# 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:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR  SO FIRST  NICKNAME  LAST	SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE  6 CAMPAIGN TREASURER NAME	Benavide.	SUFFIX	CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION  JAN 1 6 2018  HECEIVED Date Hand delivered Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SU  5220 Wilderne  Brownsville, TX  AREA CODE PHONE NUMBER  (956)  504-33	ess Drive 78526 EXTENSION	ZIP CODE
9 REPORT TYPE	January 15 30th day before elect	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07/01/17	THROUGH 200 ROSE AS A SA	Day Year
11 ELECTION	ELECTION DATE  Month Day Year Primary  General	ELECTION TYPE  Plunoff Description  Special	Committee Committee
12 OFFICE	County Commissioner Precinct 1	13 OFFICE SOUGHT (if known)	
	GO TO F	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)	CAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S						
	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
	<u> </u>	COMMITTEE ADDRESS					
	SPECIFIC						
	18 2 · 18		•				
,	7.4.	COMMITTEE CAMPAIGN TREASURER NAME					
Additional Pages							
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
		<b>?</b>					
`			,				
17 CONTRIBUTION TOTALS	1. TOTAL) PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LASS (OTHER THAN IS TOANS, OR GUARANTEES OF LOANS) JUNLESS (TEMIZED	\$ 11,611.67				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$\ -0-				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 5,048.25						
	4. TOTAL POLITICAL EXPENDITURES \$ 3,739.06						
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	* \$2,824.38				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY 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.  PATRICIA MATAMOROS NOTARY PUBLIC STATE OF TEXAS My Comm. Exp. 02/03/2021 Notary ID# 838259-1  AFFIX NOTARY STAMP/SEALABOVE							
Sworn to and subscribed before me, by the said Sofia C. Benavides, this the							
day of January, 20 / h, to certify which, witness my hand and seal of office.							
	mar	Patricia Matamoros	Notary				
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath				

## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,787.29
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	н \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_ City; State; Zip Code 6 Contributor address; 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#:\_ Date Amount of contribution (\$) City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_ City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (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 Accounting/Banking Consulting Expense

Event Expense Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Legal Services	emoriais Expense s		ense ges/Contract Labor	Travel In Distric Travel Out Of D Other (enter a c	
		me msnu	ction Guide expla	ms now to co	mpiete this form.		
1 Total pages Schedule F1:	2 FILER N	ame Si	fia C	. Ben	avides	3 Filer ID (E	Ethics Commission Filers)
4 Date 7	5 Payeens	ame R L	edu's	B.	B- 0	·	
6 Amount (\$)	7 Payee ad	ddress;	City; State;	Zip Code			
593.02	2780	3.n.e		ay, 1	Drowns o	MoTA	78526
8	1		listed at the top of this	. '	(b) Description	el outside of Texas. Comp	lata Cabada la T
PURPOSE OF	tood	1Bev	erage C	x pense		stin, TX, officeholder I	
EXPENDITURE		f	mande	rin.	Oncok ii Na	suii, ix, sincensidei i	wing axponse
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeho	ider name	· · · · · · · · · · · · · · · · · · ·	Office sought		Office held
Date	Payee na	me					
9-29-17		501	MS	Clul	<i>(</i> <b>)</b>		
Amount (\$)	Payee ac	ldress;	City; State;	Zip Code			
227.29	337/	WF	M 3248	Bro	wasville	TX 72	3526
	Category	(See Categories	listed at the top of this		Description		V
PURPOSE	9110	201	6		Check if travel	outside of Texas. Comple	ete Schedule T.
OF EXPENDITURE	EVE	Net	Expen	56	Check if Aus	tin, TX, officeholder liv	ving expense
			ŧ.			1	
Complete ONLY if direct	L Candida	ate / Officehol	der name		Office sought		Office held
expenditure to benefit C/OF	ł						
Date	Payee na <i>Î</i>	ıme İ	1) (		$\mathcal{A}$		
4-27-17	ho	ali	Betan	COUR	t Ca	mpaigi	$\overline{}$
Amount (\$)	Payee ad	dress;	City; State; 2	Zip Code			
50000	2057	Ray	enwood	Lan	e, Harle	ngen TX	78550
	Category	(See Categories	listed at the top of this	schedule)	Description	<u> </u>	
PURPOSE OF	// Ten	Ollah	( anhal	hh		outside of Texas, Comple	
EXPENDITURE	Cum	777	Congrit	M (00)	Uneck it Aus	tin, TX, officeholder liv	ring expense
Complete ONLY if direct expenditure to benefit C/OH		ite / Officeho	der name	, <u>I</u>	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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment  The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1	Sotra C. De	navides	3 Filer ID (Ethics Commission Filers)			
4 Date 9-30-17	5 Payee name Julie Garz	- C				
6 Amount (\$)	7 Payee address; City; State; Zip Code					
252.04		nsville, Ti	( 78521			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	utside of Texas. Complete Schedule T.			
PURPOSE OF	1' Donation	[	r, TX, officeholder living expense			
EXPENDITURE						
į						
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name		$\cap$			
10-1-17	Mary Esther	Sorola	Campaign			
Amount (\$)	Payee address; /City; State; Zip Code	•	1			
50000	1999 W. Jefferson, Brow	unsville, T	X 78520			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	Donation		tside of Texas, Complete Schedule T. , TX, officeholder living expense			
EXPENDITURE			,			
	Campaign Contribution					
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payee name					
10-4-17	Edgar Vai	lero				
Amount (\$)	Payee address; Ofty; State; Zip Code					
15000	32636 Stage Couch, By	monsville,	TX 78521			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF			iside of Texas. Complete Schedule T.  TX, officeholder living expense			
EXPENDITURE	Event Expense	CHECK II AUSTIII,	1.A., unicerioidet ziving 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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made E Candidate/Officeholder/Politic		Memorials Expense es	Printing Exper Salaries/Wage	nse es/Contract Labor	Travel Out Of Dis Other (enter a cate	irict egory not listed above)
Credit Card Payment	The Instr	sction Guide explain	is how to com	plete this form.		
1 Total pages Schedule F1: 3 が、よ	2 FILER NAME S	ofia C.	Bene	avides	3 Filer ID (Eth	ics Commission Filers)
4 Date V 1 - 1 3 - 1 7	5 Payee name	rar L	-11/10/	11/12	ampai	9/
6 Amount (\$)	7 Payee address;	City; State; Z	lp Code			J
50000						
8	(a) Category (See Categorie	es listed at the top of this s	chedule) (I	b) Description	utside of Texas. Complet	a Schadula T
PURPOSE OF	Campaign	Contril	Dutin	<del>[ ]</del>	n, TX, officeholder livi	
EXPENDITURE	1 3	in b' m				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeh	older name	interest.	Office sought		Office held
Date	Payee name	A				
12-6-17	Cameron (	ounty &	Employ	iees Ch	VIS +mas	Fund
Amount (\$)	Payee address;	City; State; Zi	p Code /		,	w
20000	2100 Pared	es Lie F	d. Ba	ownsville,	TX 78	521
	Category (See Categorie	s listed at the top of this so	" # '   '	Description	,	
PURPOSE OF	c . (	8:00			tside of Texas. Complete , TX, officeholder livin	
EXPENDITURE	Event	Expens	Se	Chock if Addition	, 17, onicendides item	g expense
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Date	Payee name	and the second s	ot Amore,			-
12-08-17	Lop	ez 1a	male	95		·
Amount (\$)	Payee address;	City; State; Zi	p Code			
17500	137 8.1	<u>Madison</u>	Bo	wnsville	TX	18520
	Category (See Categorie		·	Description Chark if traval av	tolds of Tour- O	Calcadada T
PURPOSE OF EXPENDITURE	Food 18	vent Ex	penso	[ <del></del> ]	tside of Texas. Complete	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeh	older name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made is Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Office Over ense Polling Exp als Expense Printing Ex	pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME SOF	a C Ber	navides	3 Filer ID (Ethics Commission Filers)		
4 Date 12-8-17	5 Payee name	+				
6 Amount (\$)	7 Payee address; J Cit	ry; State; Zip Code				
362 93	301 E. Moss		ons villa, T	X 78526		
8 PURPOSE	(a) Category (See Categories listed	at the top of this schedule)	(b) Description  Check if travel ou	tside of Texas. Complete Schedule T.		
OF EXPENDITURE	coend cap	TIOE.	Check if Austin	, TX, officeholder living expense		
	MagicalC	Nistmas!				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder i i	name	Office sought	Office held		
Date	Payee name	<u></u>				
12-8-17	Italia	n Expre	55			
Amount (\$)	Payee address; Cit	y; State; Zip Code				
192.10	2350 n. Ex	ovessway,	Browns 1111	e.TX 18521		
PURPOSE	Category (See Categories listed	at the top of this schedule	Description Check if travel outs	side of Texas. Complete Schedule T.		
OF EXPENDITURE	1000 April	P - 1 / CCC	Check if Austin,	TX, officeholder living expense		
	Magical Chi	ristmas				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Cap <b>d</b> idate / Officeholder r	ame	Office sought	Office held		
Date	Payee name					
12-8-17	Sam	5				
Amount (\$)	Payee address; City	/; State; Zip Code				
386,72	3370 W. FM		noville, t	7 78526		
PURPOSE	Category (See Categories listed	,	Description  Check if travel outs	ide of Texas, Complete Schedule T.		
OF EXPENDITURE	West Exp	ense		TX, officeholder living expense		
	Drinks/ Cardies	IPlates -	lagical C	hristmas		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	fame '	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						