CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR SOFice NICKNAME LAST	MI SUFFIX	OFFICE MARION OF ELECTIONS Date Received AHTIMENT OF ELECTIONS VOTER REGISTRATION	
	Denavides		JAN 1 4 2015	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / POBOX; APT/SUITE#; CITY; 4090 Retama Dr.	STATE; ZIP CODE	PECEIVED Date Hand-delivered or Postmaked	
change of address	Browns VIlle, Texas	10521	Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR DY. Buben NICKNAME Gallegus	MI 	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE): APTISUITE#, 5220 Wilderness Browns ville, TX	,	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 504-3365	EXTENSION		
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH	Morith Day 12/31/	Year / 2014	
11 ELECTION	ELECTION DATE Month Day Year Primary	Runoff	General Special	
12 OFFICE	Commissioner Precinet 1	13 OFFICE SOUGHT (If known		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

(512) 463-5800

14 C/OH NAME		1	5 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	DE BY POLITICAL COMMITTEES TO SUPPORT THE IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
additional pages	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	\$ 9.005.10		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,00000		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$7537.07				
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 4.468.08			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
	M ATARCIA M NOTARY State of Comm. Exp.	is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by Mului didate or Officeholder		
Sworn to and subs		me, by the said <u>Sofia (Bengvid</u>	/		
Palua lata	of Janua	Patricia Matamoros	ny hand and seal of office.		
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of officer administering oath		

P.O. Box 12070

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME Sofia C. Benavide	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#:	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
5/14/ HNTB Holdings LTD 6 Contributor address; City; State; Zip Code	1,000 00
9 Principal occupation / Job title (See Instructions) 10 Er	0 6405 (If travel outside of Texas, complete Schedule T)
Date Full name of contributor out-of-state PAC (ID#	Pany Amount of In-kind contribution description (if applicable)
[[9],,/]	2,000
5420 LBJ Freeway Ste 1355,	Dallas, TX (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) [Er	nployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)	nployer (See Instructions)
Date Full name of contributor ☐ out-of-state PAC (ID#:	
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Er	(If travel outside of Texas, complete Schedule T) mployer (See Instructions)
Date Full name of contributor ☐ out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) mployer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS If contributor is out-of-state PAC, please see instruction	

	PLEDG	ED CONTRIBUTIONS			SCHEDULE B
	The	Instruction Guide explains how to complete thi	s form.	1 Total pages Scho	edule B:
2	FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
4	TOTA	AL OF UNITEMIZED PLEDGES:	$\Rightarrow \Rightarrow \Rightarrow$	<u>.</u> ⇒ ⇒	\$
5	Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
		7 Pledgor address; City; State; Zip Code	•	(If travel outside o	 - pf Texas, complete Schedule T)
10	Principal occup	pation / Job title (See Instructions)	11 Employer (See I	<u> </u>	Texas, complete delication 17
	Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code)		
	Principal occup	pation / Job title (See Instructions)	Employer (See I	L	of Texas, complete Schedule T)
				<u> </u>	
	Date	Full name of pledgor out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code	,		
				<u> </u>	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See II	nstructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code			
			I	<u> </u>	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code			
				(If travel outside o	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See II	nstructions)	
	lf c	ATTACH ADDITIONAL COPIES (ontributor is out-of-state PAC, please see instr			requirements.

(512) 463-5800

Loan Repayment/Reimbursement

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this	Contributions/Donatio Candidate/Officeh OTHER (enter a cate	nent & Related Expense
1 Total pages Schedule F:	2 FILER NAMES OF I a	C. Benavides	I	(Ethics Commission Filers)
4 Date 7/1/14	5 Payee name Terry Rey	ina		
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code		
10000	955 Alta Mesa,	Brownsville, Tr	X 78520	
8 PURPOSE OF	(a) Category (See categories listed at the to	p of this schedule) (b) Description	on (If travel outside of Texas,	complete Schedule T)
EXPENDITURE	Donation			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	ght	Office held
Date 7-2-14	Payee name Templo	Nueva Vida		
Amount (\$)	Payee address; dity; St	ate; Zip Code		
2400	1727 Stanford	Brownsville,	TX 78520)
PURPOSE OF	Category (See categories listed at the top	' '	on (If travel outside of Texas, o	complete Schedule T)
EXPENDITURE	Donation	:		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name PH	Office sou	ght	Office held
Date 7-5-2014	Payee name Desera	y Vasquez		
Amount (\$)	Payee address; City; St	até; Zip Code /		
100 00	1711 Laurel Lan	e, Brownsville		2-6
PURPOSE OF	Category (See categories listed at the to	p of this schedule) Description	On (If travel outside of Texas,	complete Schedule 1)
EXPENDITURE	Donation			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	ight	Office held
Date 7-5-14	Payee name P. 22a	Hut		
Amount (\$)	Payee address; City; St	ate; Zip Code		
155.74	1830 Central 1	Blud., Browns	ville. TX	78520
PURPOSE OF	Category (See categories listed at the to	p of this schedule) Description	on (if travel outside of Texas,	complete Schedule T)
EXPENDITURE	tood / beverage	Mee	MAG	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	e Office sou	ught	Office held
	ATTACH ADDITIONAL O	COPIES OF THIS SCHEDULE	AS NEEDED	

