# 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 t	this form.	1 Filer ID		2 Total pages file	ed:	
The Go Groff modulen c	raide explains now to complete t		(Ethics Commission Filers) 00085686		16	3	
3 CANDIDATE	MS / MRS / MR	FIRST	•	MI	OFFICE U	JSE ONLY	
NAME	Mr.	Ben			Date Received		
					ELECTRONICA	LLY FILED	
	NICKNAME	LAST		SUFFIX	07/09/2025		
	THOIR WALL	Armenta		001			
		•			Date Hand-delivered or	Date Postmarked	
4 CANDIDATE	ADDRESS / PO BOX; APT	/ SUITE #; C	CITY; STATE; ZIP COD	DE	Date Hand don't live	Dute i ostinanos	
ADDRESS	23501 Cinco Ranch Blvd.	Ste. H120-158	8		Receipt #	Amount	
Change of Address	Katy, TX 77494				Date Processed		
Change of Addicess					Data large and		
					Date Imaged		
5 CAMPAIGN	MS / MRS / MR	FIRST			MI		
TREASURER	Mr.	Ted Chinh					
NAME							
	NICKNAME	LAST			SUFFIX		
		Nguyen					
6 CAMPAIGN	STREET ADDRESS (NO PO	ROX PLEASE)	· APT / SUITF #:	CITY;	STATE;	ZIP CODE	
TREASURER	12932 Greenway Chase (		, / 11 / 2011 2,	<b>0</b> 11 . ,	<b>5</b> <u>-</u> ,	2 0022	
ADDRESS							
(Residence or Business)	Houston, TX 77072						
	, 110						
7 CAMPAIGN	AREA CODE	PHONE N			EXTENSION		
TREASURER	(713) 893-4419	1	VOIVIDELL		L/(12/16/5/		
PHONE	(125, 555						
2 252227 TVDE						_	
8 REPORT TYPE	January 15	30th day	y before convention / election	on [	Runoff		
		<u> </u>	<u> </u>				
	X July 15	8tn day	before convention / election	n [	Final report (A	ttach SC C/OH-FR)	
9 PERIOD	Month Day Yo	ear			Month D	Day Year	
COVERED	01/01/2025	cai	THROUGH			0/2025	
	<b>5-</b> , <b>5</b> -, - <b>5</b> -				<del>,</del>	<i>312020</i>	
10 CONVENTION /	Month Day Yo	ear	11 OFFICE		STATE CHAIF	 R	
ELECTION DATE			SOUGHT		COUNTY CHA		
12 POLITICAL PARTY	Republican		COUN	NTY (If Applica	ıble)		
FAILL							
			·				
		GO	TO PAGE 2				

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

## FORM SC C/OH COVER SHEET PG 2

2 of 16

13 CANDIDATE NAME	Armenta, Ben (Mr.)			<b>14</b> Filer ID 00085686	(Ethics Com	ımission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)		political expenditures by po andidate's knowledge or co penditures.							
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
radiaona rages	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN	TREASURER NAME						
		COMMITTEE CAMPAIGN	I TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS	s, <b>\$</b>	0.00							
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GU	JARANTEES OF LOANS	5)	\$	0.00			
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS						0.00			
	4. TOTAL POLITIC	AL EXPENDITURES			\$	1,244.41			
CONTRIBUTION BALANCE	5. TOTAL POLITIC. REPORTING PE	AL CONTRIBUTIONS MAI RIOD	NTAINED AS OF THE LA	AST DAY OF THE	\$	463.56			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUT TING PERIOD	TSTANDING LOANS AS	OF THE LAST DAY	\$	30,195.70			
<b>17</b> AFFADAVIT		true ar	r, or affirm, under penalty nd correct and includes al Title 15, Election Code.						
			Mr	. Ben Armenta					
			Signa	ature of Candidate					
AFFIX NO	ΓARY STAMP / SEAL AB0	OVE							
Sworn to and subsc	cribed before me, by the sa	aid		, this the		day			
		rtify which, witness my ha							
Signature of office	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath								

