STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruction C	Guide explains how to complete	this form.	1 Filer ID (Ethics Commission Filers 00085686	5)	2 Total pages filed:21	
3 CANDIDATE	MS / MRS / MR	FIRST		MI	OFFICE USE O	NLY
NAME	Mr.	Ben			Date Received	
					ELECTRONICALLY F	ILED
	NICKNAME	LAST		SUFFIX	01/13/2025	
		Armenta		0011.00		
					Date Hand-delivered or Date Post	tmarked
4 CANDIDATE	ADDRESS / PO BOX; AP1	/ SUITE #; C	ITY; STATE; ZIP CO	DDE		unarkeu
ADDRESS	23501 Cinco Ranch Blvd.				Receipt # Amoun	t
	Katy, TX 77494				Date Processed	
Change of Address						
					Date Imaged	
5 CAMPAIGN	MS/MRS/MR	FIRST			MI	
TREASURER	Mr.	Ted Chinh			IVII	
NAME	1011.					
	NICKNAME	LAST			SUFFIX	
		Nguyen				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PC		; APT/SUITE#;	CITY;	STATE; Z	IP CODE
ADDRESS	12932 Greenway Chase	Cl.				
(Residence or Business)						
	Houston, TX 77072					
7 CAMPAIGN TREASURER	AREA CODE	PHONE N	NUMBER		EXTENSION	
PHONE	(713) 893-4419					
8 REPORT TYPE	X January 15	20th day	y before convention / elec	stion	Runoff	
	July 15	8th day	before convention / electi	ion	Final report (Attach S	C C/OH-FR)
9 PERIOD COVERED	,	ear			Month Day	Year
COVERED	07/01/2024		THROUGH		12/31/2024	
10 CONVENTION / ELECTION DATE	Month Day Y	ear	11 OFFICE SOUGH		STATE CHAIR	
					COUNTY CHAIR	
12 POLITICAL	Republican		COL	UNTY (If Appli	cable)	
PARTY				ortri (ii) ippi		
GO TO PAGE 2						
Forms provided by Tex	as Ethics Commission	WWW.E	thics.state.tx.us		Version V4.1	0.5dd2ace2

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: **SUPPORT & TOTALS**

FORM SC C/OH **COVER SHEET PG 2**

2 of 21

I

13 CANDIDATE NAME	Armenta, Ben (Mr.)	1	4 Filer ID 00085686	(Ethics Com	mission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)		political expenditures by political committees to suppo candidate's knowledge or consent. Candidates are rec xpenditures.				
Additional Pages						
	GENERAL	COMMITTEE ADDRESS				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELECT		\$	0.00	
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	0.00	
	4. TOTAL POLITIC	CAL EXPENDITURES		\$	2,055.49	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY OF THE	\$	372.97	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOF	PAL AMOUNT OF ALL OUTSTANDING LOANS AS O	F THE LAST DAY	\$	23,845.70	
17 AFFADAVIT						
		I swear, or affirm, under penalty of true and correct and includes all i under Title 15, Election Code.				
		Mr.	Ben Armenta			
		Signat	ure of Candidate			
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid	, this the		day	
of	, 20, to c	ertify which, witness my hand and seal of office.				
Signature of offic	cer administering oath	Printed name of officer administering oath	Title of office	r administeri	ng oath	
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V4	.1.0.5dd2ace2	

SUBTOTALS - SC C/OH

FORM SC C/OH **COVER SHEET PG 3** 3 of 21

18 CAN Arm	NDIDAT nenta,	(Ethic	s Commission Filers)		
20 SCH NAM	HEDULI ME OF 3	5	SUBTOTAL AMOUNT		
1.	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				0.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	Х	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	Х	SCHEDULE E: LOANS		\$	1,000.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				\$	2,055.49
6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				\$	0.00
7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS				\$	0.00
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				\$	
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	84.10
				<u> </u>	