Loan Repayment/Reimbursement

Gift/Awards/Memorials Expense

Advertising Expense

POLITICAL EXPENDITURES

SCHEDULE F

(TDD 1-800-735-2989)

Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundraising Travel In District	•	insportation Equipme ntributions/Donations	nt & Related Expense Made Bv
Event Expense	Polling Expense	Travel Out Of District		Candidate/Officehold	ler/Political Committee
Fees	Printing Expense	Office Overhead/Rental	•	HER (enter a catego	ry not listed above)
		de explains how to com	plete this form.		
1 Total pages Schedule F:	2 FILER NAME	1 Range	des	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Paye@name	C. Deliavi			
7-10-14	Panaderia	El Can	lino		
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
2700	2704 8. Pric	e Browns v	ille T	(7852	0
8 PURPOSE	(a) Category (See categories listed at the	top of this schedule) (b)	Description (If tra	avel outside of Texas, con	nplete Schedule T)
OF EXPENDITURE	event Expens	e	Sweet	Bread	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder nam H	ne	Office sought		Office held
Date 17-8-14	Payee name NAL	ED Educ	ation	rai.	
Amount (\$)	Payee address; City;	State; Zip Code			
10000	1314 Texas Ave,	Ste 410, He	ous ton	Texas	77002
PURPOSE OF	Category (See categories listed at the	top of this schedule)	Description (If tra	avel outside of Texas, con	nplete Schedule T)
EXPENDITURE	Membership fre	2	1embers	hip fees	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officenolder nam H	ie	Office sought	1 '	Office held
Date 7-14-14	Payee name AT \$	· ************************************			
Amount (\$)	Payee address; City; S	State; Zip Code			
168.10	1900 N. Express		sville,		16
PURPOSE	Category (See categories listed at the			avel outside of Texas, cor	nplete Schedule T)
OF EXPENDITURE	Cell Service				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder nam H	ne	Office sought		Office held
Date 7-21-14	Payee name EVELOR	Dale			
Amount (\$)	Payee address; City;	State; Zip Code			
2000	2314 Haciend		en.TX	78550	
PURPOSE	Category (See categories listed at the	top of this schedule)	Description (If tr	avel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	Consulting Ex	sense			
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Offieeholder nak OH	ne	Office sought		Office held
	ATTACH ADDITIONAL	COPIES OF THIS SCH	EDULE AS NE	EDED	

Austin, Texas 78711-2070

EXPENDITURE CATEGORIES FOR BOX 8(a)

Salaries/Wages/Contract Labor

P.O. Box 12070

SCHEDULE F

	EYDENDITUDE	CATEGORIES	FOR BOY 8/a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		_oan Repayment/R	Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundral		, -	ipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	- '	Contributions/Dona	· ·
Event Expense	Polling Expense	Travel Out Of Dist			eholder/Political Committee
Fees	Printing Expense	Office Overhead/R	ental Expense	OTHER (enter a ca	ategory not listed above)
	The Instruction Guide	explains how to	complete this for	m.	
1 Total pages Schedule F:	2 FILER NAME (10	4	3 ACCOUNT	# (Ethics Commission Filers)
30/17	Jotia!	. Bena	vides		
4 Date V	5 Payee name	1.			
1-21-14	Maria	CISner	05		
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code			
20002	Sail A.	2	11 -	TV 70	52/
UVU	277 GURYAVA	, Brown		1 / 1	
8 PURPOSE	(a) Category (See categories (sted at the top	o of this schedule)	(b) Description (I	f travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Memorial Exp.	enses	Donas	HON	
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/O					
Date , ,	Payee name	111			
7-28-14	Dirtu	H15			İ
Amount (\$)	Payee address; City; St	ate; Zip Code			
1. 1. 11		A		with.	^ ·
104.41	33396 State	Park Ro	ad 100;	South 1	Padre Fsland
PURPOSE	Category (See categories listed at the top	o of this schedule)	Description '(I	f travel outside of Texa	is, complete Schedule T) ا
OF EXPENDITURE	Good Boverage		meeh	na	785
	Candidate / Officeholder/hame		Office sought	100	Office held
Complete ONLY if direct expenditure to benefit C/O			Cance adught		Gillion Hold
F		A			
Date	Payee name	// 1	Ai.	/	
7-30-14	Juan	Carlos	Hlvara	10	
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
7-100		(D) (1)		;	11
12.	2500 E. Price	Kd. Ste	= 300 . P	rau)ns V	111e 11 X 785d
PURPOSE	Category (See categories listed at the top				s, complete Schedule T)
OF	D. 1.		Real	11 10-	2/1
EXPENDITURE	Donation		Dusena	11 tea	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held
Date ,	Payee name	Λ			
8-6-14	Hermin	via Be	cerra		
Amount (\$)	Payee address; City; St	ate; Zip Code	-		
5 n 00		α : $1 \cdot \alpha$	n	11	. — 12 — 21
JU	114 Western b	31 vd. B.	ruwn5VI	11e, 1X	18521
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (If travel outside of Texa	as, complete Schedule T)
OF	I Day I ha				
EXPENDITURE	Donation			_	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office held