## SUBTOTALS - SC C/OH

## FORM SC C/OH COVER SHEET PG 3

	3 of 16							
<b>18</b> CANDIDA Armenta	TE NAME Ben (Mr.)	<b>19</b> Filer ID 00085686	(Ethics Commission Filers)					
l	LE SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT					
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4. X	SCHEDULE E: LOANS		<b>\$</b> 1,350.00					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 1,244.41					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$						
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$					

	LOANS		SCHEDULE E						
	The Instruction	on Guide explains ho	w to c	omplete this f	orm.	1	•	ges Schedule E: 2 Rpt: 4/16	
2	FILER NAME Armenta, Ben (N	۸r.)				1	Filer ID 000856	(Ethics Commission Filers)	
4	TOTAL OF UN	IITEMIZED LOANS				<u> </u>		\$	
5	Date of loan 01/02/2025	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  11 Maturity Date	
	No	Katy, TX 77494						II Maturity Date	
12	Principal occupation	on / Job title (See Instructio	ns)		13 Employer (See Instructions Self	s)			
14	Description of Coll  X None	ateral			15 Check if personal funds we	ere d	leposited	into political account (See Instructions)	
16	GUARANTOR INFORMATION	1						19 Amount Guaranteed (\$)	
	X not applicable	18 Guarantor address;	City;	State;	Zip Code				
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 (\$)	
	02/28/2025	Armenta, Ben (Mr.)						\$300.00	
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code			Interest Rate	
	No	Katy, TX 77494						Maturity Date	
	Principal occupation	on / Job title (See Instructio	ns)		Employer (See Instructions) Self				
	Description of Coll  X None	ateral			Check if personal funds we	ere d	leposited	into political account (See Instructions)	
	GUARANTOR INFORMATION	Name of guarantor			<u> </u>			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 ho	w to c	complete this f	orm.	ı		ges Schedule E: 2 Rpt: 5/16	
2	FILER NAME Armenta, Ben (N	Λr.)				ı	iler ID 00856	(Ethics Commission Filers)	
4	TOTAL OF UN	IITEMIZED LOANS				•		\$	
5	Date of loan 05/19/2025	7 Name of lender Armenta, Ben (Mr.)		out-of-state PA	C (ID#:		)	9 Loan Amount (\$) \$300.00	
6	Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code			10 Interest Rate  11 Maturity Date	
	No	Katy, TX 77494						II Watumy Date	
12	Principal occupation	on / Job title (See Instructio	ns)		13 Employer (See Instructions Self	s)			
14	Description of Coll  X None	ateral			15 Check if personal funds we	ere de	posited	into political account (See Instructions)	
16	GUARANTOR INFORMATION							19 Amount Guaranteed (\$)	
	X not applicable	18 Guarantor address;	City;	State;	Zip Code				
20	Principal occupation	<u>l</u> on			21 Employer (See Instructions	5)			
	Date of loan	Name of lender		out-of-state PA	C (ID#:			Loan Amount (\$)	
	06/13/2025	Armenta, Ben (Mr.)						\$250.00	
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code			Interest Rate	
	No	Katy, TX 77494						Maturity Date	
	Principal occupation	I on / Job title (See Instructio	ns)		Employer (See Instructions	S)			
	Self				Self				
	Description of Coll  X None	ateral			Check if personal funds we	ere de	posited	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)				
_									

