                                   |
|                                                           | Amount of investment (\$)<br>20,000.00                                                 |                                                   |
| Date<br>06/05/2026                                        | Name of person from whom investment is purchased<br>Vanguard Total Stock Market ETF    |                                                   |
|                                                           | Address of person from whom investment is purchased; City; State; Zip Code<br><br>TX   |                                                   |
|                                                           | Description of investment<br>Purchase of 27 shares VTI etf via Fidelity.               |                                                   |
|                                                           | Amount of investment (\$)<br>10,000.00                                                 |                                                   |
| Date<br>06/05/2026                                        | Name of person from whom investment is purchased<br>Vanguard Total Stock Market ETF    |                                                   |
|                                                           | Address of person from whom investment is purchased; City; State; Zip Code<br><br>TX   |                                                   |
|                                                           | Description of investment<br>Purchase of 41 shares VTI etf via Fidelity.               |                                                   |
|                                                           | Amount of investment (\$)<br>15,000.00                                                 |                                                   |



# PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:  
Sch: 3/3 Rpt: 21/24

2 FILER NAME

Zeller, Ben

3 Filer ID

4 Date

06/09/2026

5 Name of person from whom investment is purchased

Vanguard Total Stock Market ETF

6 Address of person from whom investment is purchased; City; State; Zip Code

TX

7 Description of investment

Purchase of 27 shares VTI etf via Fidelity.

8 Amount of investment (\$)

10,000.00

Date

04/21/2026

Name of person from whom investment is purchased

iShares 0-3 month US Treasury ETF

Address of person from whom investment is purchased; City; State; Zip Code

TX

Description of investment

Purchase of 298 shares SGOV ETF via Fidelity.

Amount of investment (\$)

30,000.00

Date

06/08/2026

Name of person from whom investment is purchased

iShares 0-3 month US Treasury ETF

Address of person from whom investment is purchased; City; State; Zip Code

TX

Description of investment

Purchase of 199 shares SGOV etf Fidelity.

Amount of investment (\$)

20,000.00

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

|                                                                                                                                   |                                                                                          |                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule G:<br>Sch: 1/1 Rpt: 22/24                                                                           | <b>2</b> FILER NAME<br>Zeller, Ben                                                       | <b>3</b> Filer ID                                                                                                                                                                                                                   |
| <b>4</b> Date<br>06/25/2026                                                                                                       | <b>5</b> Payee name<br>Greek's 205 Bar & Grill                                           |                                                                                                                                                                                                                                     |
| <b>6</b> Amount (\$)<br>\$5,965.07<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><br>Victoria, TX 77901                  |                                                                                                                                                                                                                                     |
| <b>8</b> <b>PURPOSE OF EXPENDITURE</b>                                                                                            | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Expense Venue/Food/Beverage/ Waitstaff |
| <b>9</b> 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:<br>Sch: 1/1 Rpt: 23/24 |
| 2 FILER NAME<br>Zeller, Ben                                                               |                                                                                                                                                                               | 3 Filer ID                                       |
| 4 Date<br>04/02/2026                                                                      | 5 Name of person from whom amount is received<br>Wells Fargo Bank, NA<br>.....<br>6 Address of person from whom amount is received; City; State; Zip Code<br><br>Victoria, TX | 8 Amount (\$)<br><br>\$825.00                    |
| 7 Purpose for which amount is received<br>Bank Promotion Bonus/Credit for Account Balance |                                                                                                                                                                               |                                                  |
| <input type="checkbox"/> Check if political contribution returned to filer                |                                                                                                                                                                               |                                                  |



## TEXT ANNOTATION

Sch: 1/1 Rpt: 24/24

FILER NAME

Zeller, Ben

Filer ID

Schedule

K

Information entered by filer as a memo:

Sale of 996.002 shares of TRRHX on 4/14/2026 for \$18,187.00.