Office sought

Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F

	EXPENDITURI	E CATEGORIES FOR BOX 8(a	a)
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District Travel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense Fees	Poliing Expense Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
1 663	- :	le explains how to complete this fo	•
1 Total pages Schedule F:	2 FILER NAME	10	3 ACCOUNT # (Ethics Commission Filers)
4 19 17	SAFIR	(Benavides	
4 Date	5 Payee name	C. Denapron J	
8 -17 -14	HTIT		
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code	
3 / (4)	, , , , , , , , , , , , , , , , , , , ,		
172 15	1000 10 6	Barrey	11 TX 70000
113,00	1900 1. CXPre	55 Way, Drowns VI	112,11 10520
8 PURPOSE	(a) Category (See categories listed at the to	op of this schedule) (b) Description	1(if travel outside of Texas, complete Schedule Y)
OF EXPENDITURE	Cell Service	_	
9 Complete ONLY if direct	Candidate / Officeholder name	e Office soug	ht Office held
expenditure to benefit C/O	Н		
	- Paula Paula	<i>A</i> :	
Date _ // 1 / 4	Payee name 5a M s	$\leq l' l l \cdot h$	
8-14-11			
Amount (\$)	Payee address; City; S	State; Zip Code	
110 10			11
168.01	[337/) W. FM 3.	248. <i>Browns</i> vi	11P. 1X 18526
PURPOSE	Category (See categories listed at the to	op of this schedule) Description	(If travel outside of Texas, complete Schedule T)
OF	Guart Guara	\mathcal{R}_{i}	Alle Calach Dad
EXPENDITURE	event expens	e INIPPON	Catting Spiash race
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeho f der name	e Office soug	ht / Office held
expenditure to beliefit 6/0	71		
Date	Payee name	// /	
8-19-14)am5	(Iub)	
Amount (\$)	Payee address; City; S	itate; Zip Code	
- 01	_		
343 21	2270 W TU2	VIO ROME WILL	70571
910	23 10 W. FMJ2	48, DIOWNSVILLE	, 1exas 18226
PURPOSE	Category (See categories listed at the t	op of this schedule) Description	i (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Demor	cot Kally
Complete ONLY if direct	Candidate / Officeholder name		ht Office held
expenditure to benefit C/C	•		
Date (1)	Payee name	tackarlas	6
8-15-14	20116	e recondida	1
Amount (\$)	Payee address; City; S	State; Zip Code	<i>l</i>
LAAAA		1	
10304	7200 Bonham	. Brownsville, T	18521
PURPOSE	Category (See categories listed at the t		(If travel outside of Texas, complete Schedule T)
OF	Aduaktania 6	Association Kan	
EXPENDITURE	ITAVEITISING (X	perse 1241	ner
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder nam OH	d Office soug	ght Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Advertising Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel Out Of District Event Expense Polling Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Total pages Schedule F: 5 Payee name 7 Payee address; City; State; Zip Code (a) OF **EXPENDITURE** Wage expense Candidate, / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name OF **EXPENDITURE** Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Description (If travel outside of Texas, complete Schedule T) **PURPOSE EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Payee address; Zip Code State; Description (If travel outside of Texas, complete Schedule T) PURPOSE OF **EXPENDITURE**

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Office held

Office sought

Complete ONLY if direct expenditure to benefit C/OH

Austin, Texas 78711-2070

POLITICAL EXPENDITURES

Texas Ethics Commission

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labo Solicitation/Fundraising Expen- Travel In District Travel Out Of District Office Overhead/Rental Expen- e explains how to complete to	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAMES Sofia	C. Benavid	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9 - 14	5 Payee name Magal	e Gonzale	
6 Amount (\$)	7 Payee address; Jity/St	ate; Zip Code	
4004	164 Kennedy	Brownsville	TX 78521
8 PURPOSE OF	(a) Category (See categories listed at the to	p of this schedule) (b) Desc	iption (If travel outside of Texas, complete Schedule T) f f
EXPENDITURE	Donation	Dia	betes awareness
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office	sought Office held
Date 9-22-14	Payee name Hill	Garden I	nn
Amount (\$)	Payee address; City; S	tate; Zip Code	
10000	710 Padre Blud.	South Padre	Island, TX 78597
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule) Desc	ription (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	/ Office	sought / Office held
9-23-14	Payee name (AM ero)	County D.	emocratie Party
Amount (\$)	Payee address; City; Si	ate; Zip Code [‡]	r.
10000		les, Brownsu	
PURPOSE OF	Category (See categories listed at the to	op of this schedule)	ription (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Candidate / Officeholder name) U(1)	sought Office held
Complete ONLY if direct expenditure to benefit C/O		- Office	
Date 9-23-14	Payee name David	Silva	
Amount (\$)	Payee address; City; S	tate; Zip Code	
6000	3908 Sally I	rive Brown	Sville, Texas 78521
PURPOSE	Category (See categories listed at the to	op of this schedule) Desc	ription (If travel outside of Texas, complete Schedule T)

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OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a)

(512) 463-5800

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this	Contributions/Donat Candidate/Office OTHER (enter a ca	pment & Related Expense
1 Total pages Schedule F:	2 FILER NAMES OFIA	Benavides	3 ACCOUNT	# (Ethics Commission Filers)
9-25-14	5 Payee name Browns	ville Heral	L	
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code		
11,25	1135 E. Van Bu	ren, Brownsville	· Texas	18520
8 PURPOSE OF EXPENDITURE	(a) Gategory (See categories listed at the top	p of this schedule) (b) Description	On (If travel outside of Texas	s, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	ght	Office held
Date /	Payee name /	7 70 0		
9-30-14	10e G	7. Nivera		
Amount (\$)	Payee address; City; St	ate; Zip Code		
6000	34 Langan B	rownsville, TX	78520	
PURPOSE	Category (See categories listed at the top	of this schedule) Description	on (If travel outside of Texas	s, complete Schedule T)
OF EXPENDITURE	Donation	,		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sou	ght	Office held
Date 10 - 8 - 14	Payee name A T			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
134.92	1900 M. Expres	sway, Brownski	lleTexa	5 78526
PURPOSE OF	Category (See categories listed at the top	p of this schedule) Description	On (If travel outside of Texas	s, complete Schedule T)
EXPENDITURE	Cell Service.			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sou	ght	Office held
Date	Payee name	Λ		
10-10-14	Lota	s (ate		
Amount (\$)	Payee address; City; St	ate; Zip Code ^¹		
57.58	2489 Bora Chi	ca. Brownsvill	e, Texas	78520
PURPOSE	Category (See categories listed at the to	p of this schedule) Description	on (If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	food Beverage	o Mee	tina	÷
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sou	ight J	Office held

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SCHEDULE F

(TDD 1-800-735-2989)

POLITICAL EXPENDITURES

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F:	2 FILER NAME Sofia C. Benavides 3 ACCOUNT # (Ethics Commission Filers)
4 Date V	5 Payee name Las Palmas Bakery
6 Amount (\$)	7 Payee address; City; State; Zip Code
28,65	1020 Palm Blud., Brownsville, TX 78520
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel cutside of Texas, complete Schedule T)
OF EXPENDITURE	Candidate Office holder name Office sought Office held
9 Complete ONLY if direct expenditure to benefit C/O	5 miles () mile
Date 10-14-14	Payee name Church's Fried Chicken
Amount (\$)	Payee address; City; State; Zip Code
90,33	2121 International Blvd. Brownsville, TX 78520
PURPOSE OF	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	tood Expanse.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Office holder name Office sought Office held
Date 10-14-14	Payee name Holy Family Catholic Church
Amount (\$)	Payee address; Clty; State; Zip Code
4504	2405 East Tyler, Brownsville, Texas 78520
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
	Candidate / Office holder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C	
Date 10-15-14	Payee name Delta Funeral Home
Amount (\$)	Payee address; City; State; Zip Code
40000	1300 E. Harrison, Brownsville, Texas 78520
PURPOSE OF	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Donation Funeral Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office held OH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

