CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm 00085686		2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	1	MI	OFFICE USE ONLY
NAME	Mr.	Ben			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST	•••••	SUFFIX	07/13/2023
		Armenta			
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	23501 Cinco Ranch Blvd.	Ste. H120-158			Receipt # Amount
Change of Address	Katy, TX 77494				Date Processed
					Date Processed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER NAME	Mr.	Ted Chinh			
	NICKNAME	LAST		SUFFIX	
		Nguyen			
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	12932 Greenway Chase C	Ct.			
(Residence or Business)	Houston, TX 77072				
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION		
TREASURER PHONE	(713) 893-4419				
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer
		_		_	appointment (officeholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year			Month Day	Year
	01/01/2023		HROUGH	06/30/202	3
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	<u> </u>	rimary	Runoff	Other
		G	Seneral	Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)
		GO I	TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 21

13 C / OH NAME	Armenta, Ben (Mr.)		14 Filer ID ((Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 3,063.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 2,463.31			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 55,000.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		Мі	r. Ben Armenta	
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 21 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00085686 Armenta, Ben (Mr.) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. |X| SCHEDULE E: LOANS \$ 2,500.00 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 3,063.80 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

	LOANS						SCHEDULE E
	The Instruction Guide explains how to complete this				form. 1 Total pages Schedule E: Sch: 1/2 Rpt: 4/21		
2	FILER NAME Armenta, Ben (N	Λr.)				3 Filer ID 000856	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS					\$
5	Date of loan 06/29/2023	7 Name of lender Armenta, Ben		out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$1,000.00
6	Is lender a financial institution?	8 Lender address; Katy, TX 77494	City;	State;	Zip Code		10 Interest Rate 0 11 Maturity Date 06/29/2027
12	Principal occupation	I on / Job title (See Instructio	ns)		13 Employer (See Instructions Stalwart Consulting	5)	
14	Description of Coll X None	ateral			15 Check if personal funds we	ere deposited	l into political account (See Instructions)
16	GUARANTOR INFORMATION X not applicable	17 Name of guarantor 18 Guarantor address;	City;	State;	Zip Code		19 Amount Guaranteed (\$)
20	Principal occupation	I on			21 Employer (See Instructions	5)	<u> </u>
	Date of loan	Name of lender		out-of-state PA	C (ID#:		Loan Amount (\$)
	04/27/2023	Armenta, Ben					\$500.00
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code		Interest Rate
	No	Vot. TV 77404					Maturity Date
	Principal occupation	Katy, TX 77494 on / Job title (See Instructio	nc)		Employer (See Instructions	٠١	04/27/2027
	i ilicipai occupatio	on 7 oob tille (oce molitacile	113)		Stalwart Consulting	2)	
	Description of Coll X None	ateral			Check if personal funds we	ere deposited	l into political account (See Instructions)
	GUARANTOR INFORMATION	Name of guarantor					Amount Guaranteed (\$)
	X not applicable	Guarantor address;	City;	State;	Zip Code		
	Principal occupation	on			Employer (See Instructions	s)	•
_							

	LOANS			SCHEDULE E
	The Instruction	on Guide explains how to complete t	this form.	1 Total pages Schedule E: Sch: 2/2 Rpt: 5/21
