SOFIA BENAVIDES

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | Guide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | | |
|--|--|---|---|--|--|
| 3 CANDIDATE/ OFFICEHOLDER NAME | MS/MRS/MR FIRST MV5 SOFia NICKNAME LAST | MI | OFFICE USE ONLY Date Received CAMERON COUNTY | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME | ADDRESS / PO BOX; APT / SUITE #; C 4090 Refama D Brownsville Texa AREA CODE PHONE NUMBER (956) 459-402 MS / MRS / MR DY - HUDEN NICKNAME LAST | es Sity; State; ZIP CODE YIVE 85 78521 EXTENSION O MI Gallegus SUFFIX | DEPARTMENT OF ELECTIONS VOTER REGISTRATION 3.34 av JUL 15 2019 RECEIVED By: Date Hand-delivered of Date Postmarked Receipt # Amount \$ Date Processed Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT/SU 5220 Wildern Brownsville, Te | | ZIP CODE | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (956) 504-33 | extension | | | |
| 9 REPORT TYPE | January 15 30th day before elec | | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year 01/01/2019 | Month THROUGH | Day Year 30 / 2019 | | |
| 11 ELECTION | ELECTION DATE Month Day Year Primary 03/ / 2020 General | Runoff Other Description Special | | | |
| 12 OFFICE | Commissioner Precinct 1 | 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 SO Ha | CBE | NAUIDES | 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 | | | | | |
| | GENERAL | | | | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | | | | |
| , · · | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | |
| Additional Pages | | · | | | | | |
| _ | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | |
| | | Balance Brought | - Forward # 172.4 | | | | |
| 17 CONTRIBUTION TOTALS | 1. TOTAL F PLEDGE | COLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THE S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM! | AN \$ - 0 - | | | | |
| · | | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 13, 200 | | | | | |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 3,629.79 | | | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES \$-6,380.36 | | | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 3,361.96 | | | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ | | | | | | |
| 18 AFFIDAVIT | | | | | | | |
| | | and a superior of the factor of the superior o | perjury, that the accompanying report is properting or a companying report is propertied by me | | | | |
| PA' | TRICIA MATAMO | been a second | ormation required to be reported by me | | | | |
| My | NOTARY PUBLIC STATE OF TEXAS Comm. Exp. 02/03/ Notary ID# 838259 | 2021 Dofin CBE | namedes | | | | |
| Commence of the Commence of th | THE THE CONTRACTOR | Signature of Can | didate or Officeholder | | | | |
| AFFIX NOTARY STAME | P/SEALABOVE | | 111 | | | | |
| Sworn to and subscr | ibed before me, b | y the said Sofia C. Benavid | 95 , this the | | | | |
| day of July | , 20 <u>//</u> , t | o certify which, witness my hand and seal of office. | | | | | |
| Qual ata | nou | Patricia Matamaros | Notary | | | | |
| Signature of officer ac | 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 Con | mmission Filers) |
|--|--------------------|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 13,20000 |
| 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 | \$4380.36 |
| 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/OH | \$ |
| 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#:__ 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#;_ Amount of contribution (\$) Date Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date Amount of contribution (\$) out-of-state PAC (JD#:_ 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
|---|---------------------------------------|
| Sofia C. Benavides | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#:) Halff ASSOCIATES - State PAC 6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$) |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | 15081 |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Chaire eving - Architecture | uonaj |
| Date Full name of contributor □ out-of-state PAC (ID#:) | Amount of contribution (\$) |
| Joe n. Hlaniz Contributor address; City; State; Zip Code | 25000 |
| 14080 Ketama Dr., Brownsville, TX | 78521 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | tions) |
| Individual | |
| Date Full name of contributor □ out-of-state PAC (ID#:) | Amount of contribution (\$) |
| 3/14/19 Kene Damirez Contributor address; City; State; Zip Code | 1,00000 |
| 612 W. Nolana Ste. 415, McAllen TX 78 | <u> </u> |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | · · · · · · · · · · · · · · · · · · · |