PLEDGED CONTRIBUTIONS SCHEDULE **B** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/21 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 00085686 Armenta, Ben (Mr.) 4 \$ 0.00 TOTAL OF UNITEMIZED PLEDGES In-kind description 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount of 9 1 (If applicable) pledge (\$) 7 Pledgor Address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

LOANS					SCHEDULE E
The Instructio	n Guide explains how to c	complete this f	orm.		iges Schedule E: 1 Rpt: 5/21
2 FILER NAME Armenta, Ben (N	ſr.)			3 Filer ID 000856	(Ethics Commission Filers) 686
⁴ TOTAL OF UN	ITEMIZED LOANS				\$
5 Date of loan 11/07/2024	7 Name of lender Armenta, Ben (Mr.)	out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$500.00
6 Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
No	Katy, TX 77494				11 Maturity Date
12 Principal occupation Attorney	on / Job title (See Instructions)		13 Employer (See Instru Self	ctions)	
14 Description of Coll	ateral		15 Check if personal fun	ds were deposited	t into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City;	State;	Zip Code		
20 Principal occupation	bn		21 Employer (See Instru	ctions)	
Date of loan	Name of lender	out-of-state PA	.C (ID#:)	Loan Amount (\$)
09/05/2024 Is lender a financial	Armenta, Ben (Mr.) Lender address; City;	State;	Zip Code		\$500.00
institution? No					Maturity Date
	Katy, TX 77494				
Attorney	on / Job title (See Instructions)		Employer (See Instru Self	-	
Description of Coll	ateral		Check if personal fun	ds were deposited	d into political account (See Instructions)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
X not applicable	Guarantor address; City;	State;	Zip Code		
Principal occupatio	n		Employer (See Instru	ctions)	1

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

			EXPEND	ITURE CATEGOR	RIES FOR	BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committe Credit Card Payment			ttee Legal Services	morials Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	1					3	Filer ID	(Ethics Commission Filers)
	Sch: 1/15 Rpt: 6/21	A	menta, Ben (Mr.)					00085686	
4	Date	5 Pa	ayee name						
	09/02/2024	B	uzzsprout						
6	Amount (\$)	7 Pá	ayee address; City;	State;	; Zip Coo	le			
	\$12.00	52	.33 San Jose Blvd.						
		Ja	icksonville, FL 32207	,					
8	PURPOSE					(b) Description			
Ŭ	OF		ategory _{(See Categories lis} dvertising Expense	ted at the top of this sch	edule)		outsi	de of Texas. Comp	lete Schedule T.
	EXPENDITURE					Check if Austin	ı, тх,	officeholder living	expense
						Digital podca	st.		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder na	ne C	Office sou	ht		Office he	ld
	Date	Pa	ayee name						
	08/01/2024	В	uzzsprout						
	Amount (\$)	Pa	ayee address; City;	State;	Zip Co	le			
	\$12.00	5	33 San Jose Blvd.						
		_							
		Ja	icksonville, FL 32207	,					
	PURPOSE OF		ategory (See Categories lis	ted at the top of this sch	edule)	(b) Description			
	EXPENDITURE		dvertising Expense					de of Texas. Comp officeholder living	
						Digital Podca		ş	
						5			
	Complete ONLY if direct	I Car	ndidate/Officeholder na	me C	Dffice soug	Iht		Office he	ld
	expenditure to benefit C/OF								
╞	Date								
	07/01/2024	1	ayee name uzzsprout						
			-	Chata	710 000				
	Amount (\$)	1	ayee address; City;	State;	; Zip Coo	le			
	\$12.00	5.	.33 San Jose Blvd.						
		Ja	cksonville, FL 32207	7					
	PURPOSE	(a) Ca	ategory (See Categories lis	ted at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE	A	dvertising Expense					de of Texas. Comp	
						Digital podca		officeholder living	expense
						Digital pouca	. σ ι.		
	Complete ONIL V if direct		didata/Officabaldar	<u></u>		.bt		Office had	Ы
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ididate/Officeholder na	ile C	Office soug	µ it		Office he	iu

