

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: 19
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Sofia C.	MI
	NICKNAME	LAST Benavides	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	4090 Retama Dr. Brownsville, Texas 78521		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	()		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Dr. Ruben	MI
	NICKNAME	LAST Gallegos	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	5220 Wilderness Dr. Brownsville, TX 78526		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(956)	504-3365	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	07 / 1 / 2014		THROUGH 12 / 31 / 2014
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
12 OFFICE	OFFICE HELD (if any)		
	Commissioner Precinct 1		
			13 OFFICE SOUGHT (if known)

OFFICE USE ONLY
 CAMERON COUNTY
 DEPARTMENT OF ELECTIONS &
 VOTER REGISTRATION
 JAN 14 2015
 3:45 p.m.
 RECEIVED
 Date Hand-delivered or Postmarked
 Receipt # Amount
 Date Processed
 Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 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. THESE 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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 9,005.10

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

\$ 3,000.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 7,537.02

CONTRIBUTION
BALANCE

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

\$ 4,468.08

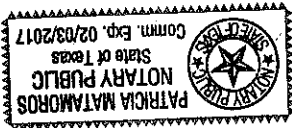
OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT

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.



Sofia C. Benavides
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sofia C. Benavides, this the 14th day of January, 20 15, to certify which, witness my hand and seal of office.

Patricia Matamoros
Signature of officer administering oath

Patricia Matamoros
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <u>Sofia C. Benavides</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>5/14/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>HNTB Holdings LTD</u>	7 Amount of contribution (\$) <u>1,000</u>	8 In-kind contribution description (if applicable) <u>00</u>
6 Contributor address; City; State; Zip Code <u>715 Kirk Dr., Kansas City, MO 64105</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>12/4/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Naples Investment Company</u>	Amount of contribution (\$) <u>2,000</u>	In-kind contribution description (if applicable) <u>00</u>
Contributor address; City; State; Zip Code <u>5420 LBJ Freeway Ste 1355, Dallas, TX</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form. **1** Total pages Schedule B:

2 FILER NAME **3** ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$

5 Date	6 Full name of pledgor <input type="checkbox"/> 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 of Texas, complete Schedule T)			

10 Principal occupation / Job title (See Instructions) **11** Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(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	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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: 1 of 17	2 FILER NAME Sofia C. Benavides	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/1/14	5 Payee name Terry Reyna	
6 Amount (\$) 100 ⁰⁰	7 Payee address; City; State; Zip Code 955 Alta Mesa, Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7-2-14	Payee name Templo Nueva Vida	
Amount (\$) 24 ⁰⁰	Payee address; City; State; Zip Code 1727 Stanford, Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7-5-2014	Payee name Deseray Vasquez	
Amount (\$) 100 ⁰⁰	Payee address; City; State; Zip Code 1711 Laurel Lane, Brownsville, TX 78526	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7-5-14	Payee name Pizza Hut	
Amount (\$) 155.74	Payee address; City; State; Zip Code 1830 Central Blvd., Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage	Description (If travel outside of Texas, complete Schedule T) Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(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	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 of 17	2 FILER NAME Sofia C. Benavides	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7-6-14	5 Payee name Panaderia El Camino	
6 Amount (\$) 27 ⁰⁰	7 Payee address; City; State; Zip Code 2704 E. Price, Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) event expense	(b) Description (If travel outside of Texas, complete Schedule T) Sweet Bread
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7-8-14	Payee name NALED Education	
Amount (\$) 100 ⁰⁰	Payee address; City; State; Zip Code 1314 Texas Ave, Ste 410, Houston, Texas 77002	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) membership fee	Description (If travel outside of Texas, complete Schedule T) membership fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7-14-14	Payee name AT & T	
Amount (\$) 168.10	Payee address; City; State; Zip Code 1900 N. Expressway, Brownsville, TX 78526	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) cell service	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7-21-14	Payee name Evelon Dale	
Amount (\$) 200 ⁰⁰	Payee address; City; State; Zip Code 2314 Hacienda, Harlingen, TX 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(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	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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: 3 of 17	2 FILER NAME Sofia C. Benavides	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7-21-14	5 Payee name Maria Cisneros	
6 Amount (\$) 200 ⁰⁰	7 Payee address; City; State; Zip Code 594 Guayava, Brownsville, TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Memorial Expenses	(b) Description (If travel outside of Texas, complete Schedule T) Donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 7-28-14	Payee name Dirty Al's	
Amount (\$) 104.41	Payee address; City; State; Zip Code 33396 State Park Road 100, South Padre Island, TX 78547	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 7-30-14	Payee name Juan Carlos Alvarado	
Amount (\$) 75.00	Payee address; City; State; Zip Code 2500 E. Price Rd., Ste 300, Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Baseball team
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 8-6-14	Payee name Herminia Becerra	
Amount (\$) 50 ⁰⁰	Payee address; City; State; Zip Code 114 Western Blvd., Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(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	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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: 4 of 17		2 FILER NAME Sofia C. Benavides		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-12-14		5 Payee name AT & T			
6 Amount (\$) 173.65		7 Payee address; City; State; Zip Code 1900 N. Expressway, Brownsville, TX 78520			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Cell service		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-14-14		Payee name Sams Club			
Amount (\$) 168.69		Payee address; City; State; Zip Code 3370 W. FM 3248, Brownsville, TX 78526			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Ribbon Cutting Splash Pad	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-19-14		Payee name Sams Club			
Amount (\$) 343.21		Payee address; City; State; Zip Code 3370 W. FM 3248, Brownsville, Texas 78526			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Democrat Rally	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-15-14		Payee name Solice Technology			
Amount (\$) 103.02		Payee address; City; State; Zip Code 7200 Bonham, Brownsville, TX 78521			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Banner	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(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	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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: 5 of 17	2 FILER NAME Sofia C. Benavides	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8-19-14	5 Payee name H. E. B.	
6 Amount (\$) 45.40	7 Payee address; City; State; Zip Code 2250 Boca Chica, Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Beverage expense	(b) Description (If travel outside of Texas, complete Schedule T) Drinks for Rally
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 8-19-14	Payee name Staples	
Amount (\$) 103.91	Payee address; City; State; Zip Code 2436 Pablo Kisel, Brownsville, TX 78526	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising-Printing	Description (If travel outside of Texas, complete Schedule T) Copies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 9-2-14	Payee name Laura Marquez	
Amount (\$) 100.00	Payee address; City; State; Zip Code 4095 N. Central Avenue, Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Memorial Expense	Description (If travel outside of Texas, complete Schedule T) Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 9-8-14	Payee name AT&T	
Amount (\$) 101.88	Payee address; City; State; Zip Code 1900 N. Expressway, Brownsville, TX 78526	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) cell service	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(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	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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: 6 of 17	2 FILER NAME Sofia C. Benavides	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9-19-14	5 Payee name Maggie Gonzalez	
6 Amount (\$) 40 ⁰⁰	7 Payee address; City; State; Zip Code 1164 Kennedy, Brownsville, TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation	(b) Description (If travel outside of Texas, complete Schedule T) Diabetes awareness
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9-22-14	Payee name Hilton Garden Inn	
Amount (\$) 100 ⁰⁰	Payee address; City; State; Zip Code 710 Padre Blvd., South Padre Island, TX 78597	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Beverage	Description (If travel outside of Texas, complete Schedule T) meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9-23-14	Payee name Cameron County Democratic Party	
Amount (\$) 100 ⁰⁰	Payee address; City; State; Zip Code 622 E. St Charles, Brownsville, Texas 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Democratic Party
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9-23-14	Payee name David Silva	
Amount (\$) 60 ⁰⁰	Payee address; City; State; Zip Code 3908 Sally Drive, Brownsville, Texas 78521	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Medical Expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(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	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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: 7 of 17	2 FILER NAME Sofia C Benavides	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9-25-14	5 Payee name Brownsville Herald	
6 Amount (\$) 11.25	7 Payee address; City; State; Zip Code 1135 E. Van Buren, Brownsville, Texas 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertisement	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 9-30-14	Payee name Joe G. Rivera	
Amount (\$) 600.00	Payee address; City; State; Zip Code 34 Langan, Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10-8-14	Payee name AT & T	
Amount (\$) 134.92	Payee address; City; State; Zip Code 1900 N. Expressway, Brownsville, Texas 78526	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) cell service	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10-10-14	Payee name Lotus Cafe	
Amount (\$) 57.58	Payee address; City; State; Zip Code 2489 Boca Chica, Brownsville, Texas 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) food / Beverage	Description (If travel outside of Texas, complete Schedule T) meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(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	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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: 8 of 17	2 FILER NAME Sofia C. Benavides	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-13-14	5 Payee name Las Palmas Bakery	
6 Amount (\$) 28.65	7 Payee address; City; State; Zip Code 1020 Palm Blvd., Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food Expense	(b) Description (If travel outside of Texas, complete Schedule T) Sweet Bread for funeral
	Candidate / Officeholder name	Office sought / Office held
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 10-14-14	Payee name Church's Fried Chicken	
Amount (\$) 90.33	Payee address; City; State; Zip Code 2121 International Blvd. Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought / Office held
Complete ONLY if direct expenditure to benefit C/OH		
Date 10-14-14	Payee name Holy Family Catholic Church	
Amount (\$) 45.00	Payee address; City; State; Zip Code 2405 East Tyler, Brownsville, Texas 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought / Office held
Complete ONLY if direct expenditure to benefit C/OH		
Date 10-15-14	Payee name Delta Funeral Home	
Amount (\$) 400.00	Payee address; City; State; Zip Code 1300 E. Harrison, Brownsville, Texas 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Funeral Expense
	Candidate / Officeholder name	Office sought / Office held
Complete ONLY if direct expenditure to benefit C/OH		