### 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	nplete	this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission	Filers)
	Sch: 1/11 Rpt: 6/16	Armenta, Ben (Mr.)		00085686	
4	Date	5 Payee name		-	
l	01/13/2025	Campaign Logistics			
6	Amount (\$)	7 Payee address; City; State; Zip Code	le		
	\$250.00	3010 River Bend Drive			
l					
l		Rosenberg, TX 77471			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	( <b>b)</b> De	escription	
l	OF	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE			Check if Austin, TX, officeholder living expense	
l			Fi	inancial Reporting	
Ļ					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held	
┕	'				
l	Date	Payee name			
L	01/30/2025	Frost Bank			
l	Amount (\$)	Payee address; City; State; Zip Code	le		
l	\$10.00	23701 Cinco Ranch Blvd., Suite 100			
l					
l		Katy, TX 77494			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	( <b>b)</b> De	escription	
l	OF EXPENDITURE	Accounting/Banking	닏	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
l			L Bá	ank Fees	
l					
┝	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held	
l	expenditure to benefit C/OI				
F	Date	Payee name			
l	01/30/2025	Frost Bank			
⊢	Amount (\$)	Payee address; City; State; Zip Code	le		
l	\$5.00	23701 Cinco Ranch Blvd., Suite 100			
l					
l		Katy, TX 77494			
⊢	PURPOSE	-	<b>'h)</b> De	escription	
l	OF	Accounting/Banking	, De	Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	, loos and light same	Ē	Check if Austin, TX, officeholder living expense	
l			Ва	ank Fees	
L					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held	
L	experience to beliefit 6/01	•			

#### 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

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	Sal		ges/	Contract Labor		OTHER (enter		t listed above)
		_		The Instruction Gu	ide explains how	to com	ple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics C	Commission Filers)
	Sch: 2/11 Rpt: 7/16		Armenta, Be	en (Mr.)						00085686		
4	Date	5	Payee name									
	02/28/2025		Frost Bank									
6	Amount (\$)	7	Payee addres	s; City;	State; Zi	n Code	е					
•	\$5.00	ľ	•	Ranch Blvd., S	•	p cou	•					
	Ψ0.00		20101 011100	rtanon Biva., c								
			V-+ . TV 77	40.4								
		L	Katy, TX 77	494 								
8	PURPOSE OF	(a)		e Categories listed at th	e top of this schedule	e) (I	b)	Description				
	EXPENDITURE		Accounting/	Banking				<b>=</b>		de of Texas. Cor officeholder livin		ule T.
								Bank Fees	, 1,	onicendider livin	ig expense	
								Dank i ccs				
_	Complete ONII V if direct	<u> </u>	Candidata/Offic	abaldar nama	Office	0.001101	ht			Office h	old	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enoluer name	Office	e sougl	nι			Office h	ieia	
	·	_										
	Date		Payee name									
	02/28/2025		Frost Bank									
	Amount (\$)		Payee addres	s; City;	State; Zi	p Code	е					
	\$10.00		23701 Cinco	Ranch Blvd., S	Suite 100							
			Katy, TX 77	194								
	PURPOSE	(2)	-			10	h)	Description				
	OF	(a)		e Categories listed at th	e top of this schedule	•) ["	IJ,	Description  Check if travel of	outsi	de of Texas. Cor	nolete Sched	ule T.
	EXPENDITURE		Accounting/	Danking				<b>=</b>		officeholder livin		
								Bank Fees				
	Complete ONLY if direct		Candidate/Offic	eholder name	Office	e sough	ht			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date	Г	Payee name									
	03/31/2025		Frost Bank									
	Amount (\$)		Payee addres	s; City;	State; Zi	n Code						
	\$10.00		,	ns, City, D Ranch Blvd., S		p Cou	е					
	Φ10.00		23701 CITIC	Ranch bivu., S	buile 100							
			Katy, TX 77	494		_						
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule	<sub>:)</sub> (I	b)	Description				
	OF EXPENDITURE		Accounting/	Banking						de of Texas. Cor		ule T.
								<b>—</b>	, TX,	officeholder livin	ig expense	
								Bank Fees				
	Operation ON V. V. V.	<u>L</u>	0	- In a laborary	200		1-4			C''' '	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenoider name	Office	e sough	nt			Office h	ieia	
		-										