(512) 463-5800

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ising Expense rict	Contributions/Donati Candidate/Officel	ment & Related Expense
	The Instruction Guide	e explains how to	complete this fo		
1 Total pages Schedule F:	2 FILER NAME Sofa	C. Bena	vides	3 ACCOUNT#	(Ethics Commission Filers)
4 Date 10-20-14	5 Payee name Stap	les I	nc		
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code	, , , , , , , , , , , , , , , , , , , ,		
31.45	2436 Pablo Ki	sel Brow	ons Wills	e, Texas	78526
8 PURPOSE OF	(a) Sategory (See categories listed at the to	p of this schedule)	(b) Description	(If travel outside of Texas,	complete Schedule T)
EXPENDITURE	Printing Exp	ense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	•	Office soug	ht	Office held
Date 10-21-14	Payee name Sams	: Club) .		
Amount (\$)	Payee address; City; Si	tate; Zip Code			
308,98	3370 W; FM 3	248, Br	ownsvil	Le, Texas	78526
PURPOSE OF	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)
EXPENDITURE	Went Expe	15e	· ·		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office soug	ht	Office held
Date 10-22-14	Payee name Itali	a Exp	re55		
Amount (\$)	Payee address; City; St	ate; Zip Code ¹			
137.10	2350 N. Expres	Sway ,	Brown3	ville, TX	78526
PURPOSE OF	Category (See categories listed at the to	p of this schedule)	Description	1 (If travel outside of Texas	complete Schedule T)
EXPENDITURE	Went Expen	15e			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officehold å r name DH		Office soug	ht	Office held
Date 10-24-14	Payee name 5ams	Club			
Amount (\$)	Payee address; City; St	tate; Zip Code			
115.24	3370 W. FM	3248,1	3rowns,	ville, Tes	cas 78526
PURPOSE OF	Category (See categories listed at the to	op of this schedule)	Description	1 (If travel outside of Texas	complete Schedule T)
EXPENDITURE	Went Expense	<u>e</u>			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officen blder name		Office soug	ht	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

(512) 463-5800

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXCELENTINE	OATEOODIEO E	OB BOY 0/-)	4	
		CATEGORIES F	, ,		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Cont		an Repayment/Reiml	1
Accounting/Banking	Legal Services	Solicitation/Fundraisi			nt & Related Expense
Consulting Expense	Food/Beverage Expense	Travel in District		ntributions/Donations	s Made By der/Political Committee
Event Expense	Polling Expense	Travel Out Of District			
Fees	Printing Expense	Office Overhead/Rer	•	HER (enter a catego	ry not listed above)
	The Instruction Guide	explains how to co	mplete this form.		
1 Total pages Schedule F:	2 FILER NAME	11		3 ACCOUNT # (E	thics Commission Filers)
ไม่ดี ไก	Sot-la	1. Kona	111105		
1000		7 75114	VIOLES		
4 Date	5 Payee name	11 1000			
71)-JX -14	UVIAID	Cisner	<i>US</i>		
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code			
	_				
1220		10	1	~ ~	(
- <i>(()()</i>	Slobel Paso head	Brilling	111/18, 1€	2xas 186	221
e Bubbose	(a) Category (See categories listed at the top	of this schedule)	b) Description (It is	avel outside of Texas, con	nnlete Schedule T)
8 PURPOSE OF	(Caregory (ode satisforms inside at the top		7/	/	.,
EXPENDITURE	Yillat Yunen	C P	(00K	_	
	Candidate / Officeholder name) (Office sought		Office held
9 Complete ONLY if direct	= =		Office sought		Office field
expenditure to benefit C/O	I1				
Date	Payee name 1 1	, l	(T)		
1/0-200-11/	Hanton	10 10	KACA		
10-20-14	<u> </u>	ne 19	11030		
Amount (\$)	Payee address; City; St	ate; Zip Code			
1 11 100		10	11	-	70-11
$\sigma u u$	340'1 Jouthmos	5+ 108010	nsulle,	1 CKAS	18971
PURPOSE	Category (See categories listed at the top			avel outside of Texas, cor	nplete Schedule T)
OF	6.16		Much	t	
EXPENDITURE	CVent CX Pens.	C .	MUSIC	es.	
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	Н				
Date	Payee name	/ /			
10-28-14	Milari	o Usni	eros		
Amount (\$)	Payee address; City; Sta	ate: Zip Code			
Alloune (4)	r dyce dddrese, eity, eit	ato, cap oddo			
10004	· · · · ·	\circ	* /	w.	
1()()	1141 Lannin.	Krawash	11110,10	xas 780	r2l
() 0	21/2016	7		ravel outside of Texas, co	
PURPOSE	Category (See categories listed at the top	p or this schedule)	N 1	ayor outside or Texas, co	mbioto delladale I)
OF EXPENDITURE	EVENT EXDEN	50	CODK		
	CVCV	we Carrie	05		Office hold
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	·				
Doto	Payee name 1)	1	}		
Date	K	\sim τ	-/0110	$\leq h$	
11-13-14	(\05en1.	raums E	-lower	Shop	
Amount (\$)	Payee address; City; St	ate; Zip Code		Į –	
00 85	001111	Ω	11	- vanta /2	مع ۵۰ دست
XYOZ	1814 Mictencia	, Brownsu	11/4/14	2865 1X	シ ス/)
PURPOSE	Category (See categories listed at the to			ravel outside of Texas, co	mplete Schedule T)
OF		, , , , , , , , , , , , , , , , , , , ,	()	1 NI 1	
EXPENDITURE	Horal Avvanapm	ent	tunera	1 Horal	Usrangomen
	Candidate / Officeholder name		Office sought	C	Office held
Complete ONLY if direct	Candidate / Officeriolder Hairle	•	Chac adagin		2.1100 1.010

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Complete ONLY if direct expenditure to benefit C/OH Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Salaries/Wages/Contract Labor

POLITICAL EXPENDITURES

P.O. Box 12070

Gift/Awards/Memorials Expense

SCHEDULE F

(512) 463-5800

Loan Repayment/Reimbursement

Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense		
Consulting Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee		
Event Expense Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)		
·	The Instruction Gui	de explains how to complete this	form.		
1 Total pages Schedule F:	2 FILER NAME	1 0	3 ACCOUNT # (Ethics Commission Filers)		
11 0, 17	Sotia	C. Benavide	5		
4 Date V 11-4-14	5 Payee name Filin	ion Vela			
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
15000	1002 E. Tay	lor, Brownsvill	e Texas 78520		
8 PURPOSE	(a) Category (See categories listed at the	top of this schedule) (b) Description	on (if travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Donation	Campa	ign Contribution		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder nam H	ne Office sou	gbt∕ Office held		
Date ,	Payee name (;)	. A .			
11-4-14	Kaque	1 Almanza			
Amount (\$)	Payee address; City;	State; Zip Code			
16000	1409 8. Jeffe	erson, Brownsvil	le, Texas 78520		
PURPOSE	Category (See categories listed at the	top of this schedule) Description	on (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Event expens	e prepara	thon of tood		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date / / _ / / / / / / / / / / / / / / / /	Payee name	Texas Range	C		
Amount (\$)	Payee address; City;	State; Zip Code			
2002	1205 Delpho	Lane, Brow	nsville, Texas 1852		
PURPOSE	Category (See categories listed at the		on (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Donation	Base	hall team		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nan		ight Office held		
Date 1./	Payee name	- 11.1			
11-15-14	Payee address; City;	State; Zip Code			
Amount (\$)	Payee address; City;	State, Zip Code			
82.04	3370 W. FM	3248, Browns	VIlle, Texas 78520		
PURPOSE	Category (See categories listed at the	top of this schedule) Descripti	on (if travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Event Expense	Mank	saiving Luncheon		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder nan OH	ne Office sol	oght Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Loan Repayment/Reimbursement

EXPENDITURE CATEGORIES FOR BOX 8(a)

Salaries/Wages/Contract Labor

Advertising Expense

POLITICAL EXPENDITURES

P.O. Box 12070

Gift/Awards/Memorials Expense

Accounting/Banking	Legal Services	Solicitation/Fundraising Expense Travel In District	Transportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guid	e explains how to complete this	form.
1 Total pages Schedule F:	2 FILER NAME Sofia	C. Benavides	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11-17-14	5 Payee name ATT	T	
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code	
135.04	1900 N. Expre	essway Brown	15VIlle, Texas 78526
8 PURPOSE	(a) Category (See categories listed at the to	op of this schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Coll Socilies		
O Complete ONLY if direct	Candidate / Officeholder name	Office sou	ght Office held
9 Complete ONLY if direct expenditure to benefit C/C		3,1100 000	911
Date // - / 8 - / 4	Payee name Arturo	s Grill	
Amount (\$)	Payee address; City; S	tate; Zip Code	
47.50	2303 W. Expr	essway, Brown	SVIlle, Texas 78526
PURPOSE	Category (See categories listed at the to	op of this schedule) Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Frond Benera	ap Mee	tina
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	ght Office held
Date /	Payee name // , /	<i>A</i>	
11-19-14	CV:		
Amount (\$)	Payee address; City; S	tate; Zip Code	
12.99	7395 Paredes	Line Road.	Brownsulle, TX 78526
PURPOSE OF	Category (See categories listed at the to		n (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Bederage Expe	<u> </u>	stor luncheon
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate Øfficeholder hame	e Office sou	ght Office held
Date 11-19-14	Payee name Wa (Ma	rt	
Amount (\$)		tate; Zip Code	
	Payee address; City; S	iale, Zip Code	
25.76	1480 Paredes	Line Road Brow	Unsulle, TX 78526
25.76 PURPOSE OF EXPENDITURE	Payee address; City; S 1480 Paredes Category (See categories listed at the to	Line Road Brow	On SVILLE TX 78526 On (If travel outside of Texas, complete Schedule T)
OF	1480 Paredes I Category (See categories listed at the to Donation Candidate / Officeholder name	Ine Road Brown Description For 1	reedy family
OF EXPENDITURE Complete ONLY if direct	Category (See categories listed at the to Donation Candidate / Officeholder name	Ine Road Brown Description For 1	ght Office held

Texas Ethics Commission

SCHEDULE F

	EXPENDITURI	E CATEGORIES FOR BOX 8(a	a)
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundralsing Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of District Office Overhead/Rental Expense	OTHER (enter a category not listed above)
1 663	- ·	le explains how to complete this f	
1 Total pages Schedule F:	2 FILER NAME ()	A 0 . I	3 ACCOUNT # (Ethics Commission Filers)
13 0 17	Sotia	C. Denavide	5
4 Date	5 Payee name		
11-20-14	Gabino	Vasquez	
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code	
IMAUL) 11 -	
100	1711 Laurel L	n. Brownsville	1 exas 1852 le
8 PURPOSE	(a) Category (See categories listed at the to	op of this schedule) (b) Descriptio	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Imemorial evol	ne a Danas	hion for funeral
	Candidate / Officeholder name	n) e	
9 Complete ONLY if direct expenditure to benefit C/C		e Onice sout	office field
Date	Payee name	ρ . ρ . ρ .	
11-21-14	h nuay	<u> 5 DDU </u>	
Amount (\$)	Payee address; City, S	itate; Zip Code	
1711 2/2	222 2 6	\mathcal{O}	
214,00	2780 N. Expre	SSWay, Drownsi	ulle, lexas 18526
PURPOSE	Category (See categories listed at the to	op of this schedule) Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	tood Bovern	ae '	
Complete ONLY if direct	Candidate / Officeholder name	Office soug	ght Office held
expenditure to benefit C/C	DH		
Date ,	Payee name	M	
12-5-14	I Wal -	Mart	
Amount (\$)	Payee address; City; S	tate; Zip Code	
0 ~ 011	<u> </u>		
80,94	7480 todre Isl	and Hou Browns	Wille, Texas 78526
PURPOSE	Category (See categories listed at the t	op of this schedule) Descriptio	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	16. He for No. A. C	Taldren Mice	La O Chastman
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	VIII Aren Tuo	ght Office held
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	e event Office soy	grit Office field
Date	Payee name	j	
12-8-14	larget	Emeri	
Amount (\$)	Payee address; Cty; S	State; Zip Code	
100 211		<u> </u>	
180.04	1301 9. Morrisa	in Brownsville.	Texas 78526
PURPOSE	Category (See categories listed at the t	op of this schedule) Descriptio	n (If travel outside of Texas, complete Schedule T)
OF	CCLE N. D. M.	ldven Event Mad	in a Christians
EXPENDITURE	111113 DY WEERY UT	Maven Curui 1 (de	THAT GILLSITHAS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Office held

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

P.O. Box 12070

SCHEDULE F

Advertising Evenens	EXPENDITURE				oimhuraomant
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Co Solicitation/Fundrai		Loan Repayment/R	pment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	omg Expense	Contributions/Dona	tions Made By
Event Expense	Polling Expense	Travel Out Of Disti			eholder/Political Committee
Fees	Printing Expense	Office Overhead/R	•		tegory not listed above)
	The Instruction Guide	explains how to	complete this for		
1 Total pages Schedule F:	2 FILER NAME SOFIA	C. Ber	avide		# (Ethics Commission Filers)
4 Date / 12/9-14	5 Payee name Staple	es Inc	<i>y</i> s		
6 Amount (\$)	7 Payee address; City; Sta	ite; Zip Code			
50.42	2436 Pablo Kis	el Brow	insulle;	Texas	18526
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Printing Expanse				
	Candidate / Office tolder name		Office sough		Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	•		Onice cougn	•	SINDS TISIA
Date, , , ,	Payee name	71 1			
12-10-14	Dams	Club			
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
99.20	3370 W. FM 3	248. Bu	n)nsVills	o.TX 7	8526
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texa	s, complete Schedule T),
OF EXPENDITURE	Ellant Exponsa		Masinal	Marichan	Chic Medly Kin
	Candidate / Officeholder name		Office sough	<u> </u>	Office held
Complete ONLY if direct expenditure to benefit C/O					
Date /	Payee name				
12-10-14	K-Har				
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
18.35	2440 Pablo Kis	el Brou	onsville,	Texas	18520
PURPOSE	Category (See categories listed at the top			(If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Gifts for Even-	4	Mugical	Christma	s for Needy Hid
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	t	Office held /
Date ,	Payee name		(D)	Ĭ	
12-11-14	Ledes 1	Yexican	Kestau	rant	
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
33.29	117 South 77 S	Sunshine S	Strip, Ha	idingen, T	exas 78550
PURPOSE	Category (See categories listed at the top	of this schedule)	Déscription	(if trave) of Texa	s, complete Schedule T)
OF EXPENDITURE	tood / Beverage		Meeh	19	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	t)	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Advertising Expense	EXPENDITURE Gift/Awards/Memorials Expense	CATEGORIES FOR BOX 8(a Salaries/Wages/Contract Labor	a) Loan Repayment/Reir	mbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense		nent & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of District	Contributions/Donatio Candidate/Officeho	ns Made By older/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a cate	gory not listed above)
	The Instruction Guide	e explains how to complete this f	orm.	
1 Total pages Schedule F:	2 FILER NAME SOFTIA	C. Benavid	3 ACCOUNT#	(Ethics Commission Filers)
4 Date 12-14	5 Payee name Sa MS	Club		,
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code		
245.89	3370 W. FM 3	248, Brownski	lle Texa:	5 78526
8 PURPOSE OF	(a) Category (See categories listed at the top	p of this schedule) (b) Descriptio	n (If travel outside of Texas, o	omplete Schedule T)
EXPENDITURE	Went Expense	Moder	al Christn	145
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office soug	ght	Office held
Date	Payee name /)	11 0		
12-15-14	Big Da	ddy Durgers	} 	
Amount (\$)	Payee address; City; St	ate; Zip Code		
34.80	3065 Bura Ch	ica, Brownsvil	le, Texas	78520
PURPOSE	Category (See categories listed at the top	p of this schedule) Description	n (If travel outside of Texas, o	omplete Schedule T)
OF EXPENDITURE	tood Beverag	o 1110	etina	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office soug	ght	Office held
Date	Payee name /	The manufacture and the second		
12-15-14	H 4			
Amount (\$)	Payee address; City; Sta	ate; Zip Code	<u>,,,</u>	
135.04	1900 N. Expre	ess way. Brown	suille, T	exas 78526
PURPOSE	Category (See categories listed at the top		n (If travel outside of Texas, o	complete Schedule T)
OF EXPENDITURE	COD SOCILICA	V		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug	ght	Office held
Date	Payee name , /	11 4 1	٠٠٠٠٠٠	
12-15-14	Veteran	s Memorial H	gh Schoo	
Amount (\$)	Payee address; City; St	ate; Zip Code		
25.00	4550 U.S. Hwy	281, Brownsvil	le Texas	78526
PURPOSE	Category (See categories listed at the to	p of this schedule) Descriptio	n (If travel outside of Texas, o	complete Schedule T)
OF EXPENDITURE	HAVerhsina 9x0	unse		
Complete ONLY if direct expenditure to benefit C/A	Candidate / Office holder name	Office sout	ght	Office held
	ATTACH ADDITIONAL O	OPIES OF THIS SCHEDULE A	S NEEDED	

