

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID ( Ethics Commission Files)

2 Total pages filed: **7**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

9 REPORT TYPE

- January 15 |  30th day before election |  Runoff |  15th day after campaign treasurer appointment (Officerholder Only)
- July 15 |  8th day before election |  Extended/Modified Reporting Limit |  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year

12 / 08 / 2023 THROUGH 01 / 15 / 2024

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year  Primary |  Runoff |  Other Description

3 / 5 / 24 |  General |  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SEARCHED (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *IF SE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES*

COMMITTEE TYPE	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> GENERAL				
<input type="checkbox"/> SPECIFIC				

Additional Pages

## OFFICE USE ONLY

Date Received

WILLACY COUNTY  
DEPARTMENT OF ELECTIONS

JAN 12 2024

Date Handled RECEIVED BY *[Signature]* / Marked

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

*BEN VERA*

16 (for ID) (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

*10,000.00*

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

*10,000.00*

4. TOTAL POLITICAL EXPENDITURES

\$

*10,000.00*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

*ϕ*

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 SIGNATURE

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by

this the \_\_\_\_\_ day of \_\_\_\_\_

20\_\_\_\_\_, to certify which, witness my hand and seal of office

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is

*Ben Vera*

My address is

*Po Box 105*

(street)

Executed in

*Willacy*

County, State of

*TEXAS*

and my date of birth is

*09.11.1971*

*Lyford*

(city)

*Texas*

(state)

*78569*

(zip code)

*Willacy*

(country)

Executed on the

*12<sup>th</sup>*

day of

*JANUARY*

(month)

*2021*

(year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*Ben Vera*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1 <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>10,000.00</i>
2 <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3 <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4 <input type="checkbox"/> SCHEDULE C: LOANS	\$
5 <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>10,000.00</i>
6 <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7 <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8 <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9 <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10 <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11 <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12 <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

2 FILER NAME:

*BEN VERA*

1 Total pages Schedule A1:

3 Filer ID (Ethics Commission Filers)

4 Date

*12.21.2024*

5 Full name of contributor

*Nicole Ortiz*

[ ] out of state PAC ID#

7 Amount of contribution (\$)

*\$10,000.00*

6 Contributor address;

City;

State;

Zip Code

*1622 Henderson st. Halaji Texas 78550*

8 Principal occupation / Job title (See Instructions)

*Self employed*

9 Employer (See Instructions)

Date

Full name of contributor

[ ] out of state PAC ID#

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

[ ] out of state PAC ID#

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

[ ] out of state PAC ID#

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

<b>2</b> FILER NAME		<b>1</b> Total pages Schedule A2	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>5</b> Date	<b>6</b> Full name of contributor     out of state PAC (if#	<b>8</b> Amount of Contribution \$	<b>9</b> In kind contribution description
<b>7</b> Contributor address; City; State; Zip Code		(Check if travel outside of Texas. Complete Schedule E.)	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See Instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor     out of state PAC (if#	Amount of Contribution \$	In kind contribution description
Contributor address; City; State; Zip Code		(Check if travel outside of Texas. Complete Schedule E.)	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

2 FILER NAME:

1 Total pages Schedule B

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor [ ] out-of-state PAC ID#

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City, State, Zip Code

[ ] Check if travel outside of Texas. Complete Schedule I

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor [ ] out-of-state PAC ID#

Amount of Pledge \$

In-kind contribution description

Pledgor address; City, State, Zip Code

[ ] Check if travel outside of Texas. Complete Schedule I

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor [ ] out-of-state PAC ID#

Amount of Pledge \$

In-kind contribution description

Pledgor address; City, State, Zip Code

[ ] Check if travel outside of Texas. Complete Schedule I

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor [ ] out-of-state PAC ID#

Amount of Pledge \$

In-kind contribution description

Pledgor address; City, State, Zip Code

[ ] Check if travel outside of Texas. Complete Schedule I

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS

# SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

<b>2 FILER NAME</b>		<b>1</b> Total pages Schedule E.
<b>4 TOTAL OF UNITEMIZED LOANS</b>		<b>3</b> Filer ID (Ethics Commission Filers)
		\$
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out of state PAC (ID# _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution? Y N	<b>8</b> Lender address; City, State, Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> none		<b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
		<b>18</b> Guarantor address; City, State, Zip Code
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out of state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City, State, Zip Code	Interest rate
		Maturity date
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Description of Collateral</b> <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>GUARANTOR INFORMATION</b> <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
		<b>Guarantor address; City, State, Zip Code</b>
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Travel Expense                | Local Repayment/Reimbursement  | Solicitation/Undersigning Expense          |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation/Equipment & Related Expense |
| Consulting Expense                         | Fuel/Bovarium Expense         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (outside category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **1**      2 OFFICER NAME: **BEN VERA**      3 Filer ID (Ethics Commission Filers)

