

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 28
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE	
<input type="checkbox"/> Change of Address		5 CANDIDATE / OFFICEHOLDER PHONE	
6 CAMPAIGN TREASURER NAME		7 CAMPAIGN TREASURER ADDRESS	
8 CAMPAIGN TREASURER PHONE		9 REPORT TYPE	
10 PERIOD COVERED		11 ELECTION	
12 OFFICE		13 OFFICE SOUGHT (if known)	

OFFICE USE ONLY

Date Received: CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION

a: 10am JUL 15 2015

By: Audith RECEIVES

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (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
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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

\$ 4,468.08

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

\$ 22,700.00

EXPENDITURE
TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 9,304.59

CONTRIBUTION
BALANCE

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

\$ 17,863.49

OUTSTANDING
LOAN TOTALS

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

\$ - 0 -

18 AFFIDAVIT



LAVINIA LEE LONG.
Notary Public State of Texas
Commission Expires
02-11-2016

AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Sofia C. Benavides, this the 15th day of July, 2015, to certify which, witness my hand and seal of office.

Lavinia Lee Long
Signature of officer administering oath

LAVINIA LEE LONG
Printed name of officer administering oath

Notary Public
Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 7

2 FILER NAME

Dofia C. Benavides

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/15

5 Full name of contributor out-of-state PAC (ID# _____)

Marel + Laura Wilson

6 Contributor address; City; State; Zip Code

2401 N. Parkwood, Harlingen, TX 78550

7 Amount of contribution (\$)

100⁰⁰

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

3/4/15

Full name of contributor out-of-state PAC (ID# _____)

Manuel M. Vela

Contributor address; City; State; Zip Code

437 Jeniffer Court, Harlingen, TX 78550

Amount of contribution (\$)

500⁰⁰

Principal occupation / Job title (See Instructions)

CEO Harlingen

Employer (See Instructions)

Valley Baptist

Date

3/4/15

Full name of contributor out-of-state PAC (ID# _____)

Meredith + Fabian Borrego

Contributor address; City; State; Zip Code

605 E. Woodland Dr., Harlingen, TX 78550

Amount of contribution (\$)

250⁰⁰

Principal occupation / Job title (See Instructions)

Chief Finance Officer

Employer (See Instructions)

Valley Baptist

Date

3/4/15

Full name of contributor out-of-state PAC (ID# _____)

Daniel + Erica Listi

Contributor address; City; State; Zip Code

141 S. Nueces Park Ln, Harlingen, TX 78552

Amount of contribution (\$)

350⁰⁰

Principal occupation / Job title (See Instructions)

Chief Operating Officer

Employer (See Instructions)

Valley Baptist

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 7

2 FILER NAME

Dofia C. Benavides

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/15

5 Full name of contributor

The Sanchez Law Firm

6 Contributor address;

City; State; Zip Code

501 E. Tyler, Harlingen, TX 78550

7 Amount of contribution (\$)

1,000⁰⁰

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self Employed

Date

3/4/15

Full name of contributor

Key Mortgage

Contributor address;

City; State; Zip Code

1022 E. Tyler Ste 1, Harlingen, TX 78550

Amount of contribution (\$)

500⁰⁰

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Self Employed

Date

3/4/15

Full name of contributor

Daniel E. Davis

Contributor address;

City; State; Zip Code

P.O. Box 949, San Benito, TX 78586

Amount of contribution (\$)

1,000⁰⁰

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/4/15

Full name of contributor

Leslie Bingham

Contributor address;

City; State; Zip Code

7 Medical Dr., Brownsville TX 78520

Amount of contribution (\$)

1,000⁰⁰

Principal occupation / Job title (See Instructions)

CEO Brownsville

Employer (See Instructions)

