SOFIA BENAVIDES

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

11:12

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER	MS (MRS)MR FIRST	M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M	OFFICE	USE ONLY
NAME	NICKNAME D LAST	SUFFIX	Date Received CAMERON DEPARTMENT O	
	Denavides	5	VOTER REG	SISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING		Drive	FEB 2	4 2020
ADDRESS Change of Address	Brownsville TX 7	8521	Eyr	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		
OFFICEHOLDER PHONE	(956) 459-402	0	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MSLMRS/MR FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	Gallegos		Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE): APT / SL	*****	STATE;	ZIP CODE
TREASURER ADDRESS	5220 Wildernes	5 Drille.		
(Residence or Business)	Jaac wild area			
,	Brownsville, TX	78521		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 504-336	EXTENSION .		•
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after treasurer app	
		ction Exceeded Modified	(Officeholder	* /
	July 15 &th day before elec	Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year	
COVERED	01/24/2020	THROUGH 02/	22/200	20
11 ELECTION	ELECTION DATE	ELECTION TYPE	,	
	Month Day Year Primary	Runoff Other Description		
	03/03 2020 General	Special	Communication in the communica	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known))	
	Commissioner Prec	einct 1		0 . 1
		<u> </u>	issioner	Ket 1
	go то	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Sofia	Popalides 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	1 00000			
17 CONTRIBUTION	1. TOTAL	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN	Drward 25,265.23			
TOTALS	PLEDG	ES, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY)	\$ - 0 -			
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,750.02			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4 1,284.31					
	4. TOTAL POLITICAL EXPENDITURES \$ 11, 240.18					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$21,490.74					
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.						
NOTARY PUBLIC STATE OF TEXAS My Comm. Exp. 02/03/2021 Notary ID# 838259-1 Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP / SEALABOVE						
Sworn to and subscribed before me, by the said Sofia C. Benavides, this the 24th						
day of February, 20_20, to certify which, witness my hand and seal of office.						
Jahran	atansos	Patricia Matamoros	Notary			
Signature of officer ad	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 Com	nmission Filers)
50 FIA C BENAVISES 20 FILER ID (Ethics Com	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,750.00
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	\$ 12,524.49
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	\$

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (only as presented by the Control of the Contro

Candidate/Officeholder/Politica Credit Card Payment	Timing E	Wages/Contract Labor Other (enter a category not listed above)
	Y	Complete this form,
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name /	
2-11-2020	hiams Sta	akhouse
6 Amount (\$)	7 Payee address;	City; State; Zip Code
11504	4495 N. Expressivey, E	Prownsville, TX 78520
8	(a) Category (See Categories listed at the top of this subedule)	(b) Description
PURPOSE		
OF EXPENDITURE	tood/ Beverage	Meeting
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2-11-2020	Warring United	In Arms
Amount (\$)	Payee address;	City; State; Zip Code
100.00	5 Jalisco Court, Bro	ownsulle TX 78526
The state of the s	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		
OF	Dankinst	
EXPENDITURE	DUNATION	·
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2-12-20	Roberto Rivera	<i>a</i> .
Amount (\$)	Payee address:	City; State; Zip Code
15000	4200 Boca Chica # 34	5. Brownsville, TX 78520
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		
OF	Q local local	
EXPENDITURE	DIOCK WUKING	
	Check if travel outside of Texas. Complete Schedule T.	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

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

Candidate/Officeholder/Politica		Legal Services		pense ages/Contract Labor	Travel Out Of Distri Other (enter a cateo	ict gory not listed above)
Credit Card Payment		The Instruction Guid	e explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	Sofia	C. Ber	avides	3 Filer ID (Ethio	os Commission Filers)
4 Date 2-3-2020	5 Payee na	Sams	Club			
6 Amount (\$)	7 Payee ac			City;	State;	Zip Code
344.43	3570	W. Alton G	lour. Blud.	Brownsvil	le Texas	PA
8	(a) Categor	y (See Categories listed at the	top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Even	+ Expense	2			
	(c)	Check if travel outside of Texas.		Check if Aust	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name	•	Office sought		Office held
Date	Payee na	me				
2-3-2020		Kobert	- Kive	ra		
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
15000	4200	Boca Chica	Blu #3	45, BNW	nsville.	tx 78520
	Category	(See Categories listed at the t	op of this schedule)	Description	•	
PURPOSE OF	01	1 17 11.				
EXPENDITURE	DIOC	c walkin	a			
		Check if travel outside of Texas. 0	Semplete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me o				
2-4-2020		Charro	Days	Heady	uarten	5
Amount (\$)	Payee ad	dress;	l	City;	State;	Zip Code
25002	455 8	Elizabet			°145	
BUBBOSE	Calegory	(See Categories listed at the to	op of this schedule)	Description		
PURPOSE OF EXPENDITURE	Even	+ Expens	Se	Parade	fee	
		Check if travel outside of Texas, C	Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ite / Officeholder name	3	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Printing Expense Travel In District Contributions/Donations Made By 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 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address Zip Code 8 PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date State; Zip Code PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date City; State; Zip Code **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Legal Services 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

Candidate/Officeholder/Politic	al Committee Legal Services			ravel Out Of District Other (enter a category i	not listed above)
Credit Card Payment	The Instruction Gu	ide explains how to com	plete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID (Ethics C	ommission Filers)
4 Date 2-/2-2020	5 Payee name / Dasta	il Iron	Studios		
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
1,50000	222 W. Harri	son SteB	Harlin	gen, TX	78550
8	(a) Category (See Categories listed at	the top of this schedule) (b) Description		
PURPOSE OF EXPENDITURE	Event Exper	nse (Bar B	& Pit	
	(C) Check if Iravel outside of Texa	s. Complete Schedule T.	Check if Austin, T	X, afficeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder nam I	ne	Office sought	Of	fice held
Date	Payee name	^			
2-14-2020	Quality	Print			
Amount (\$)	Payee address;		City;	State;	Zip Code
621.78	2165 US Hoy 28.		Brownsville	TX 78:	526
PURPOSE	Category (See Categories listed at th	e top of this schedule)	Description		•
OF EXPENDITURE	Printing Exp.	ense			
	Check it ravel outside of Texas	s. Complete Schedule T.	Check if Austin, T.	X, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nam	ie	Office sought	Off	ice held
Date	Payee name				
2-18-2020	Sams	Club			
Amount (\$)	Payee address;		City;	State;	Zip Code
313.12	3570 W.Alton (Slav, Blud.	Brownsvi.	lle.TX	78520
PURPOSE		s top or time doring date,	D G G G I I		
OF EXPENDITURE	Event Expens	e			
	Check if travel outside of Texas	. Complete Schedule T.	Check if Austin, TX	C, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder nar	ne	Office sought	Of	fice held
	ATTACH ADDITIONAL	COPIES OF THIS SC	HEDULE AS NEEDE	D	

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 Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic	, mang L	Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)
Stock Suid / dyrits/it	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 2-18-2020	5 Payee name Manuel Casa	95
6 Amount (\$)	7 Payee address;	City; State; Zip Code
50002		Browns Ville, TX 78524
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Event Expense	Music
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	. А
2-19-2020	Incarnate W	Ord Academy City; State Zip Code
Amount (\$)	Payee address;	City; State Zip Code
410.52	244 Resaca Blud. E	Brownsville, TX 78520
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	ΔI_{i} , I_{i}	
EXPENDITURE	Mavertising	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
02-20-2020	Brownsville Herale	d
Amount (\$)	Payee address;	City; State; Zip Code
2,4900	2227 Expression 77/8=	3 Ste 176, Brownsville, TX 785
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertisement	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Ev

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Salaries/Wa	xpense /ages/ContractLabor	Travel In District Travel Out Of Distric Other (enter a catego	
1 Total pages Schedule F1:	2 FILER N	IAME			3 Filer ID (Ethics	s Commission Filers)
4 Date 2-21-2020	5 Payee na	Valmast Su	i Der Ce	enter_		
6 Amount (\$)	7 Payee ad	ddress;	T -	City;	State;	Zip Code
195.33	272	1 Boca Chica	Blvd.	Browns	ville, TX	
8	(a) Categor	ry (See Categories listed at the top of	f this schedule)	(b) Description	•	
PURPOSE OF EXPENDITURE	Even	it Expense	2			
	(c)	Check if travel outside of Texas. Comple	ete Schedule T.	Check if Aus!	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee na	ame	,			
2-22-2020		Lecilia V	a594	<i>e</i> 2_		
Amount (\$)	Payee ad	idress;	7	City;	State;	Zip Code
1,50000	3/	dale Court	Brow	Insulle,	TX 785	520
	Category	y (See Categories listed at the top of the	his schedule)	Description	, <u>.</u>	
PURPOSE OF EXPENDITURE	food	Buerage	Expen	se Cat	fering	
		Check if travel outside of Texas. Complete	ate Schedule T.	Check if Aust	tin, TX, officeholde living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought	(Office held
Date	Рауее па	ame				
Amount (\$)	Payee ad	idress;	•	City;	State;	Zip Code
					,	
DUDDODE	Category	(See Categories listed at the top of th	ils schedule)	Description		
PURPOSE OF EXPENDITURE						
		Check if travel outside of Texas. Complete	te Schedule T.	Check if Austin	in, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	ATT	TACH ADDITIONAL COPIE	ES OF THIS S	CHEDULE AS NEF	EDED	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Sofia C. Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 02/3/2020	5 Full name of contributor out-of-state PAC (ID#:) Rolando R. Rubiano 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$\int 1,250\cdot\text{250}\$
	518 E. Woodland DR., Harlingen, TX 78	3550
<u> </u>	9 Employer (See Instru-	ctions)
engl	Neer	
Date 02/ 10/2020	Full name of contributor out-of-state PAC (ID#) Rudolph Vasquez Gomez Contributor address; City; State; Zip Code	Amount of contribution (\$) \$\alpha \gamma_1 \int \cdot \cdo
Principal occup	22 Alvarado Ave., Rancho Viejo, 78 ation / Job title (See Instructions) Employer (See Instructions)	575 ctions)
Date 02/ /11/2020	Full name of contributor out-of-state PAC (ID#) Jesus + Lesuia Salinas Contributor address; City: State: Zip Code	Amount of contribution (\$) 5_t000^{-6}
3. Z	2108 Scout Lane, Wission, TX 785= ation / Job title (See Instructions) Employer (See Instructions) EMS/	
Date	Full name of contributor	Amount of contribution (\$)
THE	Contributor address: City: State: Zip Code	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	