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(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	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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: 9 of 17		2 FILER NAME Sofia C. Benavides		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-20-14		5 Payee name Staples Inc			
6 Amount (\$) 31.45		7 Payee address; City; State; Zip Code 2436 Pablo Kisel, Brownsville, Texas 78526			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-21-14		Payee name Sams Club.			
Amount (\$) 308.98		Payee address; City; State; Zip Code 3370 W. FM 3248, Brownsville, Texas 78526			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-22-14		Payee name Italia Express			
Amount (\$) 137.10		Payee address; City; State; Zip Code 2350 N. Expressway, Brownsville, TX 78526			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-24-14		Payee name Sams Club			
Amount (\$) 115.26		Payee address; City; State; Zip Code 3370 W. FM 3248, Brownsville, Texas 78526			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(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	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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: 10 of 17	2 FILER NAME Sofia C. Benavides	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-28-14	5 Payee name Dvidio Cisneros	
6 Amount (\$) 100 ⁰⁰	7 Payee address; City; State; Zip Code 5661 Paso Real, Brownsville, Texas 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Cook
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 10-28-14	Payee name Hector de la Rosa	
Amount (\$) 200 ⁰⁰	Payee address; City; State; Zip Code 5407 Southmost, Brownsville, Texas 78521	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Music
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 10-28-14	Payee name Hilario Cisneros	
Amount (\$) 100 ⁰⁰	Payee address; City; State; Zip Code 1147 Fannin, Brownsville, Texas 78521	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Cook
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 11-13-14	Payee name Rosenbaums Flower Shop	
Amount (\$) 89.85	Payee address; City; State; Zip Code 874 Hortencia, Brownsville, Texas 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Floral Arrangement	Description (If travel outside of Texas, complete Schedule T) funeral floral arrangement
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(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	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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: 11 of 17	2 FILER NAME Sofia C. Benavides	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11-4-14	5 Payee name Filiman Vela	
6 Amount (\$) 150 ⁰⁰	7 Payee address; City; State; Zip Code 1002 E. Taylor, Brownsville, Texas 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Contribution
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name	Office sought Office held

Date 11-4-14	Payee name Raquel Almanza	
Amount (\$) 160 ⁰⁰	Payee address; City; State; Zip Code 1409 E. Jefferson, Brownsville, Texas 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event expense	Description (If travel outside of Texas, complete Schedule T) preparation of food
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name	Office sought Office held

Date 11-12-14	Payee name South Texas Rangers	
Amount (\$) 20 ⁰⁰	Payee address; City; State; Zip Code 1205 Delpha Lane, Brownsville, Texas 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Baseball team
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name	Office sought Office held

Date 11-15-14	Payee name Sams Club	
Amount (\$) 82.04	Payee address; City; State; Zip Code 3370 W. FM 3248, Brownsville, Texas 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Thanksgiving Luncheon
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(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	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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: 12 of 17	2 FILER NAME Sofia C. Benavides	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11-17-14	5 Payee name AT & T	
6 Amount (\$) 135.04	7 Payee address; City; State; Zip Code 1900 N. Expressway, Brownsville, Texas 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) cell service	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-18-14	Payee name Arturo's Grill	
Amount (\$) 47.50	Payee address; City; State; Zip Code 2303 W. Expressway, Brownsville, Texas 78526	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) food / Beverage	Description (If travel outside of Texas, complete Schedule T) meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-19-14	Payee name CVS	
Amount (\$) 12.99	Payee address; City; State; Zip Code 7395 Paredes Line Road, Brownsville, TX 78526	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Drinks for luncheon
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-19-14	Payee name Walmart	
Amount (\$) 25.76	Payee address; City; State; Zip Code 7480 Paredes Line Road, Brownsville, TX 78526	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) For needy family
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(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	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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: 13 of 17		2 FILER NAME Sofia C. Benavides		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-20-14		5 Payee name Gabino Vasquez			
6 Amount (\$) 100 ⁰⁰		7 Payee address; City; State; Zip Code 1711 Laurel Ln., Brownsville, Texas 78526			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) memorial expense		(b) Description (If travel outside of Texas, complete Schedule T) Donation for funeral	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-21-14		Payee name Rudy's BBA			
Amount (\$) 274.86		Payee address; City; State; Zip Code 2780 N. Expressway, Brownsville, Texas 78526			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Beverage		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-5-14		Payee name Wal - Mart			
Amount (\$) 80.94		Payee address; City; State; Zip Code 7480 Padre Island Hwy, Brownsville, Texas 78526			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Gifts for Needy Children event		Description (If travel outside of Texas, complete Schedule T) Magical Christmas	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-8-14		Payee name Target			
Amount (\$) 183.54		Payee address; City; State; Zip Code 301 E. Morrison, Brownsville, Texas 78526			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Gifts for Needy Children Event		Description (If travel outside of Texas, complete Schedule T) Magical Christmas	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(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	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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: 14 of 17	2 FILER NAME Sofia C. Benavides	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/9-14	5 Payee name Staples Inc.	
6 Amount (\$) 50.42	7 Payee address; City; State; Zip Code 2436 Pablo Kisel, Brownsville, Texas 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12-10-14	Payee name Sams Club	
Amount (\$) 99.20	Payee address; City; State; Zip Code 3370 W. FM 3248, Brownsville, TX 78526	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Magical Christmas for Needy Kids
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12-10-14	Payee name K-Mart	
Amount (\$) 18.35	Payee address; City; State; Zip Code 2440 Pablo Kisel, Brownsville, Texas 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gifts for Event	Description (If travel outside of Texas, complete Schedule T) Magical Christmas for Needy Kids
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12-11-14	Payee name Pepe's Mexican Restaurant	
Amount (\$) 33.29	Payee address; City; State; Zip Code 117 South 77 Sunshine Strip, Harlingen, Texas 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage	Description (If travel outside of Texas, complete Schedule T) Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(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	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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: 15 of 17	2 FILER NAME Sofia C. Benavides	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12-12-14	5 Payee name Sams Club	
6 Amount (\$) 245.89	7 Payee address; City; State; Zip Code 3370 W. FM 3248, Brownsville, Texas 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Magical Christmas
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12-15-14	Payee name Big Daddy Burgers	
Amount (\$) 34.80	Payee address; City; State; Zip Code 3065 Boca Chica, Brownsville, Texas 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12-15-14	Payee name AT & T	
Amount (\$) 135.04	Payee address; City; State; Zip Code 1900 N. Expressway, Brownsville, Texas 78526	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) cell service	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12-15-14	Payee name Veterans Memorial High School	
Amount (\$) 25.00	Payee address; City; State; Zip Code 4550 U.S. Hwy 281, Brownsville, Texas 78526	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(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 | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | 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: 16 of 17	2 FILER NAME Sofia C. Benavides	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12-16-14	5 Payee name David Garcia	
6 Amount (\$) 100 ⁰⁰	7 Payee address; City; State; Zip Code 6026 Diamondback, Brownsville, Texas 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Christmas Luncheon
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12-17-14	Payee name Sams Club	
Amount (\$) 108.40	Payee address; City; State; Zip Code 3370 W. FM 3248, Brownsville, Texas 78521	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Christmas Luncheon
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12-22-14	Payee name Mary Esther Garcia Campaign Fund	
Amount (\$) 500 ⁰⁰	Payee address; City; State; Zip Code 4090 Retama Dr., Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12-22-14	Payee name Joe Fortunato	
Amount (\$) 50 ⁰⁰	Payee address; City; State; Zip Code 33174 State Park 100, South Padre Island, TX 78597	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(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 | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | 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: 17 of 17	2 FILER NAME Sofia C. Benavides	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12-23-14	5 Payee name New life Center Church
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6 Amount (\$) 32 ⁰⁰	7 Payee address; City; State; Zip Code 3365 Old Hwy 77, Brownsville, Texas 78526
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-26-14	Payee name Tip of Texas
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Amount (\$) 30 ⁰⁰	Payee address; City; State; Zip Code 2806 W. Trenton Rd., Edinburg, Texas 78539
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-29-14	Payee name Evelon Dale
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Amount (\$) 100 ⁰⁰	Payee address; City; State; Zip Code 55 Brazos, Harlingen, TX 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-30-14	Payee name Bigos Bar + Grill
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Amount (\$) 47.60	Payee address; City; State; Zip Code 464 Paredes Line Rd., Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage	Description (If travel outside of Texas, complete Schedule T) meeting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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