

# **SOFIA**

# **BENAVIDES**

**SEMI-ANNUAL  
REPORT  
JULY 15, 2021**

# 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: <b>8</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST: <b>Sofia</b> MI: <b>C.</b> NICKNAME: <b>Benavides</b> LAST: SUFFIX:	<b>OFFICE USE ONLY</b>  CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION  <b>8:57am JUL 15 2021</b>  Date Received  Date Hand-delivered or Date Postmarked RECEIVED Receipt # <b>[Signature]</b>  Date Processed  Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>4090 Retama Drive Brownsville, TX 78521</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(956) 459-4020</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Dr. Ruben</b> LAST SUFFIX <b>Gallegos</b>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>5220 Wilderness Dr. Brownsville, TX 78526</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(956) 504-3365</b>		
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"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year <b>01 / 01 / 2021</b> THROUGH <b>06 / 30 / 2021</b>		
11 ELECTION	ELECTION DATE:    ELECTION TYPE: Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <b>Commissioner Precinct 1</b>	13 OFFICE SOUGHT (if known)	
14 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"/> Additional Pages	COMMITTEE TYPE: <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

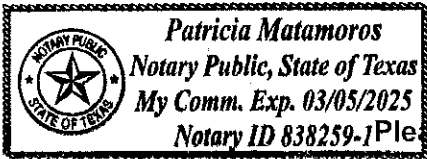
**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME <i>Sofia C. Benavides</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <i>Balance Brought Forward</i>	\$ <i>14,963.59</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>- 0 -</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE <i>Under \$100<sup>00</sup></i>	\$ <i>2,829.18</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>4,230.82</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD <i>Balance</i>	\$ <i>7,903.59</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Sofia C. Benavides* this the *13<sup>th</sup>* day of *July*, 20 *21*, 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

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) \_\_\_\_\_ (year)

Signature of Candidate/Officeholder (Declarant)

**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 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	\$ <i>7,060.00</i>
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	\$

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

**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>1 of 5</b>	2 FILER NAME <b>Dofia C. Benavides</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1-1-2021</b>	5 Payee name <b>Liams Steakhouse</b>	
6 Amount (\$) <b>817.56</b>	7 Payee address; City; State; Zip Code <b>4495 N. Expressway 71/83, Brownsville, TX 78520</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Food / Beverage Expense</b>	(b) Description <b>Swearing In</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F	<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 <b>1-11-2021</b>	Payee name <b>Juan Riveca</b>
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Amount (\$) <b>400<sup>00</sup></b>	Payee address; City; State; Zip Code <b>9421 Rincon, Brownsville, TX 78521</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation</b>	Description <b>Funeral Expense</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F	<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 <b>1-26-202</b>	Payee name <b>Norma Fuentes</b>
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Amount (\$) <b>100<sup>00</sup></b>	Payee address; City; State; Zip Code <b>375 Billy Mitchell, Brownsville, TX 78521</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation</b>	Description <b>Funeral Expense</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F	<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**

If the requested information is not applicable, DO NOT include this page in the report.

**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>2 of 5</b>	2 FILER NAME <b>Dofia C. Benavides</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2-8-2021</b>	5 Payee name <b>Quality Print</b>
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6 Amount (\$) <b>100<sup>00</sup></b>	7 Payee address, City, State, Zip Code <b>2145 U.S. Hwy 281-Suite C Brownsville, TX 78526</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Donation</b>	(b) Description <b>Printing Expense</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F	<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>3-1-2021</b>	Payee name <b>Home Depot</b>
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Amount (\$) <b>280.98</b>	Payee address, City, State, Zip Code <b>4551 Padre Island Hwy, Brownsville, TX 78521</b>
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PURPOSE OF EXPENDITURE	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 F	<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>3-8-2021</b>	Payee name <b>Cecilia Vasquez</b>
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Amount (\$) <b>100<sup>00</sup></b>	Payee address, City, State, Zip Code <b>4090 Retama Drive, Brownsville, TX 78521</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation</b>	Description <b>Medical Expense</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