2	FILER NAME Armenta, Ben (I	Mr.)		3 Filer ID (Ethics Commission Filers) 00085686
4	TOTAL OF UN	NITEMIZED LOANS		\$
5	Date of loan 01/05/2023	7 Name of lender out-of-s Armenta, Ben	tate PAC (ID#:	9 Loan Amount (\$) \$1,000.
6	Is lender a financial institution?	8 Lender address; City; Si	tate; Zip Code	10 Interest Rate
	No	Katy, TX 77494		11 Maturity Date 01/05/2027
12	Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instruc Stalwart Consulting	tions)
14	Description of Col	llateral	15 Check if personal fund	ls were deposited into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City; St	tate; Zip Code	
20	Principal occupati	on	21 Employer (See Instruc	tions)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/16 Rpt: 6/21	Armenta, Ben (Mr.) 00085686
4	Date	5 Payee name
	06/04/2023	Alitu
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.00	37a Castle Terrace
		Edinburgh GB EH12EL United Kingdom
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Podcast service
		Campaign casast control
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	⊣
F	Date	Payee name
	05/07/2023	Alitu
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$38.00	37a Castle Terrace
		Edinburgh GB EH12EL United Kingdom
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Podcast service
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	04/05/2023	Alitu
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.00	37a Castle Terrace
		Edinburgh GB EH12EL United Kingdom
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Podcast service
		Campaign Foucast service
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
H		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/16 Rpt: 7/21	Armenta, Ben (Mr.) 00085686
4	Date	5 Payee name
	03/05/2023	Alitu
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.00	37a Castle Terrace
		Edinburgh GB EH12EL United Kingdom
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Podcast service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/05/2023	Alitu
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.00	37a Castle Terrace
		Edinburgh GB EH12EL United Kingdom
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Podcast service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/05/2023	Alitu
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.00	37a Castle Terrace
		Edinburgh GB EH12EL United Kingdom
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Podcast service
		Campaigh Fodeast Service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	plete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/16 Rpt: 8/21	Armenta, Ben (Mr.)	00085686
4	Date	5 Payee name	•
	06/01/2023	Buzzsprout	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$27.00	5133 San Jose Blvd	
		Jacksonville, FL 32207	
8	PURPOSE OF		Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
			Campaign Podcast service
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held
	experialitate to beliefit C/O	'	
	Date	Payee name	
	05/01/2023	Buzzsprout	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.00	5133 San Jose Blvd	
		Jacksonville, FL 32207	
	PURPOSE OF	,) Description
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Campaign Podcast service
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/O	4	
	Date	Payee name	
	04/02/2023	Buzzsprout	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.00	5133 San Jose Blvd	
		Jacksonville, FL 32207	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Campaign Podcast service
			Campaight oddast service
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/O		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID	(Ethics Commission Filers)
Sch: 4/16 Rpt: 9/21	Armenta, Ben (Mr.)	000850	686
4 Date	5 Payee name	•	
03/02/2023	Buzzsprout		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$700.00	5133 San Jose Blvd		
	Jacksonville, FL 32207		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas	
LAFLINDITORL		Check if Austin, TX, officeholde	
		Campaign Podcast serv	rice
O Committee ONII V if alice at	Out like to 10 ff as hald an asset	or o	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so OH	ugnt Offi	ce held
Date	Payee name		
03/01/2023	Buzzsprout		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$27.00	5133 San Jose Blvd		
	Jacksonville, FL 32207		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texa: Check if Austin, TX, officeholde	
		Campaign Podcast serv	
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>I</u> ught Offi	ce held
expenditure to benefit C/C			
Date	Payee name		
02/01/2023	Buzzsprout		
Amount (\$)	Payee address; City; State; Zip C	nde	
\$27.00	5133 San Jose Blvd		
	Jacksonville, FL 32207		
PURPOSE		(h) Decembring	
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas	s. Complete Schedule T.
EXPENDITURE	Office Overhead/Nerital Expense	Check if Austin, TX, officeholde	•
		Campaign Podcast serv	rice
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Off	ce held
expenditure to benefit C/C)H 		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 5/16 Rpt: 10/21	Armenta, Ben (Mr.)		00085686
4	Date	5 Payee name		<u>.</u>
l	01/23/2023	Buzzsprout		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
l	\$6.00	5133 San Jose Blvd		
l				
l		Jacksonville, FL 32207		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
l	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE			Check if Austin, TX, officeholder living expense
l				Campaign Podcast service
Ļ	Complete ONLY if direct	Condidate/Officeholder ness	L-4	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
┡	· 			
l	Date	Payee name		
L	05/07/2023	Email Octopus		
l	Amount (\$)	Payee address; City; State; Zip Code	е	
l	\$225.00	86-90 Paul Street		
l				
L		London UK EC2A4NE United Kingdom		
	PURPOSE OF	2 (()) () () () () () () () (b)	Description
l	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Campaign email service
Г	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
F	Date	Payee name		
	04/05/2023	Email Octopus		