| Date Foil name of contributor Out-of-state PAC (ID#: ADD A-KUS THER HAC (ID#: Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| 19 P.O. Box 690287, San Antonio. TX 782 | 1,000 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | tions) |
| Engineering Consultant Firm | |
| | |

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 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 7 Amount of contribution (\$) ut-of-state PAC (ID# 5,00000 out of state PAC (ID# Date Amount of contribution (\$) Date Amount of contribution (\$) Date Amount of contribution (\$) ___ out-of-state PAC (ID#

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 for | m. | 1 Total pages Schedule A1: |
|------------------|--|---------------------------|---------------------------------------|
| 2 FILER NAME | Sofia C. Benavide | 25' | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID# | :) | 7 Amount of contribution (\$) |
| 5/21/10 | * | Zip Code | 50000 |
| 119 | 1712 Lemon Mint Court, A | ustinIX 1 | 8733 |
| 8 Principal occu | pation / Job title (See Instructions) 9 | Employer (See Instruction | ons) |
| Date | Full name of contributor out-of-state PAC (IDa | ÷) | Amount of contribution (\$) |
| | Contributor address; City; State; | Zip Code | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date | Full name of contributor | :) | Amount of contribution (\$) |
| | Contributor address; City; State; | Zip Code | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date | Full name of contributor ut-of-state PAC (ID# | :) | Amount of contribution (\$) |
| | Contributor address; City; State; 2 | Zip Code | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruction | ons) |
| | J. | | |
| | | | |
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| | ATTACH ADDITIONAL COPIES OF THE CONTRIBUTION O | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|--|--|---|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment | Fees Food/Beverage Expense y 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) | | | | |
| Clear Cara Faymont | The Instruction Guide explains | how to complete this form. | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME Sofia | C. Benavide | 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 Date V 2-13-19 | 5 Payee name Staples 1 | Advantage | | | | | |
| 6 Amount (\$) | 7 Payee address; t ity; State; Zip | Code () | | | | | |
| 176.48 | 2436 Pablo Kisel Blue | 1. Brownsville | Texas 78526 | | | | |
| 8 | (a) Category (See Categories listed at the top of this sch | | | | | | |
| PURPOSE OF EXPENDITURE | office Dupplies | 1 — | tside of Texas. Complete Schedule T. , TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held | | | | |
| Date | Payee name | į s | | | | | |
| 2-20-14 | Charro Da | ys Headqua, | Hers | | | | |
| Amount (\$) | Payee address; City; State; Zip | Code | | | | | |
| 15000 | 455 E. Elizabeth | St., Brownsvia | lle, Texas 78520 | | | | |
| | Category (See Categorles listed at the top of this sch | | side of Texas. Complete Schedule T. | | | | |
| PURPOSE OF EXPENDITURE | Event Expense | | TX, officeholder living expense | | | | |
| | · · | | | | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office neld | | | | |
| Date | Payee name | | | | | | |
| 3-11-19 | Sams Clu | 6 | | | | | |
| Amount (\$) | Payee address; City; State; Zip | Code | | | | | |
| 337.57 | 3570 W. Alton Gloor | Blud. Brownsvi. | Ne, Texas 78520 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this sol | Check if travel out | tside of Texas. Complete Schedule T. , TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held | | | | |
| ŧ | ATTACH ADDITIONAL COPIES C | OF THIS SCHEDULE AS NEE | DED | | | | |

| | | EXPEND | HURECATE | GORIES | OR BOX 8(a) | | |
|---|------------------|---|---|--|--------------------|--|--------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Ex Gift/Awards/Memory Legal Services The Instruction | orials Expense | Office Overl Polling Exp Printing Exp Salaries/Wa | | Transportation E Travel In Distric Travel Out Of D | |
| d = | I | | | | | 2 5 15 45 | |
| 1 Total pages Schedule F1: | 2 FILER I | AIVIE | Kana | dillo | | 3 Filer ID (E | thics Commission Filers) |
| 4 Date | 5 Payeen | <u> 12 L.</u> | Dena | VIAS | 2 | | |
| LL-C IA | 3 rayeen | 1110 | | T. | | | |
| 7-3-/1 | | MAUYA | Jan | | ana | | |
| 6 Amount (\$) | 7 Payee a | ddress; (| City; State; 2 | Zip Code | | | |
| 12509 | MILA | aurel 1 | Lane, B | YOWNSI | ville, Tex | es 785 | 20 |
| 8 | (a) Categor | y (See Categories lis | ted at the top of this | schedule) | (b) Description | | |
| PURPOSE | (T) | 1 1 | | | Check if travel o | utside of Texas. Comp | olete Schedule T. |
| OF | Dona | ation | | | Check if Austi | in, TX, officeholder | living expense |
| EXPENDITURE | | | | | | | |
| | | | | | | | |
| 9 Complete ONLY if direct | Candi | date / Officehold | er name | | Office sought | | Office held |
| expenditure to benefit C/Ol | 4 | | | | | | |
| Dul | Payoon | ama | | | | | |
| Date | Payee n | ane | ۸. | | | | |
| 4-11-19 | 30 | emila | Crisis | 5 | | | |
| Amount (\$) | Payee a | ddress; 🥼 🖠 | City; State; | Zip Code | | | |
| 12500 | 124 | W. Jac | kson St | - Har | lingen | , TX 1 | 8550 |
| | Categor | y (See Categories lis | sted at the top of this | schedule) | Description | • | |
| PURPOSE | an/1 | - tour | amen a | L | Check if travel or | utside of Texas. Comp | lete Schedule T. |
| OF EXPENDITURE | J - ' ' | - , | namena | | Check if Austii | n, TX, officeholder ! | iving expense |
| EXPENDITORE | | indrais | | | | | |
| | 1-6 | indrai: | SEIC | | | | |
| Complete ONLY if direct expenditure to benefit C/OF | | date / Officeholde | er name | | Office sought | | Office held |
| | 1 | | | | | | |
| Date | Payee r | iame | | | | | |
| 4-15-19 | Bro | ownsvil | le He | erald | | | <u>-</u> |
| Amount (\$) | Payee a | .ddress; | City; State; | Zip Code | | | |
| 0 | | | | | | : 1 | |
| 1955 | 1135 | F 11. | a. Ru | 10h S | 7 Royal | nsville | TX 78520 |
| ₩ " "mm" | Categor | y (See Categories lis | A / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | schedule) | Description | WILLE, | IN OCCU |
| PURPOSE | | | è | | l — , | utside of Texas. Comp | lete Schedule T |
| OF | 111 | Hisema | a L | | | n, TX, officeholder | |
| EXPENDITURE | Have | 1112E11G | | | Offect if Austr | n, ra, unicelloider | usuid exhelise |
| | | | | | | | |
| 0 17 0183777 | 0 | data / Office Scient | for name | | Office servet | | Office In a Lat |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | date / Officeholo | ici Halile | | Office sought | | Office held |
| | | | | | | | |
| ŧ | A | TACH ADDITIO | ONAL COPIE | S OF THIS | SCHEDULE AS NE | EDED | |
| | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|------------------|---|---|-------------------|---|-------------------------|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Office Overl Polling Exp Printing Exp | | Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego | oment & Related Expense | |
| Credit Card Payment | | The Instruction Guide exp | lains how to co | mplete this form. | | | |
| 1 Total pages Schedule F1: | 50 | tra C. Be | navid | 25 | 3 Filer ID (Ethic | s Commission Filers) | |
| 4 Date 4-22-19 6 Amount (\$) | 7 Payee ac | 11 Valley | Media Zip Code | | | | |
| 15000 | 121 | W. Wilson Av | e. Hau | lingen; | TX 78: | 55 <i>0</i> | |
| 8 | (a) Category | (See Categories listed at the top of | this schedule) | (b) Description | | | |
| PURPOSE OF EXPENDITURE | Adve | erhisemeat | | | outside of Texas, Complete S in, TX, officeholder living | | |
| | Sha | PLUCS | | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | | ate / Officeholder name | | Office sought | | Office held | |
| Date | Payee na | me | | | | | |
| 4-19-19 | Gu | If Quality | Lu 50 | a food | | | |
| Amount (\$) | Payee ac | Idress; City; State; | Zip Code | | | | |
| 114.71 | 6955 | Boca Chic | a Bluc | I., Brownsi | ville, Tex | 45 7852/ | |
| PURPOSE OF EXPENDITURE | Category FUDA | r (See Categories listed at the top of LEXPENSE | this schedule) | | outside of Texas. Complete S | | |
| EXPENDITURE | | • | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | ate / Officeholder name | | Office sought | | Office held | |
| Date | Payee n | ame | | | | | |
| 5-8-19 | AIL | Valley M | edia | | | | |
| Amount (\$) | Payee a | ddress; City; State | ; Zip Code | | | | |
| 25000 | 221 | W. Wilsm F | Venue | Harlen | 1 en TX | 78550 | |
| PURPOSE OF EXPENDITURE | Prin | (See Categories listed at the top of | this schedule) | | outside of Texas. Complete S in, TX, officeholder living | | |
| | 6 | NaAhire | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | ate / Officeholder name | | Office sought | | Office held | |
| á | AT | TACH ADDITIONAL COP | IES OF THIS | SCHEDULE AS NE | EDED | | |
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| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|--|----------------------|--|---|--------------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political | Fr Fr G | vent Expense ses cod/Beverage Expense ift/Awards/Memorials Expen egal Services | Office Over Polling Exp se Printing Exp | | 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 e | xplains how to co | omplete this form. | |