Valley Baptist

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 7

2 FILER NAME

Dofia C. Benavides

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/15

5 Full name of contributor

Arturo Rangel

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

300⁰⁰

6 Contributor address;

City; State; Zip Code

16892 Rio Red, Harlingen, TX 78552

8 Principal occupation / Job title (See Instructions)

Vice President Lear

9 Employer (See Instructions)

Valley Baptist

Date

3/4/15

Full name of contributor

Todd Mann

out-of-state PAC (ID# _____)

Amount of contribution (\$)

650⁰⁰

Contributor address;

City; State; Zip Code

26881 Doane Rd., Harlingen, TX 78552

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Valley Baptist Harlingen

Date

3/4/15

Full name of contributor

David Hall

out-of-state PAC (ID# _____)

Amount of contribution (\$)

250⁰⁰

Contributor address;

City; State; Zip Code

1317 E. Filmore, Harlingen, TX 78550

Principal occupation / Job title (See Instructions)

Insurance Representative

Employer (See Instructions)

Salazar Insurance Group

Date

3/4/15

Full name of contributor

Marco Rodriguez

out-of-state PAC (ID# _____)

Amount of contribution (\$)

250⁰⁰

Contributor address;

City; State; Zip Code

16829 Rio Red, Harlingen 78552

Principal occupation / Job title (See Instructions)

CSD

Employer (See Instructions)

Valley Baptist

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 7

2 FILER NAME

Dofia C. Benavides

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/15

5 Full name of contributor

Ernest "Trey" G. Nash III

6 Contributor address; City; State; Zip Code

1456 E. Palm Valley Dr., Harlingen TX 78550

7 Amount of contribution (\$)

250⁰⁰

8 Principal occupation / Job title (See Instructions)

Associate CSO

9 Employer (See Instructions)

Date

3/4/15

Full name of contributor

Diane C. Stone

Contributor address; City; State; Zip Code

5134 Bougainvillea Dr. Harlingen, TX

Amount of contribution (\$)

500⁰⁰

Principal occupation / Job title (See Instructions)

Housewife

Employer (See Instructions)

Date

3/4/15

Full name of contributor

John D. Guevarra

Contributor address; City; State; Zip Code

3205 Seminole Court, Harlingen, TX 78550

Amount of contribution (\$)

500⁰⁰

Principal occupation / Job title (See Instructions)

Capital Partner

Employer (See Instructions)

Lineburger Guggan + Blaire

Date

3/4/15

Full name of contributor

Mario Benavides

Contributor address; City; State; Zip Code

6515 W. Lakeside Blvd., Olmito, TX 78575

Amount of contribution (\$)

300⁰⁰

Principal occupation / Job title (See Instructions)

SELF EMPLOYED

Employer (See Instructions)

BENAVIDES DRIVING SCHOOL

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 7

2 FILER NAME

Dofia C. Bernudes

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Eduardo Garrido

6 Contributor address; City; State; Zip Code

5009 Polo Cr., Harlingen, TX 78552

7 Amount of contribution (\$)

100⁰²

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/4/15

Full name of contributor out-of-state PAC (ID#: _____)

Raymonds Wrecker

Contributor address; City; State; Zip Code

2591 Old P.E. Rd., Brownsville, 78526

Amount of contribution (\$)

150⁰²

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Wrecking Service Janie Castaneda Self Employed

Date

3/11/15

Full name of contributor out-of-state PAC (ID#: _____)

Ruben Garza

Contributor address; City; State; Zip Code

2206 HorseShoe Circle, Harlingen TX 78552

Amount of contribution (\$)

250⁰²

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/15

Full name of contributor out-of-state PAC (ID#: _____)

Roberto Obregon

Contributor address; City; State; Zip Code

24827 Northhampton Forest, Spring TX 77389

Amount of contribution (\$)

1,000⁰²

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

President RODS Survey

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 7
2 FILER NAME Dofia C. Benavides		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) S + B Pac 6 Contributor address; City; State; Zip Code P.O. Box 266245, Houston, TX 77207	7 Amount of contribution (\$) 5,000⁰⁰
8 Principal occupation / Job title (See Instructions) Engineering Firm		9 Employer (See Instructions) S + B Infrastructure
Date 3/24/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) J III Investments Contributor address; City; State; Zip Code 1700 E. 28th St., Westaco, TX 78596	Amount of contribution (\$) 500⁰⁰
Principal occupation / Job title (See Instructions) Cement Company		Employer (See Instructions)
Date 3/24/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bill Bowlin Contributor address; City; State; Zip Code 7802 Silent Forest Dr., Sugar Land, TX 77479	Amount of contribution (\$) 1,000⁰⁰
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) CAS
Date 3/24/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jesse Salinas Contributor address; City; State; Zip Code 1201 E. Expressway 83, Mission TX 78572	Amount of contribution (\$) 5,000⁰⁰
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) TEDSI Infrastructure
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 8 7
2 FILER NAME Dofia C. Benavides		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rudy Martinez 6 Contributor address; City; State; Zip Code 15941 Drury Rd., Harlingen, TX 78552	7 Amount of contribution (\$) 1,000⁰⁰
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Earth Co
Date 6/26/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles Esbell Contributor address; City; State; Zip Code 1641 Resaca Village, Brownsville TX 78521	Amount of contribution (\$) 1,000⁰⁰
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Sofia C. Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 1-12-15	5 Payee name AT & T	
6 Amount (\$) 135.04	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 phone service	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/16/15	Payee name Pizza Hut
------------------------	--------------------------------