H	Amount (\$)	Payee address; City; State; Zip Code	e	
l	\$225.00	86-90 Paul Street		
l				
l		London UK EC2A4NE United Kingdom		
H	PURPOSE		b)	Description
l	OF	Office Overhead/Rental Expense	,	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	'	į	Check if Austin, TX, officeholder living expense
				Campaign email service
L	0 1: 0:::::::::::::::::::::::::::::::::			000
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
L				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/16 Rpt: 11/21	Armenta, Ben (Mr.) 00085686
4	Date	5 Payee name
	03/05/2023	Email Octopus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$225.00	86-90 Paul Street
		London UK EC2A4NE United Kingdom
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign email service
		Sampaigh email service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Dougo nomo
	02/05/2023	Payee name
		Email Octopus
	Amount (\$)	Payee address; City; State; Zip Code
	\$225.00	86-90 Paul Street
		London UK EC2A4NE United Kingdom
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Campaign email service
		Campaigh email service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date	Payee name
	06/29/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	23701 Cinco Ranch Blvd
		Suite 100
		Katy, TX 77494
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank fees
		Dank ices
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	Filers)
	Sch: 7/16 Rpt: 12/21	Armenta, Ben (Mr.) 00085686	
4	Date	5 Payee name	
	06/29/2023	Frost Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.00	23701 Cinco Ranch Blvd	
		Suite 100	
		Katy, TX 77494	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Bank fees	
		Dank lees	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	05/30/2023	Frost Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	23701 Cinco Ranch Blvd	
		Suite 100	
		Katy, TX 77494	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Bank fees	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
-	Date	Payee name	
	04/27/2023	Frost Bank	
\vdash	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	23701 Cinco Ranch Blvd	
	Ψ0.00	Suite 100	
		Katy, TX 77494	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Bank fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/16 Rpt: 13/21	Armenta, Ben (Mr.) 00085686
4	Date	5 Payee name
	03/30/2023	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	23701 Cinco Ranch Blvd
		Suite 100
		Katy, TX 77494
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank fees
		Built 1888
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	
	Date	Payee name
	02/27/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	23701 Cinco Ranch Blvd
		Suite 100
		Katy, TX 77494
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank fees
		Bankiess
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	
	Date	Payee name
	01/30/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	23701 Cinco Ranch Blvd
		Suite 100
		Katy, TX 77494
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank fees
		Dank ices
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

pense Travel in Dis pense Travel Out of ages/Contract Labor OTHER (enti-

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 9/16 Rpt: 14/21	Armenta, Ben (Mr.)		00085686
4	Date	5 Payee name		
	06/11/2023	GoDaddy		
6	Amount (\$) \$64.32	7 Payee address; City; State; Zip Co 2155 East Godaddy Way Tempe, AZ 85284	de	
8	PURPOSE	•	(h)	Description
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(15)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign domain
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	06/27/2023	Microsoft		
	Amount (\$) \$51.16	Payee address; City; State; Zip Co One Microsoft Way	de	
		Redmond, WA 98052		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign email account
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date 06/01/2023	Payee name Otter.ai		
	Amount (\$) \$16.99	Payee address; City; State; Zip Co 800 W El Camino real Suite 170 Mountain View, CA 94040	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Podcast service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)				
	·						_			_		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)		
	Sch: 10/16 Rpt: 15/21		Armenta, Be	en (Mr.)					00085686			
4	Date	5	Payee name									
	05/01/2023		Otter.ai									
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code					_	
	\$16.99		800 W El Ca	amino real								
			Suite 170									
			Mountain Vi	ew, CA 94040								
8	PURPOSE	(a)		e Categories listed at th	an top of this pale dula)	(b)) Description				_	
ľ	OF	(")		e Categories listed at tr nead/Rental Exp		("		outsi	ide of Texas. Com	nplete Schedule T.		
	EXPENDITURE		Office Over	icaa/rtemai Exp	, crisc		Check if Austin	, TX	, officeholder living	g expense		
							Campaign Po	odc	ast service			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office s	ought	t		Office h	eld		
	experiditure to beriefit C/Or	п										
	Date		Payee name									
	04/02/2023		Otter.ai									
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code						
	\$16.99		800 W El Ca	amino real								
			Suite 170									
			Mountain Vi	ew, CA 94040								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b)) Description					
	OF EXPENDITURE		Office Overl	nead/Rental Exp	oense		=			nplete Schedule T.		
							ш	Austin, TX, officeholder living expense n Podcast service				
							Campaign FC	Juc	asi service			
	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	Office s	ought	<u> </u>		Office h	eld	\dashv	
	expenditure to benefit C/O		Janara actor Onne	ocholder hame	000 0	ougin	•		Cilioo II	olu -		
	Date		Davis and and								=	
	03/01/2023		Payee name Otter.ai									
				O't	Otata: 7ia	0					_	
	Amount (\$)		Payee addres		State; Zip	Code						
	\$16.99		800 W EI Ca	amino reai								
			Suite 170									
			Mountain Vi	ew, CA 94040								
	PURPOSE	(a)		e Categories listed at th		(b)) Description					
	OF EXPENDITURE		Office Overl	nead/Rental Exp	oense		ш			nplete Schedule T.		