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel in District Contributions/Donations Made By
Event Expense Fees	Poiling Expense Travel Out Of District Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)
1 003	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F:	2 FILER NAME () 3 ACCOUNT # (Ethics Commission Filers)
16017	Sotia C. Benavides
4 Date 12-16-14	5 Payee name David Garcia
6 Amount (\$)	7 Payee address, City; State; Zip Code
10004	6026 Diamondback, Brownsville, Texas 78526
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Event Expense Christmas Luncheon
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH
Date 12-17-14	Payee name Sams (14b)
Amount (\$)	Payee address; City; State; Zip Code
108,40	3370 W. FM 3248, Brownsville, Texas 78521
PURPOSE OF	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	EVERT Expense Christmas Luncheon
Complete ONLY if direct expenditure to benefit C/C	Candidate / Office holder name Office sought Office held OH
Date ,	Payee name \(\)
12-22-14	Payee address; City; State; Zip Code Carcua Campaign Fund
Amount (\$)	Payee address, City, Colate, Zip Code
50000	4090 Retama Dr., Brownsville, TX 78520
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Donation
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH
Date	Payee name
12-22-14	Joe tortuno
Amount (\$)	Payee address; City; State; Zip Code
5004	33174 State Park 100, South Padre Island, TX 7859
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Donation

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Office sought

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expens explains how to complete th	Contributions/Do Candidate/Off e OTHER (enter a	quipment & Related Expense
1 Total pages Schedule F:	2 FILER NAME SOFTA	C. Benavia		IT # (Ethics Commission Filers)
4 Date 12-23-14	5 Payee name New 11f	le Center Ci	hurch	
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code		
3200	3365 Old Hwy	77, BOWNS VI	lleiTexas	78524
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule) (b) Descrip	otion (If travel outside of Te	xas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office s	ought	Office held
Date 12-26-14	Payee name Tip Of	Texas		
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
3000	2806 W. Trento	Rd, Edin	burg, T	exas 18539
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) Descrip	tion (If trävel outside of Te	xas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office s	ought	Office held
Date 12-29-14	Payee name EVE (0)	n Dale		
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
100 ac	55 Brazos, Ho	wlingen TX	785 5 0)
PURPOSE OF	Category (See categories listed at the top	of this schedule) Descrip	otion (If travel outside of Te	exas, complete Schedule T)
EXPENDITURE	Consulting exp	Dense		Ofe h-ld
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officebølder namd H	Office s	ougnt	Office held
Date 12-30-14	Payee name BIADS	Bar + G	vill	
Amount (\$)	Payee address; Lity; Sta	ate; Zip Code		
47.60	464 Paredes L	ine Rd., Brow	unsuille;	TX 18520
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) Descrip	otion (If travel outside of Te	exas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office s	ought)	Office held
expenditure to benefit On		OPIES OF THIS SCHEDULE	AS NEEDED	