Amount (\$) 83.11	Payee address; City; State; Zip Code 2333 Boca Chica, Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 1-21-15	Payee name Veterans Memorial High School
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Amount (\$) 50.02	Payee address; City; State; Zip Code 4550 Military Hwy, Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dofia C. Benavides</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>1-23-15</i>	5 Payee name <i>Lonhorm Cattle Comp.</i>		
6 Amount (\$) <i>77.83</i>	7 Payee address; City: State: Zip Code <i>3055 W. Expressway 83, San Benito, TX 78586</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description	
	<i>Food/Beverage Expense</i>	<input type="checkbox"/> Check if travel outside of Texas complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date <i>1/25/15</i>	Payee name <i>U.S. Fish + Wildlife</i>		
Amount (\$) <i>92.00</i>	Payee address; City: State: Zip Code <i>95 Fish Hatchery, Brownsville, TX 78520</i>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	
	<i>Donation</i>	<input type="checkbox"/> Check if travel outside of Texas complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date <i>1/29/15</i>	Payee name <i>Girl Scouts</i>		
Amount (\$) <i>148.00</i>	Payee address; City: State: Zip Code <i>202 E. Madison, Harlingen, TX 78550</i>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	
	<i>Donation</i>	<input type="checkbox"/> Check if travel outside of Texas complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <i>Dofia C. Benavides</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-11-15</i>	5 Payee name <i>AT&T</i>	
6 Amount (\$) <i>135.04</i>	7 Payee address; City: State: Zip Code <i>1900 N. Expressway, Brownsville, TX 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): <i>cell phone service</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <i>2-13-15</i>	Payee name <i>Red Lobster</i>	
Amount (\$) <i>83.24</i>	Payee address; City: State: Zip Code <i>1075 FM 802, Brownsville, TX 78526</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <i>food/Beverage Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <i>3-5-15</i>	Payee name <i>Rudy's Bar-B-Q</i>	
Amount (\$) <i>140.44</i>	Payee address; City: State: Zip Code <i>2780 N. Expressway, Brownsville, TX 78526</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <i>food/Beverage</i>	Description <input type="checkbox"/> Check if travel outside of Texas complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dofia C. Benavides</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3-6-15</i>	5 Payee name <i>Sams</i>
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6 Amount (\$) <i>50.91</i>	7 Payee address: City: State: Zip Code <i>3370 W. FM 3248, Brownsville, TX 78526</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): <i>Event Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-6-2015</i>	Payee name <i>Evelon Dale</i>
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Amount (\$) <i>250⁰²</i>	Payee address: City: State: Zip Code <i>55 Brazos, Harlingen, TX 78550</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <i>Consulting Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-6-15</i>	Payee name <i>Solice Advertisement</i>
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Amount (\$) <i>150⁰²</i>	Payee address: City: State: Zip Code <i>7200 Bonham</i>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <i>Advertising</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dofia C. Benavides</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3-7-15</i>	5 Payee name <i>Bigos Bar + Grill</i>
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6 Amount (\$) <i>154.42</i>	7 Payee address: City: State: Zip Code <i>464 Paredes Line Rd., Brownsville, TX 78521</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-10-15</i>	Payee name <i>Alma Castillo</i>
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Amount (\$) <i>75.76</i>	Payee address: City: State: Zip Code <i>Brownsville, Texas 78521</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-11-15</i>	Payee name <i>AT & T</i>
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Amount (\$) <i>135.04</i>	Payee address: City: State: Zip Code <i>1900 N. Expressway, Brownsville, TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>cell phone service</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Difia C. Benavides</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3-11-15</i>	5 Payee name <i>Zoe Flower Design</i>
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6 Amount (\$) <i>69.99</i>	7 Payee address: City: State: Zip Code <i>2200 Boca Chica Ste 144, Brownsville, TX 78520</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-18-15</i>	Payee name <i>U.S. Postmaster</i>
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Amount (\$) <i>49.00</i>	Payee address: City: State: Zip Code <i>1535 E. Los Ebanos, Brownsville, TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>stamps</i>	Description <input type="checkbox"/> Check if travel outside of Texas complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-19-15</i>	Payee name <i>Evelon Dale Funeral Memorial</i>
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Amount (\$) <i>700.00</i>	Payee address: City: State: Zip Code <i>55 Brazos, Harlingen, TX 78550</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Memorial Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dofia C. Benavides</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3-20-15</i>	5 Payee name <i>Craftland</i>
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6 Amount (\$) <i>48.74</i>	7 Payee address: City: State: Zip Code <i>1100 E. Washington, Brownsville, TX 78520</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-24-15</i>	Payee name <i>Ray Vento</i>
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Amount (\$) <i>125⁰⁰</i>	Payee address: City: State: Zip Code <i>395 S. Sam Houston, San Benito, TX 78586</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-27-15</i>	Payee name <i>Dollar General</i>
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Amount (\$) <i>78.20</i>	Payee address: City: State: Zip Code <i>1552 Palm Blvd., Brownsville, TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dofia C. Benarides</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3-30-15</i>	5 Payee name <i>Linda's Cake Shop</i>	
6 Amount (\$) <i>77.25</i>	7 Payee address: City: State: Zip Code <i>444 W. Elizabeth, Brownsville TX 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>food Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-31-15</i>	Payee name <i>The Vermillion</i>	
Amount (\$) <i>25.96</i>	Payee address: City: State: Zip Code <i>115 Paredes Line Rd., Brownsville, TX 78520</i>	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>food/Beverage</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-1-15</i>	Payee name <i>IHOP</i>	
Amount (\$) <i>31.22</i>	Payee address: City: State: Zip Code <i>2430 Pablo Kisel, Brownsville, TX 78526</i>	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>food/Beverage</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dofia C Benavides</i>	3 Filer ID (Ethics Commission Filers):
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4 Date <i>4-1-15</i>	5 Payee name <i>Flowers by Jesse</i>
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6 Amount (\$) <i>211.09</i>	7 Payee address: City: State: Zip Code <i>208 E. Jackson, Harlingen, TX 78550</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): <i>Memorial Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-13-15</i>	Payee name <i>AT & T</i>
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Amount (\$) <i>132.25</i>	Payee address: City: State: Zip Code <i>1900 N. Expressway, Brownsville, TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <i>cell phone service</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-15-15</i>	Payee name <i>The Garden Grill</i>
------------------------	---------------------------------------

Amount (\$) <i>19.35</i>	Payee address: City: State: Zip Code <i>7010 South Padre Blvd., South Padre Island, TX</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <i>food / Beverage</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dofia C. Benavides</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4-15-15</i>	5 Payee name <i>Gerry Martinez</i>
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6 Amount (\$) <i>100⁰⁰</i>	7 Payee address: City: State: Zip Code <i>5973 Norma Pachero Lane, Brownsville, TX 78526</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): <i>Contribution</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-15-15</i>	Payee name <i>Ricardo Longoria</i>
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Amount (\$) <i>200⁰⁰</i>	Payee address: City: State: Zip Code <i>2928 Impala Dr., Brownsville, TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <i>Contribution</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-20-15</i>	Payee name <i>Leslie Leal</i>
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Amount (\$) <i>80⁰⁰</i>	Payee address: City: State: Zip Code <i>Brownsville, Texas</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <i>Dofia C. Benavides</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4-21-15</i>	5 Payee name <i>Idea Frontier</i>
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6 Amount (\$) <i>25⁰⁰</i>	7 Payee address; City: State: Zip Code <i>2800 S. Dakota, Brownsville, TX 78521</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): <i>Donation</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-28-15</i>	Payee name <i>Friends of Laguna Atascosa</i>
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Amount (\$) <i>50⁰⁰</i>	Payee address; City: State: Zip Code <i>22817 Ocelot Road, Lufkin, TX 78566</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <i>Donation</i>	Description <input type="checkbox"/> Check if travel outside of Texas complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-28-15</i>	Payee name <i>Brownsville North Little Miss Kickball</i>
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Amount (\$) <i>100⁰⁰</i>	Payee address; City: State: Zip Code <i>P.O. Box 997, Olmito, TX 78575</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <i>Donation</i>	Description <input type="checkbox"/> Check if travel outside of Texas complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dofia C. Benavides</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4-28-15</i>	5 Payee name <i>Knight of Columbus</i>
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6 Amount (\$) <i>32⁰⁰</i>	7 Payee address: City: State: Zip Code <i>525 Old Port Isabel Rd., Brownsville, TX 78520</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Donation</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-29-15</i>	Payee name <i>Staples</i>
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Amount (\$) <i>51.18</i>	Payee address: City: State: Zip Code <i>2436 Pablo Kisel, Brownsville, TX 78526</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Overhead</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-29-15</i>	Payee name <i>Jose Luis Salinas</i>
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Amount (\$) <i>30⁰⁰</i>	Payee address: City: State: Zip Code <i>155 Shepard., Brownsville, TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dofia C. Benavides</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5-1-15</i>	5 Payee name <i>Michael Stores</i>
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6 Amount (\$) <i>404.78</i>	7 Payee address: City: State: Zip Code <i>571 E. Morrison, Brownsville, TX 78521</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-4-15</i>	Payee name <i>Dirty Al's</i>
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Amount (\$) <i>131.18</i>	Payee address: City: State: Zip Code <i>4495 Expressway 77/83, Brownsville, TX 78526</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	Description <input type="checkbox"/> Check if travel outside of Texas complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-6-15</i>	Payee name <i>Solice</i>
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Amount (\$) <i>86.00</i>	Payee address: City: State: Zip Code <i>7200 Bonham, Brownsville, TX 78521</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <i>Dofia C. Benavides</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5-6-15</i>	5 Payee name <i>Sam's</i>
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6 Amount (\$) <i>425.29</i>	7 Payee address: City: State: Zip Code <i>3370 W. FM 3248, Brownsville, TX 78526</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-11-15</i>	Payee name <i>Wal-Mart</i>
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Amount (\$) <i>152.88</i>	Payee address: City: State: Zip Code <i>2721 Boeca Chicu, Brownsville, TX 78521</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-15-15</i>	Payee name <i>AT & T</i>
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Amount (\$) <i>134.25</i>	Payee address: City: State: Zip Code <i>1900 N. Expressway, Brownsville, TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>cell phone service</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Sofia C Benavides</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5-16-15</i>	5 Payee name <i>El Camino Bakery</i>