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment			_egal Services		aries/Wa		Contract Labor		OTHER (enter a	strict a category not listed above)	
				The Instruction Gu	ide explains how	to com	ple	te this form.				
1	Total pages Schedule F1:	2 F	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 3/11 Rpt: 8/16	/	Armenta, Be	n (Mr.)						00085686		
4	Date	5 F	Payee name									
	04/30/2025		Frost Bank									
6	Amount (\$)	7 F	Payee addres	s; City;	State; Zi	p Cod	<u>е</u>					
	\$10.00	l		Ranch Blvd., S	•	•						
	,			, ,								
		۱ ا	Katy, TX 774	10.4								
Ļ		├	-			1						
8	PURPOSE OF			e Categories listed at th	e top of this schedule	) (	b)	Description		d4.T O	oulete Cobe dule T	
	EXPENDITURE	*	Accounting/E	Banking				<b>=</b>		officeholder livin	nplete Schedule T.	
								Bank Fees	, .,,,	omoonoladi nviii	g oxponed	
9	Complete ONLY if direct	l Cá	andidate/Offic	eholder name	Offic	e sougl	ht			Office h	eld	
	expenditure to benefit C/OI					3						
H	Date	Γ,	Payee name									
	05/30/2025	l	Frost Bank									
┡		_		- C't- ::	04-4 7	- O-d	_					
	Amount (\$)	l	Payee addres	•	State; Zi	p Cou	е					
	\$10.00	4	23701 CITICO	Ranch Blvd., S	buile 100							
		١.										
L		<u> </u>	Katy, TX 774	194								
	PURPOSE OF	(a) (	Category (See	e Categories listed at th	e top of this schedule	(I	b)	Description				
	EXPENDITURE	/	Accounting/E	Banking				<u>=</u>			nplete Schedule T.	
								Lank Fees	, 1,,	officeholder living	y expense	
								Barik i 000				
⊢	Complete ONLY if direct	l Cá	andidate/Offic	eholder name	Office	l e sougl	ht			Office h	eld	
	expenditure to benefit C/O		a. ra. a a. c. , •	onorder name	· · · · · ·	o ooag.				J5	0.0	
⊨	Data	Ε.										
	Date 06/30/2025	l	Payee name									
L			Frost Bank									
	Amount (\$)	ı	Payee addres	•	State; Zi	p Cod	е					
	\$10.00	2	23701 Cinco	Ranch Blvd., S	Suite 100							
L		ŀ	Caty, TX 774	194								
	PURPOSE	(a) (	Category (Se	e Categories listed at th	e top of this schedule	) (1	b)	Description				
	OF EXPENDITURE	/	Accounting/E	Banking				<b>=</b>			nplete Schedule T.	
								Bank Fees	, ιλ,	officeholder living	g expense	
								Daille 1 CCS				
$\vdash$	Complete ONLY if direct		andidate/Offic	eholder name	Office	e sougl	ht			Office h	eld	
	expenditure to benefit C/O		a lalaate/OIIIC	CHOIGE HAITE	Onic	o oouyi	ııı			Onice II	Ciu	
$\vdash$												
l												

#### 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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orther a extension and 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: 4/11 Rpt: 9/16	Armenta, Ben (Mr.) 00085686
4	Date	5 Payee name
	06/11/2025	GoDaddy.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$84.32	2155 E. GoDaddy Way
		Tempe, AZ 85284
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
		Website Hosting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	04/16/2025	Greater Houston Pachyderm Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	3755 Richmond Avenue
		Houston, TX 77046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/01/2025	Intuit, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.31	2800 E. Commerce Center Place
		Tucson, AZ 85706
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		Software
	Complete ONU V if alice	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Contributions/ Donations Made By -

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials 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: 5/11 Rpt: 10/16	Armenta, Ben (Mr.) 00085686
4	Date	5 Payee name
	02/02/2025	Intuit, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.31	2800 E. Commerce Center Place
L		Tucson, AZ 85706
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  Software
		Soliward
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	the state of the s
⊨	5.	
	Date	Payee name
	03/03/2025	Intuit, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.31	2800 E. Commerce Center Place
		Tucson, AZ 85706
	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  Software
		Soliware
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	04/02/2025	Intuit, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.31	2800 E. Commerce Center Place
		Tucson, AZ 85706
	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
		Software
$\vdash$	Computate ONU V # stiller	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

#### 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	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: 6/11 Rpt: 11/16	Armenta, Ben (Mr.) 00085686
4	Date	5 Payee name
	05/02/2025	Intuit, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.31	2800 E. Commerce Center Place
L		Tucson, AZ 85706
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  Software
		Soliward
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	06/02/2025	Intuit, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.31	2800 E. Commerce Center Place
		Tucson, AZ 85706
	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  Software
		Soliware
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	01/12/2025	Microsoft
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.20	One Microsoft Way
		Redmond, WA 98052
	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
1		Software
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

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		ot listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics	Commission Filers)
	Sch: 7/11 Rpt: 12/16	Armenta, Ben (Mr.) 00085686	
4	Date	5 Payee name	
	02/10/2025	Microsoft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$19.20	One Microsoft Way	
		Redmond, WA 98052	
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 Sche Check if Austin, TX, officeholder living expense	dule T.
		Software	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	03/12/2025	Microsoft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.20	One Microsoft Way	
		Redmond, WA 98052	
	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 Sche	dule 1.
		Software	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	DH .	
	Date	Payee name	
	04/14/2025	Microsoft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.20	One Microsoft Way	
		Redmond, WA 98052	
	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 Sche	dule T.
		Check if Austin, TX, officeholder living expense  Software	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	DH .	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		sted above)	
	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Co.	nmission Filers)	
	Sch: 8/11 Rpt: 13/16	Armenta, Ben (Mr.) 00085686		
4	Date	5 Payee name		
	05/12/2025	Microsoft		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$19.20	One Microsoft Way		
		Redmond, WA 98052		
8	PURPOSE			
o	OF	(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	т.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		Software		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O	DH		
	Date	Payee name		
	06/12/2025	Microsoft		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$19.20	One Microsoft Way		
		Redmond, WA 98052		
	PURPOSE	In .		
	OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense	т.	
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule  Check if Austin, TX, officeholder living expense		
		Software		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				
	Date	Payee name		
	02/24/2025	Republican Women's Club of Katy		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$34.00			
		Katy, TX 77494		
	PURPOSE			
	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule	т.	
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense		
		Contribution		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH				

#### 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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

ent Solicitation/Fundraising Expense
se 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: 9/11 Rpt: 14/16	Armenta, Ben (Mr.) 00085686			
4	Date	5 Payee name			
	05/19/2025	UPS Store			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$105.00	23501 Cinco Ranch Blvd. H120			
		Katy, TX 77494			
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 Office Supplies			
		Office Supplies			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			
$\vdash$	Data	Davies same			
	Date	Payee name			
	02/19/2025	Walker Glantz			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$105.06	500 W 2nd Street, 19th Floor			
		Austin, TX 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  Software			
		Soliward			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			
_	Date	Payee name			
	01/05/2025	Wix			
_					
	Amount (\$)				
	\$36.46	2601 Mission St., Ste. 300			
		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			
$\vdash$	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH				

#### 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

t/Reimbursement

(Rental 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: 10/11 Rpt: 15/16	Armenta, Ben (Mr.) 00085686			
4	Date	5 Payee name			
	02/05/2025	Wix			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$36.80	2601 Mission St., Ste. 300			
		San Francisco, TX 94110			
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			
		Trosone riceanig			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
<b>—</b>	Date	Power name			
	03/06/2025	Payee name Wix			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$36.80	2601 Mission St., Ste. 300			
		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			
		The state of the s			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
$\vdash$	Date	Payee name			
	04/07/2025	Wix			
	Amount (\$)				
	\$38.97	2601 Mission St., Ste. 300			
		Con Francisco TV 04440			
		San Francisco, TX 94110			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxon Complete Schedule T			
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Website Hosting			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH				

#### 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	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: 11/11 Rpt: 16/16	Armenta, Ben (Mr.) 00085686
4	Date	5 Payee name
	05/06/2025	Wix
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.97	2601 Mission St., Ste. 300
		San Francisco, TX 94110
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Website Hosting
		Website Hosting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
⊨	Date	Power name
		Payee name
	06/06/2025	Wix
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.97	2601 Mission St., Ste. 300
		San Francisco, TX 94110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		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	
$\vdash$		