							Campaign Po		, officeholder living	g expense		
							Campaign Ft	Juc	ust service			
\vdash	Complete ONLY if direct	Ц,	Candidate/Offic	ceholder name	Office s	Oliabi	<u> </u>		Office h	eld	\dashv	
	expenditure to benefit C/O		Jananaac/OIII	ocholaci Hallic	Office S	Jugill	•		Onice III	oiu .		
_											-	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

rsement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/16 Rpt: 16/21	Armenta, Ben (Mr.) 00085686
4	Date	5 Payee name
	02/01/2023	Otter.ai
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.99	800 W El Camino real
		Suite 170
		Mountain View, CA 94040
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Podcast service
		Campaight odeast service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
Г	Date	Payee name
	03/27/2023	Republican Women's Club of Katy
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	9550 Spring Green Blvd
		Ste 408-122
		Katy, TX 77494
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Ticket to luncheon
		ricket to function
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/22/2023	Republican Women's Club of Katy
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	9550 Spring Green Blvd
		Ste 408-122
		Katy, TX 77494
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Ticket to luncheon
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/16 Rpt: 17/21	Armenta, Ben (Mr.) 00085686
4	Date	5 Payee name
	04/30/2023	Safari Texas Ranch
6	Amount (\$) \$48.00	7 Payee address; City; State; Zip Code 11627 FM 1464 Rd
		Houston, TX 77407
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ticket to Lincoln Reagan Day Dinner
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	05/11/2023	UPS Store
	Amount (\$) \$105.00	Payee address; City; State; Zip Code 23501 Cinco Ranch Blvd Ste H120 Katy, TX 77450
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign mailbox
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 06/21/2023	Payee name Walker Glantz
	Amount (\$) \$63.43	Payee address; City; State; Zip Code 500 W 2nd Street 19th Floor Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bookeeping services
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/16 Rpt: 18/21	Armenta, Ben (Mr.) 00085686
4	Date	5 Payee name
	05/07/2023	Walker Glantz
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$63.43	500 W 2nd Street
		19th Floor
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bookeeping services
		Bookeeping services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/04/2023	Walker Glantz
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.43	500 W 2nd Street
		19th Floor
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Bookeeping services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/02/2023	Walker Glantz
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.43	500 W 2nd Street
		19th Floor
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Bookeeping services
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/16 Rpt: 19/21	Armenta, Ben (Mr.) 00085686
4	Date	5 Payee name
	02/06/2023	Walker Glantz
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$263.43	500 W 2nd Street
		19th Floor
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bookeeping services
		Dookeeping services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	H
	Date	Payee name
	06/05/2023	Wix
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.87	2601 Mission St
		Ste 300
		San Francisco, CA 94110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign website hosting
		Campaign westernesting
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
Г	Date	Payee name
	05/07/2023	Wix
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.87	2601 Mission St
		Ste 300
		San Francisco, CA 94110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign website hosting
		Campaign website nosting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
Г		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/16 Rpt: 20/21	Armenta, Ben (Mr.) 00085686
4	Date	5 Payee name
	04/05/2023	Wix
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.87	2601 Mission St
		Ste 300
		San Francisco, CA 94110
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	-	Check if Austin, TX, officeholder living expense
		Campaign website hosting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/OI	
	Date	Payee name
	03/05/2023	Wix
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.87	2601 Mission St
		Ste 300
		San Francisco, CA 94110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign website hosting
		Campaigh website hosting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/05/2023	Wix
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.87	2601 Mission St
		Ste 300
		San Francisco, CA 94110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign website hosting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committe		nse P Is Expense P S	Polling Expense Printing Expense Salaries/Wages/	e 'Contract Labor		Travel in Distric		
	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2 FILE	R NAME				3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 16/16 Rpt: 21/21	Arm	enta, Ben (Mr.)					00085686		
4	Date	5 Paye	ee name				<u> </u>			
	01/08/2023	Wix								
6	Amount (\$)	7 Paye	ee address; City;	State; 2	Zip Code					
	\$31.87	260	1 Mission St							
		Ste	300							
		San	Francisco, CA 94110							
8	PURPOSE	(a) Cate	gory (See Categories listed at	the top of this schedu	_{ile)} (b)	Description				
	OF EXPENDITURE		ce Overhead/Rental Ex			ш			nplete Schedule T.	
						_		officeholder livin	g expense	
						Campaign w	ebs	ate nosting		
Ļ	Commission ONLL V if direct	Canadi	data/Offical baldon nama	O#:	in a naverlat			Office le	ماط	
9	Complete ONLY if direct expenditure to benefit C/O		date/Officeholder name	OIII	ice sought			Office h	eiu	
l										