

SOFIA
BENAVIDES

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: 89R
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: <u>Sofia</u> MI: <u>C.</u> NICKNAME: _____ LAST: <u>Benavides</u> SUFFIX: _____	<div style="text-align: center; border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <p>Date Received</p> <p style="text-align: center; font-weight: bold;">CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION</p> <p style="text-align: center; font-size: 1.2em;">9:50am JUL 11 2017</p> <p>Date Hand-delivered or RECEIVED BY: <u>Matel</u></p> <p>Receipt # _____ Amount \$ _____</p> <p>Date Processed _____</p> <p>Date Imaged _____</p>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>4090 Retama Dr.</u> <u>Brownsville, TX 78521</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(956) 459-4020</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: <u>Dr. Ruben</u> MI: _____ NICKNAME: _____ LAST: <u>Gallegos</u> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>5220 Wilderness Drive</u> <u>Brownsville, TX 78526</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(956) 504-3365</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>01 / 1 / 17</u> <u>6 / 30 / 17</u>		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>County Commissioner</u> <u>Precinct 1</u>	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Sofia C. BENAVIDES 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$ 1,074.70
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,000 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -3,214.78
	4. TOTAL POLITICAL EXPENDITURES	\$ -4,248.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,611.67
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 10th day of July, 2017, 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

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Sofia C BENAVIDES</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1 of 3**

2 FILER NAME

Sofia C. Benavides

3 Filer ID (Ethics Commission Filers)

4 Date

2/9/17

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

Republic Service Inc

6 Contributor address; City; State; Zip Code

18500 N. Allied Waste, Phoenix AZ

7 Amount of contribution (\$)

1,000⁰⁰

8 Principal occupation / Job title (See Instructions)

Solid Waste Company

9 Employer (See Instructions)

Date

4/21/17

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

Carlos Marin

Contributor address; City; State; Zip Code

1803 Palm Blvd., Brownsville, TX

Amount of contribution (\$)

500⁰⁰

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

4/24/17

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

Half Associates State PAC

Contributor address; City; State; Zip Code

1201 N. Browser Rd., Richardson, TX

Amount of contribution (\$)

2,500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/17

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

S + B PAC

Contributor address; City; State; Zip Code

P.O. Box 246245, Houston, TX

Amount of contribution (\$)

5,000⁰⁰

Principal occupation / Job title (See Instructions)

Engineer

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:

2 of 3

2 FILER NAME

Sofia C. Benavides

3 Filer ID (Ethics Commission Filers)

4 Date

4/25/17

5 Full name of contributor

Jacinto Garza

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

1,250.⁰⁰

6 Contributor address; City; State; Zip Code

27304 S. Bass Blvd., Harlingen, TX

8 Principal occupation / Job title (See Instructions)

Engineer

9 Employer (See Instructions)

Date

4/26/17

Full name of contributor

Craig F. Stong

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,000.⁰⁰

Contributor address; City; State; Zip Code

15902 Reyes RDG, Helotes TX

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

4/27/17

Full name of contributor

Jesus Salinas

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2,500.⁰⁰

Contributor address; City; State; Zip Code

1201 E. Interstate Hwy 2, Mission, TX

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

4/27/17

Full name of contributor

Pablo Garza

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,250.⁰⁰

Contributor address; City; State; Zip Code

9732 N. Bentsen Rd., McAllen, TX

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: 3 of 3
2 FILER NAME Dofia C. Benavides		3 Filer ID (Ethics Commission Filers)
4 Date 4/28/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gumecindo Ybarra	7 Amount of contribution (\$) 500⁰⁰
6 Contributor address; City; State; Zip Code 2811 E. Mile 9 1/2 N. Donna, TX		
8 Principal occupation / Job title (See Instructions) Owner - Self Employed		9 Employer (See Instructions)
Date 4/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene A. Ramirez	Amount of contribution (\$) 1000.⁰⁰
Contributor address; City; State; Zip Code 612 W. Nolana Ste 415, McAllen, TX		
Principal occupation / Job title (See Instructions) President - Pathfinder		Employer (See Instructions)
Date 4/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberto Obregon	Amount of contribution (\$) 1000.⁰⁰
Contributor address; City; State; Zip Code 24827 Northhampton Forest, Spring, TX		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 4/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vicente Mendez	Amount of contribution (\$) 500⁰⁰
Contributor address; City; State; Zip Code 1928 Westminister, Brownsville, TX		
Principal occupation / Job title (See Instructions) Engineer		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 3	2 FILER NAME Dofia C. Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 1/1/17	5 Payee name Lotus Cafe	
6 Amount (\$) 600 ⁰⁰	7 Payee address; City; State; Zip Code 2489 Boca Chica, Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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
	Swearing In Ceremony	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2-1-17	Payee name All Valley Media	
Amount (\$) 225 ⁰⁰	Payee address; City; State; Zip Code 221 W. Wilson, Harlingen, TX 78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 5-10-17	Payee name John Villarreal	
Amount (\$) 150 ⁰⁰	Payee address; City; State; Zip Code 504 E. Levee, Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign 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 <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: 2 of 3	2 FILER NAME Dolita C. Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 5-2-17	5 Payee name Mary Esther Sorola	
6 Amount (\$) 1,000 ⁰⁰	7 Payee address; City; State; Zip Code 1999 W. Jefferson St., Brownsville, Texas	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-22-17	Payee name Sams Club		
Amount (\$) 148.41	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-1-17	Payee name All Valley Media		
Amount (\$) 129.95	Payee address; City; State; Zip Code 221 W Wilson, Harlingen, TX 78550		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing 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 <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 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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: 3 of 3	2 FILER NAME Dofia C. Benavides	3 Filer ID (Ethics Commission Filers)
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4 Date 6-5-17	5 Payee name Best Buy
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6 Amount (\$) 1,493.82	7 Payee address; City; State; Zip Code 2701 Pablo Kisel Blvd., Brownsville, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office equipment (computer)	(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 6-12-17	Payee name Uce House Bar + Grill
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Amount (\$) 251.07	Payee address; City; State; Zip Code 4311 FMSH, Brownsville, Texas
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Luncheon 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-22-17	Payee name Portway Acres Plaza
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Amount (\$) 250⁰⁰	Payee address; City; State; Zip Code 6664 Padre Island Hwy, Brownsville, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sponsorship fundraiser	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