CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME 50	fia C	BENAUIDES	15 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMODITION OF THE CANDIDATE OF THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHO				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAD CONTRIBUTIONS OF \$50 OR LESS (OTHER THA	* 12.770.68		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,10000		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		MIZED \$		
	4. TOTAL POLITICAL EXPENDITURES \$ 14,997.8				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY S — U				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 12.872.83				
18 AFFIDAVIT	PATRICIA MAT NOTARY P State of T Comm. Exp. 0:	is true and correct and includes all me under Title 15, Election Code. was 2,03/2017	f perjury, that the accompanying report information required to be reported by Semantical Semantics of the semantic semantics of the semantic semantics of the semantic semantics of the semantics of the semantic semantics of the semantic semantic semantics of the semantic semantic semantic semantic semantic semantics of the semantic s		
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Standarie of officer admir-	atamoro.	Printed name of officer administering oath	ny hand and seal of office. Notary Title of office 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:
Sofia C. Benguldes	3 ACCOUNT # ()Ethics Commission Filers)
4 Date 5 Full name of contributor Paut-of-state PAC (1D#:	7 Amount of contribution (\$) 8 In-kind contribution (description (if applicable)
6 Contributor address; City; State; Zip Code	2,500
9 Principal occupation / Job title (See Instructions) 10 Employer (Se	e Instructions)
Dusiness Man	
Date Full name of contributor of constate PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	2,500 00
350 Padre Blud, S. P. I. T	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Dusiness Man	
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Contributor address; City; State; Zip Code	
116 594 Jose Marti Blud Browns	1,000 CXZ //// (#-trayfloykide of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See	* -
Date Fill name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution
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Principal occupation / Job title (See Instructions) Employer (See	s instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
Sofia C. Benavides	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
10/27/6 Contributorladdress; City: State; Zip Code Inc.	2000-00
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9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 10 Employer (See Instructions)	nstructions)
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12/16 P.D. Box 2488, South Padre Isl	AUUU TY
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F

	EXPENDITURE	CATEGORIES FOR BOX 8	3(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbu	rsement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment	*
Consulting Expense Event Expense	Food/Beverage Expense	Travel In District	Contributions/Donations & Candidate/Officeholde	
Fees	Polling Expense Printing Expense	Travel Out Of District Office Overhead/Rental Expense		
1 000	• '	explains how to complete this	,	not listed above)
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Amount (\$)	7 Payee address; City; Sta	t e ; Zip Code		
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18 86.27	BURDANK, Ca	915	25	
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Amount (\$)	Payee address; City; Stat	e; Zip Code		
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OF EXPENDITURE	office Supplies	5		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sou	ught (Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement			
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundraising Expense Travel In District	Transportation Equipment & Related Expens	se		
Event Expense	Polling Expense	Travel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Commit	tee		
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)			
	The Instruction Guide	e explains how to complete this f	· · · · · · · · · · · · · · · · · · ·			
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4 Date	5 Payee name	O (Mario)				
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6 Amount (\$)	7 Payee address; City; St	tate; Zip Code				
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8 PURPOSE OF	(a) Category (See categories listed at the to	p of this schedule) (b) Descriptio	n (If travel outside of Texas, complete Schedule T)			
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SCHEDULE F

	EXPENDITURE	CATEGORIES FOR BOX	8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Re	eimbursement
Accounting/Banking Consulting Expense	Legal Services	Solicitation/Fundraising Expense		oment & Related Expense
Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of District	Contributions/Donati Candidate/Officel	ons Made By holder/Political Committee
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8 PURPOSE OF	(a) Category (See categories listed at the to	p of this schedule) (b) Descrip	otion (if travel outside of Texas,	, complete Schedule T)
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	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE	AS NEEDED	
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SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense

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

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees		ravel Out Of District Office Overhead/Rental Expense	Candidate/Officeholder/Political Committee	
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1 Total pages Schedule F:	2 FILER NAME ()	7)	3 ACCOUNT # (Ethics Commission Filers)	
4016	Sotra C.	Benavides		
4 Date	5 Payee name	1	· · · · · · · · · · · · · · · · · · ·	
1-21-16	Iteresa Ga	lvan		
6 Amount (\$)	7 Payee address; City; State	Zip Code		
6000	6105 Garbiela	1 Rd. Browns,	ille,TX 78521	
8 PURPOSE	(a) Category (See categories listed at the top of	this schedule) (b) Description (If travel outside of Texas, complete Schedule T)	
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9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	-
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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 Expe	ense
Consulting Expense Event Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By	:44
Fees	Polling Expense Printing Expense	Travel Out Of District Office Overhead/Rental Expense	Candidate/Officeholder/Political Comm	
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8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule) (b) Description	on (If travel outside of Texas, complete Schedule T)	
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SCHEDULE F

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment/Rei	
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Fees	Printing Expense	Office Overhead/R			gory not listed above)
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40/6	Sofia C.	Denav	1085		
4 Date	5 Payee name	211 //	Λ		
1-28-16	Drowns	Ville H	erall		
6 Amount (\$)	7 Payee address; City; St	ate: Zip Code			
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8 PURPOSE	(a) Category (See categories listed at the to	1	,	(If travel outside of Texas,	complete Schedule T)
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