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/15 Rpt: 7/21	Armenta, Ben (Mr.)	00085686
4	Date	5 Payee name	
	07/08/2024	Campaign Logistics	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	3010 River Bend Drive	
		Rosenberg, TX 77471	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		utside of Texas. Complete Schedule T.
	EXPENDITORE		TX, officeholder living expense
		Financial repo	orting.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/02/2024	Fort Bend Republican Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$70.00	PO Box 461	
	<i>‡10100</i>		
		Sugar Land, TX 77487-0461	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		utside of Texas. Complete Schedule T.
	-	Candidate/Officeholder/Political Committee	TX, officeholder living expense
			or event.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Oł		Office field
	Date	Payee name	
	11/07/2024	Fort Bend Republican Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$39.19	PO Box 461	
		Sugar Land, TX 77487-0461	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		utside of Texas. Complete Schedule T.
			TX, officeholder living expense
		Sponsorship o	or event.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	E FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/15 Rpt: 8/21	Armenta, Ben (Mr.)	00085686
4	Date	Payee name	
	11/28/2024	Frost Bank	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	23701 Cinco Ranch Blvd., Suite 100	
		Katy, TX 77494	
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense
		Bank fee.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/28/2024	Frost Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	23701 Cinco Ranch Blvd., Suite 100	
		Katy, TX 77494	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/30/2024	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		uutside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/15 Rpt: 9/21	Armenta, Ben (Mr.)	00085686
4	Date	Payee name	
	10/30/2024	Frost Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.00	23701 Cinco Ranch Blvd., Suite 100	
		Katy, TX 77494	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/29/2024	Frost Bank	
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 23701 Cinco Ranch Blvd., Suite 100 Katy, TX 77494	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/29/2024	Frost Bank	
	Amount (\$) \$5.00	Payee address; City; State; Zip Code 23701 Cinco Ranch Blvd., Suite 100	
		Katy, TX 77494	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 5/15 Rpt: 10/21	Armenta, Ben (Mr.) 00085686						
4	Date	Payee name						
	08/29/2024	Frost Bank						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$5.00	23701 Cinco Ranch Blvd., Suite 100						
		Katy, TX 77494						
8	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	08/29/2024	Frost Bank						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$10.00 \$10.00 Ranch Blvd., Suite 100							
		Katy, TX 77494						
	PURPOSE OF EXPENDITURE	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 Bank fee						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	07/30/2024	Frost Bank						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$5.00	23701 Cinco Ranch Blvd., Suite 100						
		Katy, TX 77494						
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank fee							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 6/15 Rpt: 11/21		Armenta, Ben (Mr.) 00085686								
4	Date	5	Payee name								
	07/30/2024		Frost Bank								
6	Amount (\$)	7	7 Payee address; City; State; Zip Code								
	\$10.00		23701 Cinco Ranch Blvd., Suite :	100							
			Katy, TX 77494		1						
8	PURPOSE OF		Category (See Categories listed at the top of	f this schedule)	(b)	Description	outoi	de of Texas. Complete Schedule T.			
	EXPENDITURE	·	Accounting/Banking					officeholder living expense			
						Bank fee	, .,,				
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held			
	Date		Payee name								
08/04/2024 Galveston Island Pachyderm Club											
Amount (\$) Payee address; City; State; Zip Code											
	\$43.50 906 91st Street										
			Galveston, TX 77554								
	PURPOSE OF		Category (See Categories listed at the top of		(b)	Description					
	EXPENDITURE		Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Candidate/Officeholder/Political Committee				Sponsorship of event.					
						oponooromp	01 0				
	Complete ONLY if direct		andidate/Officeholder name	Office sou	l			Office held			
	expenditure to benefit C/OF			Office Sol	agint						
	Date		Payee name								
	12/01/2024		ntuit, Inc.								
	Amount (\$)		Payee address; City;	State; Zip C	ode						
	\$37.31		2800 E. Commerce Center Place)							
			Tucson, AZ 85706		-						
	PURPOSE OF		Category (See Categories listed at the top of		(b)	Description					
	EXPENDITURE		Office Overhead/Rental Expense	9				de of Texas. Complete Schedule T. officeholder living expense			
						Software	, 17,	Chiefforder living expense			
	Complete ONLY if direct		andidate/Officeholder name	Office sou	l			Office held			
	expenditure to benefit C/OF		and all of officer of the fille		agin						

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)												
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T By - Gift/Awards/Memorials Expense Printing Expense T					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME 3 File					Filer ID	(Ethics Commission Filers)				
	Sch: 7/15 Rpt: 12/21	Ar	menta, Ben (Mr.)					00085686				
4	Date	5 Pa	yee name									
	11/03/2024	In	uit, Inc.									
6	Amount (\$)	7 Pa	yee address; City;	State;	; Zip Coo	le						
	\$37.31	28	00 E. Commerce Cer	iter Place								
		ті	icson, AZ 85706									
_												
8	PURPOSE OF		tegory (See Categories liste		nedule)	(b) Description	outsi	ide of Texas. Comp	lete Schedule T			
	EXPENDITURE	O	fice Overhead/Rental	Expense				, officeholder living				
						∟ Software		Ū				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder nam	e C	Office soug	ht		Office he	ld			
	Date	Pa	yee name									
	10/01/2024	In	uit, Inc.									
Amount (\$) Payee address; City; State; Zip Code												
	\$105.53	28	00 E. Commerce Cer	iter Place								
		ті	icson, AZ 85706									
	PURPOSE					(b) Description						
	OF		tegory (See Categories liste fice Overhead/Rental		iedule)	·	outsi	ide of Texas. Comp	lete Schedule T.			
	EXPENDITURE			Expense		Check if Austir	n, TX,	, officeholder living	expense			
						Software						
		Car	didate/Officeholder nam	- (Office souc	b 4						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		uluale/Oncendider ham	e c	Juice soug	li it		Office he	iu			
	Date	Pa	vee name									
	12/04/2024		g Cabin Republicans	of Houston								
	Amount (\$)		yee address; City;		; Zip Coo	le						
	\$45.00		D Box 66162	Olato,	, בוף סטנ							
	\$ 10.00											
		Н	ouston, TX 77006									
	PURPOSE	(a) Ca	tegory (See Categories liste	d at the top of this sch	nedule)	(b) Description						
	OF EXPENDITURE		ontributions/Donations					ide of Texas. Comp				
		Ca	andidate/Officeholder/	Political Comm	nittee	Sponsorship		, officeholder living	expense			
						ορυτου στηρ						
	Complete ONLV if direct	<u> </u>	didate/Officeholder nam	<u> </u>		ht		Office he	ld			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH			с (Office soug	li it		Onice nel	iu			

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)						
1	Total pages Schedule F1:	E FILER NAME	Filer ID (Ethics Commission Filers)						
	Sch: 8/15 Rpt: 13/21	Armenta, Ben (Mr.)	00085686						
4	Date 07/16/2024	Payee name Log Cabin Republicans of Houston							
6	Amount (\$) 7 Payee address; City; State; Zip Code \$300.00 PO Box 66162 Houston, TX 77006 Houston, TX 77006								
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Image: Contribution of the second schedule of the schedule								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/11/2024	Microsoft							
	Amount (\$) Payee address; City; State; Zip Code \$18.90 One Microsoft Way Redmond, WA 98052								
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Sch OF Check if Austin, TX, officeholder living expense Software									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/11/2024	Microsoft							
	Amount (\$) \$18.90	Payee address; City; State; Zip Code One Microsoft Way							
		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 Software								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

	POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS								
			EXPENDITURE CATEG	ORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.		Solicitatio Transport Travel in I Travel Ou OTHER (6			
1	Total pages Schedule F1:	2 FILER N		· · · · · · · · · · · · · · · · · · ·	3	Filer ID			
	Sch: 9/15 Rpt: 14/21	Armenta	a, Ben (Mr.)			00085			
4	Date	5 Payee na	ame						

Microsoft

on/Fundraising Expense tation Equipment & Related Expense District uf of District (enter a category not listed above) (Ethics Commission Filers) 686 Payee name 5 11/04/2024

6 Amount (\$) \$18.90	 Payee address; City; State; Zip Code One Microsoft Way Redmond, WA 98052
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H
Date 10/06/2024	Payee name Microsoft
Amount (\$) \$18.90	Payee address; City; State; Zip Code One Microsoft Way 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 Software
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 09/04/2024	Payee name Microsoft
Amount (\$) \$18.90	Payee address; City; State; Zip Code One Microsoft Way 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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 10/15 Rpt: 15/21	Armenta, Ben (Mr.) 00085686								
4	Date 07/11/2024	Payee name Microsoft								
6	Amount (\$) 7 Payee address; City; State; Zip Code \$18.90 One Microsoft Way Redmond, WA 98052									
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Software Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
12/02/2024 Republican Women's Club of Katy										
	Amount (\$) Payee address; City; State; Zip Code \$25.00 9550 Spring Green Blvd. Katy, TX 77494									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Of event.							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/02/2024	Republican Women's Club of Katy								
	Amount (\$) Payee address; City; State; Zip Code \$25.00 \$250 Spring Green Blvd.									
		Katy, TX 77494								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense of event.							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FI	LER NAME				3	Filer ID (Ethics Commission Filers				
	Sch: 11/15 Rpt: 16/21	A	Armenta, Ben (Mr.) 00085686									
4	Date	5 Pa	Payee name									
	09/02/2024		The Daily Wire, LLC									
6	Amount (\$)	7 Pa	ayee address; Ci	ty; State	; Zip Cod	e						
	\$94.99	18	331 12th Ave Sout	n, Ste. 460								
		N	ashville, TN 37203									
8	PURPOSE	(a) C	ategory (See Categories	listed at the top of this sch	redule) (b) Description						
	OF EXPENDITURE		ffice Overhead/Rei		iouulo)		outsi	ide of Texas. Com	plete Schedule T.			
	EXPENDITORE						I, TX	, officeholder living	expense			
						Subscription						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder ı	name (Office soug	ht		Office he	eld			
	Date	Pa	ayee name									
11/20/2024 UPS Store												
Amount (\$) Payee address; City; State; Zip Code												
	\$105.00 23501 Cinco Ranch Blvd. H120											
		ĸ	aty, TX 77494									
	PURPOSE	(a) C	ategory (See Categories	listed at the top of this sch	nedule) (b) Description						
	OF EXPENDITURE	0	ffice Overhead/Re	ntal Expense				ide of Texas. Com				
							i, TX,	, officeholder living	expense			
						Postage.						
								0111				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder ı	iame o	Office soug	nt		Office he	2IC			
	Date		ayee name									
	09/30/2024		alker Glantz									
	Amount (\$)	Pi	ayee address; Ci	ty; State	; Zip Cod	e						
	\$67.16	50	00 W 2nd Street, 1	9th Floor								
		A	ustin, TX 32207									
	PURPOSE	(a) C	ategory (See Categories	listed at the top of this sch	nedule) (b) Description						
	OF EXPENDITURE	0	ffice Overhead/Re	ntal Expense				ide of Texas. Com				
							ι, TΧ,	, officeholder living	expense			
						Software						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder ı	iame (Office soug	nt		Office he	90			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	ILER NAME		:	3 Filer ID (Ethics Commission Filers)		
	Sch: 12/15 Rpt: 17/21	rmenta, Ben (Mr.)			00085686		
4	Date 09/02/2024	ayee name Valker Glantz					
6	Amount (\$)	ayee address; City; Sta	te; Zip Code				
	\$67.16	00 W 2nd Street, 19th Floor ustin, TX 32207					
_	BUBBOOF		(1-)				
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this softice Overhead/Rental Expense	schedule) (D)		utside of Texas. Complete Schedule T. TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held		
	Date	ayee name					
	08/05/2024	Valker Glantz					
	Amount (\$) \$67.16	ayee address; City; Sta 00 W 2nd Street, 19th Floor ustin, TX 32207	te; Zip Code				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this software)	schedule) (b)		utside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held		
	Date	ayee name					
	07/08/2024	Valker Glantz					
	Amount (\$) \$67.16	ayee address; City; Sta 00 W 2nd Street, 19th Floor	te; Zip Code				
		ustin, TX 32207					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this a office Overhead/Rental Expense	schedule) (b)		utside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held		

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By 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: 13/15 Rpt: 18/21	Armenta, Ben (Mr.) 00085686						
4	Date	5 Payee name						
	12/05/2024	Wix						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$36.12	2601 Mission St., Ste. 300						
		San Francisco, TX 94110						
_	51155005							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Website Hosting						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	11/05/2024	Wix						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$36.12	2601 Mission St., Ste. 300						
	¢00.12							
		San Francisco, TX 94110						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Website hosting.						
		Wobbito Hooking.						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
	_							
	Date	Payee name						
	10/06/2024	Wix						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$36.12	2601 Mission St., Ste. 300						
		San Francisco, TX 94110						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Website hosting.						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:						
	Sch: 14/15 Rpt: 19/21	Armenta, Ben (Mr.)	00085686				
4	Date 09/05/2024	5 Payee name Wix					
6	Amount (\$) \$36.12	7 Payee address; City; State; Zip Code 2601 Mission St., Ste. 300 San Francisco, TX 94110					
8	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. 'X, officeholder living expense I G.				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/05/2024	Wix					
	Amount (\$) \$36.12	Payee address; City; State; Zip Code 2601 Mission St., Ste. 300 San Francisco, TX 94110					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description	tside of Texas. Complete Schedule T. 'X, officeholder living expense I G.				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/07/2024	Wix					
	Amount (\$) \$36.12	Payee address; City; State; Zip Code 2601 Mission St., Ste. 300					
		San Francisco, TX 94110					
	PURPOSE OF EXPENDITURE		ttside of Texas. Complete Schedule T. "X, officeholder living expense I G				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Committee	EXPENDITURE CATEC Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Loan Repaym Office Overhe Polling Expens Printing Exper Salaries/Wage	ent/Reimbursement ad/Rental Expense se ise es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	F			3	Filer ID (Ethics Commission Filers)	_
-	Sch: 15/15 Rpt: 20/21	Armenta, E					00085686	
4	-							_
4	Date 11/05/2024		o Communications Inc.					
6	Amount (\$) \$167.90	 Payee addre 55 Almade San Jose, 	n Blvd., 6th Floor	ate; Zip Code				
8	PURPOSE OF EXPENDITURE		iee Categories listed at the top of this rhead/Rental Expense	schedule) (b)			ide of Texas. Complete Schedule T. , officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ïceholder name	Office sought	:		Office held	

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

SCHEDULE K

The Instr	uct	ion Guide explains how to complete this form.			ages Schedule K: /1 Rpt: 21/21	
2 FILER NAM	E		3 F	iler ID	(Ethics Commission	Filers)
Armenta, I	Ben	(Mr.)	0	00085	686	
4 Date	5	Name of person from whom amount is received	I		8 Amount (\$)	
08/04/202	4	Galveston Island Pachyderm Club				\$20.00
	6	Address of person from whom amount is received; City; State; Zip Code				
		Galveston, TX 77554				
	7		k if politica	al contr	ribution returned to filer	
		Refund of sponsorship				
Date		Name of person from whom amount is received			Amount (\$)	
10/06/202	4	Intuit Inc.				\$27.86
		Address of person from whom amount is received; City; State; Zip Code				
		Tuscon, AZ 85706				
		—	k if politica	al contr	ibution returned to filer	
		Refund of charge.				
Date		Name of person from whom amount is received			Amount (\$)	
10/02/202	⁴	Intuit Inc.				\$36.24
		Address of person from whom amount is received; City; State; Zip Code Tuscon, AZ 85706				
		Purpose for which amount is received	k if politica	al contr	ibution returned to filer	
		Refund of charge.				