| 1 Total pages Schedule F1: | 2 FILER NAM | Fa C. E | SenaVIO | 125 | 3 Filer ID (Ethics Commission Filers) |
| 4 Date U 5-/5-/9 | 5 Payee name | HII Vall | ey Me | dia | |
| 6 Amount (\$) | 7 Payee addr | ess; City; Sta | te; /Zip Code | | |
| 139.95 | 2211 | O. Wilson | Ave. H | allenzen | TX 78551 |
| 8 | (a) Category (9 | see Categories listed at the top | of this schedule) | (b) Description | utside of Texas, Complete Schedule T. |
| PURPOSE OF EXPENDITURE | Prince | ting Expu | ense+ | | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | · · | / Officeholder name | | Office sought | Office held |
| Date | Payee nam | e | | | |
| 5-30-19 | (name) | Nel15 H | onkey | Tonk | |
| Amount (\$) | Payee addr | ess; City; Sta | te; Zip Code [‡] | | |
| 478.44 | 10700 | FH 1421, | Browns | ville, te | XQS |
| BUBBOSE | Category (8 | See Categories listed at the top | | Description Check if travel ou | rtside of Texas. Complete Schedule T. |
| PURPOSE OF | Food | Beverag | 9 | | , TX, officeholder living expense |
| EXPENDITURE | Ex | pense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Officeholder name | | Office sought | Office held |
| Date | Рауее пап | ne | | | |
| 6-10-19 | D | addy S | rea fo | od | |
| Amount (\$) | Payee addi | ress; City; Sta | te; Zip Code | | |
| 121.08 | 1808 | Padre B | Wd., 5 | routh Pad | ie Island. TX |
| PURPOSE OF EXPENDITURE | Category (: +00 a | See Categories listed at the top Bevero Expense | o of this schedule) | [[] | utside of Texas. Complete Schedule T. 1, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | e / Officeholder name | | Offlice sought | Office held |
| t | ATTA | CH ADDITIONAL CO | PIES OF THIS | SCHEDULE AS NEI | EDED |

| | EXPENDITURE CATI | EGORIES FOR BOX 8(a) | |
|--|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment | | 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) |
| оны они гаупын | The Instruction Guide expla | ins how to complete this form. | |
| 1 Total pages Schedule F1: | 2 FILERNAME A. B. | enavides | 3 Filer ID (Ethics Commission Filers) |
| 4 Date) 4 (4 - 18 - 19 | 5 Payee name Quality Prin | tt Design | |
| 6 Amount (\$) | 7 Payee address; City; State; | Zip Code | |
| 1,300.31 | 2165 US Military | 1 Hwy 281 Ste C | , Brownsville De |
| 8 | (a) Category (See Categories listed at the top of the | is schedule) (b) Description | |
| PURPOSE OF EXPENDITURE | Printing Expen | | utside of Texas. Complete Schedule T. n, TX, officeholder fiving expense |
| | C. L. C. Diago | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 6-20-19 | Quality Prin | H Design | |
| Amount (\$) | Payee address; City; State; | Zip Code | |
| 20000 | 2165 US Hilitary | , | Brownsville, TX |
| PURPOSE | Category (See Categories listed at the top of the | , | utside of Texas. Complete Schedule T. |
| OF EXPENDITURE | Printing Expen | | n, TX. officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office neld |
| Date | Payee name | | |
| 4-27-19 | All Valley 1 | 1 edia | |
| Amount (\$) | Payee address; City; State; | Zip Code | |
| 43000 | 221 W. Wilsm. | Avenue Harle | ncen. TX 78550 |
| | Category (See Categories listed at the top of the | nis schedule) Description | |
| PURPOSE OF EXPENDITURE | Advertisement | . / 🗀 | utside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| | Chaphins | | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | , Office sought | Office held |
| ŧ | ATTACH ADDITIONAL COPIE | ES OF THIS SCHEDULE AS NE | EDED |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Fees Food/Beverage Expense

| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica | | 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) |
|---|--|--|---|
| Gredit Card Payment | The Instruction Guide explain | s how to complete this form. | |
| 1 Total pages Schedule F1: | 2 FILERNAME (B | enavides | 3 Filer ID (Ethics Commission Filers) |
| 6-29-19 | 5 Payee pame + Ca deny | Sports | |
| 6 Amount (\$) | 7 Payee address; City; State; Z | ip Cdde | |
| 200.45 | 4305 old Huy 77 | Brownsville | TX 78520 |
| 8 | (a) Category (See Categories listed at the top of this s | | |
| PURPOSE OF EXPENDITURE | gift awards | | utside of Texas. Complete Schedule T. n. TX, officeholder living expense |
| | for event | | |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
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| | ATTACH ADDITIONAL COPIES | OF THIS SCHEDULE AS NE | EDED |