**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         | Printing 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>3 of 5</b>	2 FILER NAME <b>Dofia C. Benavides</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3-22-2021</b>	5 Payee name <b>Taco T</b>
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6 Amount (\$) <b>117.94</b>	7 Payee address, City, State, Zip Code <b>4414 Boca Chica, Brownsville, Texas 78521</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>food / Beverage</b>	(b) Description <b>Meeting</b>
	(c) <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 <b>4-6-2021</b>	Payee name <b>Sams Club</b>
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Amount (\$) <b>315.95</b>	Payee address, City, State, Zip Code <b>3570 W. Alton Gloor Blvd. Brownsville, TX 78524</b>
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PURPOSE OF EXPENDITURE	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4-26-2021</b>	Payee name <b>All Valley Media</b>
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Amount (\$) <b>225<sup>00</sup></b>	Payee address, City, State, Zip Code <b>32158 Zillock Ranch Rd., San Benito, TX 78586</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Design/Advertise</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 <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**

If the requested information is not applicable, DO NOT include this page in the report.

**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>4 of 5</b>	2 FILER NAME <b>Dofia C. Benavides</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5-5-2021</b>	5 Payee name <b>Liams Steakhouse</b>	
6 Amount (\$) <b>193.65</b>	7 Payee address; <b>4495 N. Expressway 77/83, Brownsville, TX 78520</b>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Food/Beverage</b>	(b) Description <b>Meeting</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <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 <b>5-10-2021</b>	Payee name <b>Lotus Cafe</b>	
Amount (\$) <b>160.48</b>	Payee address; <b>2489 Boca Chica Blvd. Brownsville, TX 78521</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food / Beverage</b>	Description <b>Meeting</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <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 <b>5-10-2021</b>	Payee name <b>Solice Technologie</b>	
Amount (\$) <b>138<sup>00</sup></b>	Payee address; <b>4115 Old Hwy 77, Brownsville, TX 78521</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |  |  |  |
|--|--|--|--|
| Advertising Expenses<br>Accounting Expenses<br>Consulting Expenses<br>Contributions/Donations/Alms<br>Candidate Office Expenses (Travel, Automobile, Telephone, Postage) | Event Expenses<br>Food<br>Fundraising Expenses<br>Fundraising Materials Expenses<br>Legally Required | Local Employment/Postage Payment<br>Office Expenses/Postal Expenses<br>Printing Expenses<br>Printing Expenses<br>Salaries/Wages/Overhead Costs | Travel/Transportation Expenses<br>Transportation Expenses/Related Expenses<br>Travel to District<br>Travel Out of District<br>Travel/Transportation Expenses |
|--|--|--|--|

The Instruction Guide explains how to complete this form.

1 Total page of Schedule F1 <b>5 of 5</b>	2 FILER NAME <b>Dofia C. Benavides</b>	3 Filer ID (Filers numbers only) Empty
4 Date <b>5-17-2021</b>	5 Payee name <b>Mels Honky Tonk</b>	
6 Amount (\$) <b>581.31</b>	7 Payee address <b>10700 FM 1421, Brownsville, TX 78520</b>	City, State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed in the manual for details)	(b) Description
	<b>Event Expense</b>	<b>Food Beverage</b>
(c) <input type="checkbox"/> Check if expenditure is for the purpose of Schedule F1 <input type="checkbox"/> Check if Audit - TX office/other agent expense		
9 Complete ONLY if direct expenditure to benefit C OR	Candidate / Officeholder name	Office sought / Office held

Date <b>6-21-2021</b>	Payee name <b>All Valley Media</b>	
Amount (\$) <b>449.95</b>	Payee address <b>32158 Zillock Ranch Road, San Benito, TX 78586</b>	
	City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed in the manual for details)	Description
	<b>Design / Advertise</b>	
(c) <input type="checkbox"/> Check if expenditure is for the purpose of Schedule F1 <input type="checkbox"/> Check if Audit - TX office/other agent expense		
Complete ONLY if direct expenditure to benefit C OR	Candidate / Officeholder name	Office sought / Office held

Date <b>6-25-2021</b>	Payee name <b>West Brownsville Little League</b>	
Amount (\$) <b>250<sup>00</sup></b>	Payee address <b>1295 Cottonwood Drive, Brownsville, TX 78520</b>	
	City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed in the manual for details)	Description
	<b>Donation</b>	<b>Sponsor Team</b>
(c) <input type="checkbox"/> Check if expenditure is for the purpose of Schedule F1 <input type="checkbox"/> Check if Audit - TX office/other agent expense		
Complete ONLY if direct expenditure to benefit C OR	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED