

# 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: <span style="font-size: 2em; font-weight: bold;">13</span>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <span style="font-size: 1.5em;">Sofia C.</span> NICKNAME      LAST      SUFFIX <span style="font-size: 1.5em;">Benavides</span>	<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION  <span style="font-size: 1.2em; font-weight: bold;">MAY 16 2016</span>  RECEIVED  Date Hand-delivered or Date Postmarked  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <span style="font-size: 1.2em;">4090 Retama Drive</span> <span style="font-size: 1.2em;">Brownsville, TX 78520</span>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <span style="font-size: 1.2em;">(956) 459-4020</span>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <span style="font-size: 1.5em;">Dr. Ruben</span> NICKNAME      LAST      SUFFIX <span style="font-size: 1.5em;">Gallegos</span>										
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <span style="font-size: 1.2em;">5220 Wilderness Dr.</span> <span style="font-size: 1.2em;">Brownsville, Texas 78526</span>										
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <span style="font-size: 1.2em;">(956) 504-3365</span>										
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input checked="" type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)								
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month    Day    Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month    Day    Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;">02 / 21 / 2016</td> <td></td> <td style="text-align: center; font-size: 1.5em;">05 / 14 / 2016</td> </tr> </table>			Month    Day    Year	THROUGH	Month    Day    Year	02 / 21 / 2016		05 / 14 / 2016		
Month    Day    Year	THROUGH	Month    Day    Year									
02 / 21 / 2016		05 / 14 / 2016									
11 ELECTION	ELECTION DATE Month    Day    Year <span style="font-size: 1.5em;">5 / 24 / 2016</span>	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any)  <span style="font-size: 1.5em;">Commissioner Precinct 1</span>	13 OFFICE SOUGHT (if known)									
GO TO PAGE 2											

12:10 pm

# 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 727.58
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,350 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 5051.68
	4. TOTAL POLITICAL EXPENDITURES	\$ 9211.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 814.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Sofia C. Benavides*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sofia C. Benavides, this the 16<sup>th</sup> day of May, 20 16, to certify which, witness my hand and seal of office.

*Patricia Matamoros*  
Signature of officer administering oath

Patricia Matamoros  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

193

2 FILER NAME

Dofia C. Benavides

3 Filer ID (Ethics Commission Filers)

4 Date

2/9/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jesus + Leby Salinas

6 Contributor address;

City; State; Zip Code

1201 E. Expressway, 83, Mission, TX 78572

7 Amount of contribution (\$)

5,000<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Principal

9 Employer (See Instructions)

Date

2/22/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Naples Investment

Contributor address;

City; State; Zip Code

5420 LBJ Freeway Ste 1355, Dallas, TX 75240

Amount of contribution (\$)

2,500<sup>02</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Paul Hemphill

Contributor address;

City; State; Zip Code

815 Ridgewood St., Brownsville, TX 78520

Amount of contribution (\$)

100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

3/11/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Law Office of Gilberto Hinojosa

Contributor address;

City; State; Zip Code

622 E. St. Charles, Brownsville, TX 78520

Amount of contribution (\$)

1,000<sup>00</sup>

Principal occupation / Job title (See Instructions)

Attorney

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2 of 3</b>
2 FILER NAME <i>Sofia C. Benavides</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/11/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lineberger Goggan Blair + Sampson</i> 6 Contributor address; City; State; Zip Code <i>P.O. Box 17428, Austin, TX 78760</i>	7 Amount of contribution (\$) <i>1,000<sup>00</sup></i>
8 Principal occupation / Job title (See Instructions) <i>Delingnet Tax firm</i>		9 Employer (See Instructions)
Date <i>3/23/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Troy Giles</i> Contributor address; City; State; Zip Code <i>5813 Padre Blvd., South Padre Island, TX 78597</i>	Amount of contribution (\$) <i>2,000<sup>00</sup></i>
Principal occupation / Job title (See Instructions) <i>Real Estate</i>		Employer (See Instructions)
Date <i>3/23/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rolando + Cynthia Rubiano</i> Contributor address; City; State; Zip Code <i>518 E. Woodland Dr., Harlingen, TX 78550</i>	Amount of contribution (\$) <i>1,250<sup>00</sup></i>
Principal occupation / Job title (See Instructions) <i>Businessman</i>		Employer (See Instructions)
Date <i>4/6/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>H. D. Houston</i> Contributor address; City; State; Zip Code <i>P.O. Box 2368,</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>
Principal occupation / Job title (See Instructions) <i>Realtor</i>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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:

393

2 FILER NAME

Sofia C. Benavides

3 Filer ID (Ethics Commission Filers)

4 Date

4/6/16

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

Doyle Wells

6 Contributor address; City; State; Zip Code

P.O. Box 3633, S. P. I., TX 78597

7 Amount of contribution (\$)

1,000<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Business man

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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 MADE 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 8	2 FILER NAME Dafia C. Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 2-23-16	5 Payee name Lopez High School	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 3205 S. Dakota, Brownsville, TX 78521	
8 <b>PURPOSE OF EXPENDITURE</b>	(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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-26-16	Payee name Brownsville Herald		
Amount (\$) 3,865.00	Payee address; City; State; Zip Code 1135 E. Van Buren, Brownsville, TX 78520		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertisement	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 2-24-16	Payee name Sams Club		
Amount (\$) 240.19	Payee address; City; State; Zip Code 3370 W. FM 3248, Brownsville, TX 78526		

<b>PURPOSE OF EXPENDITURE</b>	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 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 MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>298</b>	2 FILER NAME <b>Dofia C. Benavides</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2-24-16</b>	5 Payee name <b>C + C Wings</b>	
6 Amount (\$) <b>140.99</b>	7 Payee address; City; State; Zip Code <b>6550 Ruben Torres Blvd. Brownsville, TX 78526</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Food / Beverage</b>	(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 <b>2-29-16</b>	Payee name <b>Sams Club</b>		
Amount (\$) <b>400.53</b>	Payee address; City; State; Zip Code <b>3370 W. FM 3248, Brownsville, TX 78526</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2-29-16</b>	Payee name <b>Red Lobster</b>		
Amount (\$) <b>120.43</b>	Payee address; City; State; Zip Code <b>1075 FM 802, Brownsville, TX 78526</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food / Beverage</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3 of 8	<b>2</b> FILER NAME Dofia C. Benavides	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3-1-16	<b>5</b> Payee name Home Depot	
<b>6</b> Amount (\$) 165.38	<b>7</b> Payee address; City; State; Zip Code 605 W. Morrison Rd., Brownsville, TX 78526	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense	
	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 3-2-16	Payee name All Valley Media	
Amount (\$) 155.02	Payee address; City; State; Zip Code 221 W. Wilson. Harlingen, Texas 78550	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertisement	
	Description <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 3-8-16	Payee name Brownsville Herald	
Amount (\$) 432.00	Payee address; City; State; Zip Code 1135 E. Van Buren, Brownsville, TX 78520	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertisement	
	Description <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 MADE 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 488	<b>2</b> FILER NAME Dofia C. Benavides	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3-8-16	<b>5</b> Payee name Miguel Angel Chavez / La Vagueta	
<b>6</b> Amount (\$) 775 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 3516 Jaime Zapata, Brownsville, Texas 78520	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3-21-16	Payee name Sams Club	
Amount (\$) 158.27	Payee address; City; State; Zip Code 3370 W. FM 3248, Brownsville, TX 78526	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3-21-16	Payee name All Valley Media	
Amount (\$) 190 <sup>00</sup>	Payee address; City; State; Zip Code 221 W. Wilson, Harlingen, TX 78550	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertisement	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> 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 MADE 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5 of 8	<b>2</b> FILER NAME Dofia C. Benavides	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3-22-16	<b>5</b> Payee name Sams Club	
<b>6</b> Amount (\$) 187.63	<b>7</b> Payee address; City; State; Zip Code 3370 W. FM 3248, Brownsville, TX 78526	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) food/Beverage	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 3-23-16	Payee name Go Print	
Amount (\$) 458.63	Payee address; City; State; Zip Code 7661 N. San Fernando Rd., Burbank, CA 91505	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description <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 3-24-16	Payee name Vista Mobile Advertisement	
Amount (\$) 300 <sup>00</sup>	Payee address; City; State; Zip Code 50 Providencia Ct, Brownsville, TX 78586	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description <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 MADE 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 of 8	2 FILER NAME Dolita C. Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 3-24-16	5 Payee name Rose Melendez	
6 Amount (\$) 140.00	7 Payee address; City; State; Zip Code Grant Street, Brownsville, Texas 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) phone Bank	(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 3-24-16	Payee name Mario Vasquez	
Amount (\$) 125.00	Payee address; City; State; Zip Code 1835 Dan St. Brownsville, TX 78520	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 3-31-16	Payee name Sams Club	
Amount (\$) 168.29	Payee address; City; State; Zip Code 3370 W. FM 3248, Brownsville, TX 78526	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 7 of 8	<b>2</b> FILER NAME Dolice C. Benavides	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3-31-16	<b>5</b> Payee name Chays Custom Sports	
<b>6</b> Amount (\$) 649.50	<b>7</b> Payee address; City; State; Zip Code 160' E Stenger, San Benito, TX 78586	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Printing	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:	

Date 4-6-16	Payee name Solice	
Amount (\$) 200.02	Payee address; City; State; Zip Code 7200 Bonham, Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: Office sought: Office held:	

Date 4-6-16	Payee name Easy to Go Tacos	
Amount (\$) 121.02	Payee address; City; State; Zip Code 2344 Southmost, Brownsville, Texas 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  food / Beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: Office sought: Office held:	

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# POLITICAL EXPENDITURES MADE 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 8 of 8	<b>2</b> FILER NAME Dofia C. Benavides	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4-12-16	<b>5</b> Payee name Jesus Talamante	
<b>6</b> Amount (\$) 1200	<b>7</b> Payee address; City; State; Zip Code 222 N. Iowa, Brownsville, Texas 78520	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense Banner	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	

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