# Mrs. Sofia Benavides

Te	exas Ethics Commission	on P.O. Bo	x 12070 Austi	n, Texas 7871	1-2070 (512)	463-5800	(TDD 1-800-735-2989
	CANDIDA CAMPAIG					Covi	FORM C/OH ER SHEET PG 1
	The C/OH Instruction	Guide explains h	ow to complete this		ACCOUNT # (Ethics Commission Filers)		pages filed: MERON COUNTY MENT OF ELECTIONS &
3	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR M/5.	Sof, Benavi	des	MI SUFFIX	Date Rece	drfice use only
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX;	APT/SUITE#	DV A	STATE: ZIPCODE		delivered or Postmarked
5	CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER	? <i>I</i>	EXTENSION	Date Proce	essed
6	CAMPAIGN TREASURER NAME	MS/MR\$/MR NICKNAME	PIRST U.B.	en	MI SUFFIX	Date Image	d
7	CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (N 5220 BYNU) N		risuite#, ness t	COITY; STATE;	ZIP CODE	
8	CAMPAIGN TREASURER PHONE	area code (950)	PHONE NUMBER	3745	EXTENSION		
9	REPORT TYPE	January 15	30th day before		Runoff	└── treası	day after campaign trer appointment olderonly)
		July 15	8th day before	election	Exceeded \$500	Final	eport (Attach C/OH - FR)

11 ELECTION

10 PERIOD COVERED

01/22/2016

THROUGH

General

02/20/2016

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**GOTO PAGE 2** 

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME		<b>15</b> A	CCOUNT # (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL CANDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S					
	COMMITTEE TYPE COMMITTEE NAME					
	GENERAL SPECIFIC	COMMITTEE ADDRESS				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CIDNTRIBUTION OF \$50 OR LEGS (OTHER THAN ES, LIDANA OR GUARANTIES OF LOANS), JUNES OF THE MIXED (A	1 \$ 12.872.83			
	2. TOTAL (OTHER	\$ 7,00000				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ > -			
	4. TOTAL POLITICAL EXPENDITURES \$ 19,145,25					
CONTRIBUTION BALANCE	5. TOTAL P	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD  DATUM CE  —	\$ 727,58			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$			
18 AFFIDAVIT						
PATRICIA MATAMOROS NOTARY PUBLIC State of Texas Comm. Exp. 02/03/2017 Signature of Candidate or Officeholder						
AFFIX NOTARY STAME		Salin C Romand	05			
day	Sworn to and subscribed before me, by the said State Ornavials, this the day of February 20 (c), to certify which, witness my hand and seal of office.					
Signature of officer admin	etering oath	Printed name of officer administering oath	itle 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:
2 FILER NAMES DE LA C. Benavides	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC(ID#)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
6 Contributor address; Otty; State; Zip Code	1,000 00
9 Pincipal occupition / Job title (See Instructions) 10 Employer (See	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See	Instructions)
Date Full name of contributor out-of-state PAC (ID#)	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	1,000 00
116 P.O. Box 2106, San Benito, TX	85 traveloutside of Texas, complete Schedule T)
Principal occupation / Job Mittle (See Instructions)  Employer (See	Instructions)
Date Full name of contributor Out-of-state PAC (ID#)  AV. 10.5 AY IN	Amount of In-kind contribution contribution (\$) description (if applicable)
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15205 Montclaire Dr. Colleyville	, If tradel outside (2002) Scorplete Schedule T)
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Contributor address; City; State; Zip Code	50000
612 Nolana, Ste 415, McAllen, TX	(If trans) Subside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See In	nstructions)

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

Texas Etnics Co	ommission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-298)
	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	ANS		SCHEDULE <b>A</b>
Th	e Instruction Guide explains how to complete	this form,	1 Total pages Sch	edule A:
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Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donatio	
Event Expense	Polling Expense	Travel Out Of Dist	trict	Candidate/Officeh	older/Political Committee
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Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of District	Contributions/Donations Ma Candidate/Officeholder/	
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107.	4495 nulh	9,000 a 7	7 BUNN	will TV 70K	<b>(1)</b>
PURDOSS	Category (See/categories listed at the top	of this schedule)	cription (If travel outside of To	Syrs complete Schedulo T\	بر مر
PURPOSE OF	District of the tol	, or tills septendie) Des	THE SPICE OF THE PROPERTY OF T	Mas, complete sociedale 1)	
EXPENDITURE	TODAI Devera	198			
Complete ONLY if direct	Candidate / Officeholder name	Offic	e sought	Office held	
expenditure to benefit C/C	OH				
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDU	LE AS NEEDED		

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

Fees	Printing Expense Office Overh		ategory not listed above)
	The Instruction Guide explains ho	,	3-7,
1 Total pages Schedule F:	Sofia Co Be	enavides 3 ACCOUNT	# (Ethics Commission Filers)
4 Date () - 1 (c)	5 Payee name	+	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e e	
198000	5018 Tampa West BI	lud. Tampa Flor	da 33634
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texa	as, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
2-11-16	Payee name FW Post		
Amount (\$)	Payee address; City; State; Zip Cod	e	
15004	1801 Veterans Blua	1. Brownsville, T	X 78521
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texa	as, complete Schedule T)
EXPENDITURE	Lonation		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
2-13-14	Payee name Gabino Va	Squez	
Amount (\$)	Payee address; City; State; Zip Code	· 0	
10000		Ownsville, TX 78	1521
PURPOSE OF ( EXPENDITURE	Reimbursement	Description (If travel outside of Texa	is, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 2-16-16	Payee name Sara Rod	riquez Adve	Misina
Amount (\$)	Payee address; City; State; Zip Code		J
6,06000	McAllen, Texas		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texa	s, complete Schedule T)
EXPENDITURE	Have hisement		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDED	

SCHEDULE F

	EXPENDITUR	E CATEGORIES FOR BOX 8(a	a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbu	ursement
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundraising Expense Travel In District	Transportation Equipmen	•
Event Expense	Politing Expense	Travel Out Of District	Contributions/Donations Candidate/Officeholds	Made By er/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category	y not listed above)
	The Instruction Guid	le explains how to complete this f	orm.	
1 Total pages Schedule F:	2 FILER NAME	Bassidas	3 ACCOUNT # (Eti	nics Commission Filers)
() 0/ / 4 Date 0	Jona C.	Benavides		
11 11 A	5 Payee name	5		
<u> メールー (</u> 6 Amount (\$)	7 Payee address; City; S	itate; Zip Code		. ,
8.73 ·	Trayou address, Sity, C	nato, zipoddo	ì	
1XD 25	2371 11 TM	2710 Brown	-111 TV	78526
100.	(2) Cottogon (See	JATO, Drowns	· · · · · · · · · · · · · · · · · · ·	
8 PURPOSE OF	(a) Category (See categories listed at the to	op or tris scriedule) (b) Descriptio	ា (If travel outside of Texas, com	энеце Болевите Т)
EXPENDITURE	Went Expensi	e l		
9 Complete ONLY if direct	Candidate / Officenolder name	e Office soug	ght	Office held
expenditure to benefit C/C	7N			
Date	Payee name	+1	Cl.	
2-16-16	huc.	4 Hower.	2nop	
Amount (\$)	Payee address; City; S	itale; Zip Code	1	
10-01		A M	Samuel of the same	_
11)5.54	12302 N. Canara	Mus. Missim	TX 78576	)
PURPOSE	Category (See categories listed at the to	p of this schedule) Description	n (If travel outside of Texas, comp	olete Schedule T)
OF EXPENDITURE	MAMAZIAL			
Complete ONLY if direct	Candidate / Officeholder name	Office soug	ıht	Office held
expenditure to benefit C/O	vH			
Date	Payee name /	0 . 1.		
2-16-16	$(\neg a \mid a \lor a)$	u DAW/Ina		
Amount (\$)	Payee address; City; St	tate; Zip Code		
1.016	A	. 0	i	
107.45	3451 Pablo KI	sel Brownsvill	le, TX 785	526
PURPOSE	Category (See categories listed at the to	p of this schedule) Description	(If travel outside of Texas, comp	stete Schedule_T)
OF EXPENDITURE	Ellent Expen	56		
Complete ONLY if direct	Candidate / Officeholder name	Office soug	ht	Office held
expenditure to benefit C/O	H			
Pate I	Payee name 1/	()		
2-16-16	HIPAV	a Print		
Amount (\$)		ate; Zip Code		
200/0		1		
323.62	1273 E. alt	m Gloor Browns	sville, TX	78526
PURPOSE	Category (See categories listed at the to	p of this schedule) Description	(If travel outside of Texas, comp	lete Schedule T)
OF EXPENDITURE	Printing Pr	pense		
Complete ONLY if direct	Candidate / Officeholder name		ht	Office held
expenditure to henefit C/C	nu 🥒			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Advertising Expense Accounting/Banking Consulting Expense	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense	ECATEGORIES F Salaries/Wages/Con Solicitation/Fundrais Travel in District	tract Labor	Loan Repayment/Rein	ent & Related Expense
Event Expense Fees	Polling Expense	Travel Out Of Distri		Candidate/Officeho	Ider/Political Committee
	Printing Expense The Instruction Guide	Office Overhead/Re e explains how to co	•	OTHER (enter a categ 'm.	ory not listed above)
1 Total pages Schedule F:	2 FILER NAME SOA	a C V	) Denadi		Ethics Commission Filers)
4 Date 2-17-16	5 Payee name Lek	05	e CI WIVI	7169	
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code			
189.34	501 E. Ri	ngold, E	) DYOWNSV	ille, TX	78520
8 PURPOSE OF EXPENDITURE	(a) Rategory (See categories listed at the top	p of this schedule)	(b) Description	(If travel outside of Texas, co	mplete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	t	Office held
2-17-16	Payee name Pan A	merical	n Gol	f Asso	ciation
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
10000	P.O. BOX 5013	, Browns	Ville T	X 1852	1
PÜRPOSE OF	Category (See categories listed at the top	of this schedule)	Description (	If travel outside of Texas, co	mplete Schedule T)
EXPENDITURE	1-DDX				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought		Office held
2-19-16	Payee name Korne	r Mar	ket		
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
166.19	1905 1 . Illinoi	is, Brou	onsvill.	0,TX 7	8521
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (	If travel outside of Texas, co	nplete Schedule T)
EXPENDITURE	CVent Expense	- P			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date	Рауее пате				
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (	ftravel outside of Texas, cor	nplete Schedule T)
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought		Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS SC	HEDULE AS N	IEEDED	