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6 Amount (\$) <i>56⁰⁰</i>	7 Payee address; City; State; Zip Code <i>2704 E Price, Brownsville, TX 78520</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-19-15</i>	Payee name <i>Norton</i>
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Amount (\$) <i>134.19</i>	Payee address; City; State; Zip Code <i>Brownsville, Texas 78521</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Computer Anti-Virus</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-20-15</i>	Payee name <i>Wing barn</i>
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Amount (\$) <i>81.82</i>	Payee address; City; State; Zip Code <i>3025 Boca Chica, Brownsville, TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food / Beverage</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dofia C. Benavidis</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5-20-15</i>	5 Payee name <i>E. de la Garza Wholesale</i>	
6 Amount (\$) <i>70.34</i>	7 Payee address; City; State; Zip Code <i>634 E. Fronton, Brownsville, TX 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Donation for fundraiser</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>5-22-15</i>	Payee name <i>Isla Grande Restaurant</i>	
Amount (\$) <i>222.05</i>	Payee address; City; State; Zip Code <i>500 Padre Blvd., South Padre Island, TX 7</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>food / Beverage</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>5-27-15</i>	Payee name <i>DRG Foundation</i>	
Amount (\$) <i>400.00</i>	Payee address; City; State; Zip Code <i>3705 Ruben Torres, Ste B27, Brownsville, TX 78526</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dofia C. Benavides</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>6-1-15</i>	5 Payee name <i>Gabino Vasquez JR</i>
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6 Amount (\$) <i>30⁰⁰</i>	7 Payee address; City; State; Zip Code <i>1190 Acacia Lake, Brownsville, TX 78520</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Donation</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6-3-15</i>	Payee name <i>United Way</i>
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Amount (\$) <i>125⁰⁰</i>	Payee address; City; State; Zip Code <i>634 E. Levee, Brownsville, TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6-10-15</i>	Payee name <i>Chays Custom Sports</i>
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Amount (\$) <i>256.97</i>	Payee address; City; State; Zip Code <i>160 E. Stenger Rd., San Benito, TX 78586</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dofia C. Benavides</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>6-12-15</i>	5 Payee name <i>AT&T</i>
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6 Amount (\$) <i>133.45</i>	7 Payee address; City; State; Zip Code <i>1900 N Expressway, Brownsville, TX 78520</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>cell phone service</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6-15-15</i>	Payee name <i>Black Beards</i>
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Amount (\$) <i>49.88</i>	Payee address; City; State; Zip Code <i>103 E. Saturna, South Padre Island, TX 78</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>food / Beverage</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6-15-15</i>	Payee name <i>Chelsey Capistran</i>
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Amount (\$) <i>75⁰⁰</i>	Payee address; City; State; Zip Code <i>1581 Artemisa Ave., Brownsville, TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sofia C. Benavides	3 Filer ID (Ethics Commission Filers)
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4 Date 6-22-15	5 Payee name Susie Marfileño
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6 Amount (\$) 50⁰⁰	7 Payee address; City; State; Zip Code 135 W. Fronton, Brownsville, TX 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-26-15	Payee name Palmer Drug Abuse
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Amount (\$) 50⁰⁰	Payee address; City; State; Zip Code 1275 Cottonwood, Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-26-15	Payee name H. E. B.
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Amount (\$) 314.66	Payee address; City; State; Zip Code 2250 Boca Chica, Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Sofia C. Benavides</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6-26-15</i>	5 Payee name <i>Chuy's Custom Sports</i>	
6 Amount (\$) <i>1,786.13</i>	7 Payee address; City; State; Zip Code <i>160 E. Stenger Rd. San Benito, TX 78586</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

4 Date <i>6-29-15</i>	5 Payee name <i>Cheddars</i>	
6 Amount (\$) <i>137.66</i>	7 Payee address; City; State; Zip Code <i>2495 Hwy 83 North, Brownsville, TX 78526</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food / Beverage</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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