4 Date: **12.10.2023**      5 Payee name: **ENVY DESIGNS**

6 Amount (\$): **\$5,260.95**      7 Payee address: **544 S. 7th street**      City: **Raymondville, Texas**      State:      Zip Code: **78580**

8 PURPOSE OF EXPENDITURE: **Printing Expense**      (a) Category (See Categories listed at the top of this schedule)      (b) Description: **Signs, Labor logos material**

9 Complete ONLY if direct expenditure to benefit C/OH: **Candidate / Officeholder name**      Office sought      Office held

Date: **12.15.2024**      Payee name: **ENVY DESIGNS**

Amount (\$): **2,190.00**      Payee address: **544 S. 7th Street**      City: **Raymondville, Texas**      State:      Zip Code: **78580**

PURPOSE OF EXPENDITURE: **Gifts**      Category (See Categories listed at the top of this schedule)      Description: **Lesson engraved memoets -touch**

Complete ONLY if direct expenditure to benefit C/OH: **Candidate / Officeholder name**      Office sought      Office held

Date: **12.09.2024**      Payee name: **Discover Card Visa Card**

Amount (\$): **2,549.05**      Payee address: **Discover Card Visa Card**      City:      State:      Zip Code:

PURPOSE OF EXPENDITURE: **Transportation equipment Related Travel in District**      Category (See Categories listed at the top of this schedule)      Description: **Fuel Expense**

Complete ONLY if direct expenditure to benefit C/OH: **Candidate / Officeholder name**      Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Endorsing Expense
Accounting/Bookkeeping	Fees	Office Expenses/Supplies Expense	Transportation/Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorabilia Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officer/holder/Political Committee	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2 | 2 FILER NAME: | 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$

5 Date | 6 Payee name  
 7 Amount (\$) | 8 Payee address, City, State, Zip Code

9 TYPE OF EXPENDITURE |  Political |  Non-Political

10 PURPOSE OF EXPENDITURE  
 (a) Category (See Categories listed at the top of this schedule) | (b) Description  
 (c)  Check if travel outside of Texas. Complete Schedule F |  Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit COH | Candidate / Officer/holder name | Office sought | Office held

Date | Payee name  
 Amount (\$) | Payee address, City, State, Zip Code

TYPE OF EXPENDITURE |  Political |  Non-Political

PURPOSE OF EXPENDITURE  
 Category (See Categories listed at the top of this schedule) | Description  
 Check if travel outside of Texas. Complete Schedule F |  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit COH | Candidate / Officer/holder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

- 1 Total pages Schedule F3
- 3 Filer ID (Ethics Commission Filers)

2 FILER NAME

4 Date

5 Name of person from whom investment is purchased

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

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Self-Retail/Marketing Expense
Accounting/Banking	Fees	Office Overhead/Retail Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (unless a category is listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4  <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD  <b>5</b> Date 12.9.24 - 1.12.2024 <b>7</b> Amount (\$) 1,274.53 <b>9</b> TYPE OF EXPENDITURE  <b>10</b> PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Transportation (b) Description Travel (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX officeholder living expense	<b>2</b> FILER NAME Ben Vera  <b>6</b> Payee name Discover Card  <b>8</b> Payee address; PO Box 6103, #2 Carol Stream Illinois 60197-6103  City, State, Zip Code  <b>11</b> Candidate / Officeholder name Ben Vera Office sought Sheriff Office held Constable  Date 12.9.24 - 1.12.24 Amount (\$) 1,274.52 <b>9</b> TYPE OF EXPENDITURE  <b>10</b> PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Transportation (b) Description Travel (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX officeholder living expense Candidate / Officeholder name Office sought Office held	<b>3</b> Filer ID (Ethics Commission Filers)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Travel Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorabilia Expense  
Legal Services

Equipment/Replacement  
Office Overhead/Related Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Self-Insured Indemnity Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME:	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address, City, State, Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended	<b>8 (a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
<b>PURPOSE OF EXPENDITURE</b>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I Candidate / Officer/holder name	<input type="checkbox"/> Check if Austin, TX, officer/holder living expense Office sought Office held
<b>9</b> Complete ONLY if direct expenditure to benefit COH	Date	Payee name
Amount (\$)	Payee address, City, State, Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended	<b>PURPOSE OF EXPENDITURE</b>	
Complete ONLY if direct expenditure to benefit COH	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I Candidate / Officer/holder name	<input type="checkbox"/> Check if Austin, TX, officer/holder living expense Office sought Office held
Date	Payee name	
Amount (\$)	Payee address, City, State, Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended	<b>PURPOSE OF EXPENDITURE</b>	
Complete ONLY if direct expenditure to benefit COH	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I Candidate / Officer/holder name	<input type="checkbox"/> Check if Austin, TX, officer/holder living expense Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                  |  |
|--|-------------------------------|----------------------------------|--|
| Advertising Expense                          | Event Expense                 | Travel Expenses/Reimbursement    | Schedule of Fundraising Expense            |
| Accounting/Banking                           | Fees                          | Office Overhead/Contract Expense | Transportation Equipment & Related Expense |
| Consulting Expense                           | Fund/Convention Expense       | Printing Expense                 | Travel In District                         |
| Contributions/Donations Made By              | Gift/Waiver/Memorials Expense | Schedule/Waiver/Contract Labor   | Travel Out Of District                     |
| Candidate/Officer/holder/Staff of Commission | Legal Services                |                                  | Other (enter a category not listed above)  |
| Credit Card Payment                          |                               |                                  |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1  
2 FILER NAME: Ben Veera  
3 Filer ID: (Filers Commission Filers)

4 Date: 12.10.24  
5 Business name: Envy Designs  
6 Amount (\$): \$5,260.95  
7 Business address: 544 South 7th St., Raymondville, Texas 78580  
City, State, Zip Code

8 PURPOSE OF EXPENDITURE: Printing expense  
(a) Category (See Categories listed at the top of this schedule)  
(b) Description: Sign, logo material  
(c)  Check if travel outside of Texas. Complete Schedule I.  Check if Austin, TX, officer/holder living expense.

9 Complete ONLY if direct expenditure to benefit C/OH  
Candidate / Officer/holder name: Ben Veera  
Office sought: Sheriff  
Office held: Constable  
Date:  
Business name: Envy Designs  
Amount (\$): \$2,190.00  
Business address: 544 South 7th St., Rayville, Texas 78580  
City, State, Zip Code

PURPOSE OF EXPENDITURE: Gift/Awards/Memorials Expense  
(a) Category (See Categories listed at the top of this schedule)  
(b) Description: Laser engraved awards  
(c)  Check if travel outside of Texas. Complete Schedule I.  Check if Austin, TX, officer/holder living expense.

Complete ONLY if direct expenditure to benefit C/OH  
Candidate / Officer/holder name:  
Office sought:  
Office held:  
Date:  
Business name:  
Amount (\$):  
Business address:  
City, State, Zip Code

PURPOSE OF EXPENDITURE:  
(a) Category (See Categories listed at the top of this schedule)  
(b) Description:  
(c)  Check if travel outside of Texas. Complete Schedule I.  Check if Austin, TX, officer/holder living expense.

Complete ONLY if direct expenditure to benefit C/OH  
Candidate / Officer/holder name:  
Office sought:  
Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME:	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date	<b>5</b> Payee name			
<b>6</b> Amount (\$)	<b>7</b> Payee address,	City	State	Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address,	City	State	Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address,	City	State	Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address,	City	State	Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address,	City	State	Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE K

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
6 Address of person from whom amount is received; City, State, Zip Code		
7 Purpose for which amount is received     Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City, State, Zip Code		
Purpose for which amount is received     Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City, State, Zip Code		
Purpose for which amount is received     Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City, State, Zip Code		
Purpose for which amount is received     Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

**SCHEDULE T**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payor

5 Contribution / Expenditure reported on:

Schedule A?   
  Schedule B   
  Schedule B(J)   
  Schedule C?   
  Schedule D   
  Schedule E?   
  Schedule F?   
  Schedule F-4   
  Schedule G   
  Schedule H   
  Schedule GOFFUC   
  Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payor

Contribution / Expenditure reported on:

Schedule A?   
  Schedule B   
  Schedule B(J)   
  Schedule C?   
  Schedule D   
  Schedule E?   
  Schedule F?   
  Schedule F-4   
  Schedule G   
  Schedule H   
  Schedule GOFFUC   
  Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payor

Contribution / Expenditure reported on:

Schedule A?   
  Schedule B   
  Schedule B(J)   
  Schedule C?   
  Schedule D   
  Schedule E?   
  Schedule F?   
  Schedule F-4   
  Schedule G   
  Schedule H   
  Schedule GOFFUC   
  Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\***

**1 C/OH NAME**

**2 Filer ID ( Ethics Commission Filers)**

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

**\*\* Complete A & B below only if you are not an officeholder. \*\***

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

**5 OFFICEHOLDER**

**\*\* Complete this section only if you are an officeholder \*\***

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder