

# **SOFIA BENAVIDES**

**SEMI-ANNUAL  
REPORT  
JANUARY 17, 2023**

# 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>20</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> <b>Sofia C.</b> FIRST MI NICKNAME <b>Benavides</b> LAST SUFFIX	<b>OFFICE USE ONLY</b> FEDERAL ELECTIONS COMMISSION DATE RECEIVED <b>JAN 17 2023</b> RECEIVED <i>WJy</i> By: _____ Date Hand-delivered or Date Postmarked Receipt # _____ Amount \$ _____ 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 <b>Patricia P.</b> FIRST MI NICKNAME <b>Matamoros</b> LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>465 N. Illinois Brownsville, TX 78521</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(956) 299-5554</b>		
9 REPORT TYPE	<input checked="" 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 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    THROUGH    Month Day Year <b>7 / 1 / 2022</b> <b>12 / 31 / 2022</b>		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <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	

10:06  
am

**GO TO PAGE 2**

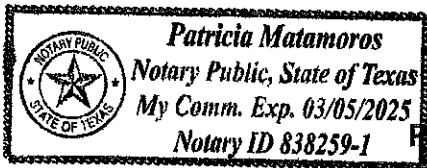
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		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>	\$ 24.44
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 64,250. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. <i>Under \$100<sup>00</sup></i>	\$ - 2,486.76
	4. TOTAL POLITICAL EXPENDITURES	\$ - 10,816.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD <i>Balance</i>	\$ 50,971.28
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 11<sup>th</sup> day of January, 2023, to certify which, witness my hand and seal of office.

*[Signature]* Patricia P. Matamoros Notary  
Signature of officer administering oath Printed name of officer administering oath 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 checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>64,250.<sup>04</sup></i>
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>13,303.16</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	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>1 of 8</b>
2 FILER NAME <b>Sofia C. Benavides</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/18/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Fileman Vela</b>	7 Amount of contribution (\$) <b>1,000<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>611 Pennsylvania Ave SE #143, Washington DC 20003</b>		
8 Principal occupation / Job title (See Instructions) <b>Congressman</b>		9 Employer (See Instructions)
Date <b>7/14/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gomez Mendez Saez</b>	Amount of contribution (\$) <b>2,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1150 Paredos Line Rd., Brownsville, TX 78521</b>		
Principal occupation / Job title (See Instructions) <b>Architectural Firm</b>		Employer (See Instructions)
Date <b>7/14/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lineberger Guggan, Blaire &amp; Sampson</b>	Amount of contribution (\$) <b>2,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>P.O. Box 17428, Austin, TX 78760</b>		
Principal occupation / Job title (See Instructions) <b>Tax Collector</b>		Employer (See Instructions) <b>Delinquent</b>
Date <b>7/29/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Renee Capistran</b>	Amount of contribution (\$) <b>1,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3512 La Soledad Ct., Brownsville, TX 78520</b>		
Principal occupation / Job title (See Instructions) <b>Individual</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2 of 8</b>
2 FILER NAME <b>Sofia C. Benavides</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/29/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amanda Saldaña</b>	7 Amount of contribution (\$) <b>1,000<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>1303 E. Jackson, Pharr, TX 78577</b>		
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions)
Date <b>7/29/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jacinto Garza</b>	Amount of contribution (\$) <b>5,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>27304 S. Buss Blvd, Harlingen, TX 78552</b>		
Principal occupation / Job title (See Instructions) <b>Individual</b>		Employer (See Instructions)
Date <b>7/29/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rene Ramirez</b>	Amount of contribution (\$) <b>2,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1508 S. Lone Starway Unit 1, Edinburg, TX 78539</b>		
Principal occupation / Job title (See Instructions) <b>Consultant</b>		Employer (See Instructions)
Date <b>7/29/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pipefitters Local Union 211</b>	Amount of contribution (\$) <b>1,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1301 W. 13<sup>th</sup> St, Suite A, Deer Park, TX 77536</b>		
Principal occupation / Job title (See Instructions) <b>Union</b>		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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3 of 8</b>
2 FILER NAME <b>Sofia C. Benavides</b>		3 Filer ID# (Ethics Commission Filers)
4 Date <b>7/29/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LDG Enterprise</b>	7 Amount of contribution (\$) <b>5,000<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>2805 Fountain Plaza Blvd Ste A, Edinburg TX 78539</b>		
8 Principal occupation / Job title (See Instructions) <b>Engineering Firm</b>		9 Employer (See Instructions)
Date <b>7/29/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bharat P. Patel</b>	Amount of contribution (\$) <b>5,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>800 Convention Center Blvd, McAllen, TX 78501</b>		
Principal occupation / Job title (See Instructions) <b>Business Man</b>		Employer (See Instructions)
Date <b>7/29/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>A + I Custom Manufacturing</b>	Amount of contribution (\$) <b>5,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1795 Tulane Ave, Brownsville, TX 78520</b>		
Principal occupation / Job title (See Instructions) <b>Construction Company</b>		Employer (See Instructions)
Date <b>7/29/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Republic Service PAC</b>	Amount of contribution (\$) <b>1,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>18500 North Allied Way, Phoenix AZ 85054</b>		
Principal occupation / Job title (See Instructions) <b>Waste disposal Company</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4 of 8</b>
2 FILER NAME <b>Sofia C. Benavides</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/29/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rajnikant Patel</b>	7 Amount of contribution (\$) <b>1,000<sup>02</sup></b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 2458, South Padre Island, TX</b>		
8 Principal occupation / Job title (See Instructions) <b>Businessman</b>		9 Employer (See Instructions)
Date <b>7/29/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Plumbers Local Union No. 68 PAC</b>	Amount of contribution (\$) <b>1,000<sup>02</sup></b>
Contributor address; City; State; Zip Code <b>P.O. Box 8746, Houston, TX 77249</b>		
Principal occupation / Job title (See Instructions) <b>Union</b>		Employer (See Instructions)
Date <b>7/29/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Hawkinson</b>	Amount of contribution (\$) <b>1,000<sup>02</sup></b>
Contributor address; City; State; Zip Code <b>110 East Lantana, South Padre Island, TX 78597</b>		
Principal occupation / Job title (See Instructions) <b>Individual</b>		Employer (See Instructions)
Date <b>7/29/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rigoberto Villarreal</b>	Amount of contribution (\$) <b>2,500<sup>02</sup></b>
Contributor address; City; State; Zip Code <b>1405 Pamela Dr., Mission, TX 78572</b>		
Principal occupation / Job title (See Instructions) <b>Individual</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 8

2 FILER NAME

Sofia C. Benavides

3 Filer ID (Ethics Commission Filers)

4 Date

7/29/22

5 Full name of contributor

Cesar A. Gonzalez

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

1,000<sup>00</sup>

6 Contributor address; City; State; Zip Code

124 Country Club Rd., Brownsville, TX 78520

8 Principal occupation / Job title (See Instructions)

Individual

9 Employer (See Instructions)

Date

7/29/22

Full name of contributor

Rolando Rubiano

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1,500<sup>00</sup>

Contributor address; City; State; Zip Code

518 E. Woodland Dr., Harlingen, TX 78550

Principal occupation / Job title (See Instructions)

Individual

Employer (See Instructions)

Date

7/29/22

Full name of contributor

S+B PAC

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

5,000<sup>00</sup>

Contributor address; City; State; Zip Code

P.O. Box 266245, Houston, TX 77207

Principal occupation / Job title (See Instructions)

Engineering Firm

Employer (See Instructions)

Date

7/29/22

Full name of contributor

Kane Lindsey

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1,000<sup>00</sup>

Contributor address; City; State; Zip Code

2614 Dove Ave., Mission, TX 78574

Principal occupation / Job title (See Instructions)

Individual

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

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
**698**

2 FILER NAME **Sofia C. Benavides** 3 Filer ID (Ethics Commission Filers)

4 Date <b>7/29/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alida Gonzalez</b>	7 Amount of contribution (\$) <b>5,000<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>2307 Silverado, Mission, TX 78573</b>		

8 Principal occupation / Job title (See Instructions) **Individual** 9 Employer (See Instructions)

Date <b>7/29/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Daniel Bryant</b>	Amount of contribution (\$) <b>2,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>P.O. Box 2460, South Padre Island, TX 78597</b>		

Principal occupation / Job title (See Instructions) **Businessman** Employer (See Instructions)

Date <b>7/29/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Raul Palma</b>	Amount of contribution (\$) <b>1,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>705 Dawson Drive, Edinburg, TX 78539</b>		

Principal occupation / Job title (See Instructions) **Individual** Employer (See Instructions)

Date <b>8/3/22</b>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Tre Peacock</b>	Amount of contribution (\$) <b>250.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>5313 Hurd Ct, Harlingen, TX 78552</b>		

Principal occupation / Job title (See Instructions) **Contractor/General** 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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7 8 8</b>
2 FILER NAME <b>Sofia C. Benavides</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/29/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jose D. Borjon</b>	7 Amount of contribution (\$) <b>500.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>382 Herlinda St., Brownsville, TX 78520</b>		
8 Principal occupation / Job title (See Instructions) <b>Individual</b>		9 Employer (See Instructions)
Date <b>7/29/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Val LaMantia</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>112W. Jackson, McAllen, TX 78501</b>		
Principal occupation / Job title (See Instructions) <b>Individual</b>		Employer (See Instructions)
Date <b>8/3/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Harbor</b>	Amount of contribution (\$) <b>2,000.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>186 Fossil Ridge Denison, TX 78502</b>		
Principal occupation / Job title (See Instructions) <b>Individual</b>		Employer (See Instructions)
Date <b>8/3/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Political Action Committee of Winstead</b>	Amount of contribution (\$) <b>1,000.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2728 N Harwood St, ste 500 DIA 1195, TX 75201</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>8 of 8</b>
2 FILER NAME <b>Sofia C. Benavides</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/23/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brian Godinez</b>	7 Amount of contribution (\$) <b>2,000<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>5403 N. 5th St., McAllen, TX 78504</b>		
8 Principal occupation / Job title (See Instructions) <b>BUSINESSMAN</b>		9 Employer (See Instructions)
Date <b>8/30/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jessie R. Gonzalez</b>	Amount of contribution (\$) <b>1,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1540 Los Sabales Dr., Brownsville, TX 78520</b>		
Principal occupation / Job title (See Instructions) <b>BUSINESSMAN</b>		Employer (See Instructions)
Date <b>8/30/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jordan P. Goldschmidt</b>	Amount of contribution (\$) <b>1,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4500 Carmen Ave., Rancho Viejo, TX 78575</b>		
Principal occupation / Job title (See Instructions) <b>BUSINESSMAN</b>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	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.

**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.

<b>1</b> Total pages Schedule F1: 1 of 9	<b>2</b> FILER NAME Sofia C. Benavides	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7/25/2022	<b>5</b> Payee name Sams Club	
<b>6</b> Amount (\$) 376.60	<b>7</b> Payee address; City; State; Zip Code 3570 W. Alton Glor. Brownsville, TX 78520	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Health Fair Bob Clark Social Service
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 8/1/2022	<b>Payee name</b> Rays Auto Sales	
<b>Amount (\$)</b> 3,115.00	<b>Payee address; City; State; Zip Code</b> 36074 State Hwy 100, Los Fresnos, TX 78566	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Transportation Equipment	<b>Description</b> 14' Utility Trailer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
<b>Date</b> 8/5/2022	<b>Payee name</b> Mary Esther Sorola Campaign	
<b>Amount (\$)</b> 500.00	<b>Payee address; City; State; Zip Code</b> 1999 W. Jefferson, Brownsville, TX 78520	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Donation	<b>Description</b> Campaign Donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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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**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 9</b>	2 FILER NAME <b>Sofia C. Benavides</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>8/8/2022</b>	5 Payee name <b>Iglesia Bautista West Brownsville</b>	
6 Amount (\$) <b>150<sup>02</sup></b>	7 Payee address; City; State; Zip Code <b>925 W. St. Francis, Brownsville, TX 78520</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Donation</b>	(b) Description <b>for Homeless</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>8/17/2022</b>	Payee name <b>AFT &amp; T</b>		
Amount (\$) <b>251.24</b>	Payee address; City; State; Zip Code <b>4305 N. Expressway, Brownsville, TX 78526</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Cell Phone Service</b>	Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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>8/18/2022</b>	Payee name <b>Lisa Gallegos</b>		
Amount (\$) <b>151.36</b>	Payee address; City; State; Zip Code <b>1850 Briarwick Dr Brownsville, Tx 78520</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>2 wagon</b>	Description <b>Reimbursement Carmin Items purchased</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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**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>3 of 9</b>	2 FILER NAME <b>Sofia C. Benavides</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>8-22-2022</b>	5 Payee name <b>All Valley Media</b>
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6 Amount (\$) <b>399.09</b>	7 Payee address; <b>221 W. Wilson Avenue, Harlingen, TX 78550</b>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8-22-2022</b>	Payee name <b>Michael Schotfenlober</b>
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Amount (\$) <b>550.00</b>	Payee address; <b>105 Duluth Lane, Brownsville, TX 78526</b>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Transportation Equipment 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8/30/2022</b>	Payee name <b>Cindy Hinojosa</b>
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Amount (\$) <b>100.02</b>	Payee address; <b>504 E. St. Francis, Brownsville, TX 78520</b>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Donation</b>	Description <b>Campaign Donation</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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**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.

<b>1</b> Total pages Schedule F1: 4 of 9	<b>2</b> FILER NAME Sofia C. Benavides	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9-6-2022	<b>5</b> Payee name Joey Lopez	
<b>6</b> Amount (\$) 250.00	<b>7</b> Payee address; City; State; Zip Code 2 Conquistador Street, Brownsville, TX 78520	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Donation	<b>(b)</b> Description Campaign Donation
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 9-13-2022	Payee name Jaimes Tire Store	
Amount (\$) 313.42	Payee address; City; State; Zip Code 3775 International Blvd., Brownsville, TX 78520	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 9-19-2022	Payee name AT & T	
Amount (\$) 252.14	Payee address; City; State; Zip Code 4305 N. Expressway, Brownsville, TX 78526	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Cell Phone 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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**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.

<b>1</b> Total pages Schedule F1: <b>5 of 9</b>	<b>2</b> FILER NAME <b>Sofia C. Benavides</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>9-26-2022</b>	<b>5</b> Payee name <b>Jesus Vela</b>	
<b>6</b> Amount (\$) <b>375.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>583 Pero Avenue, Brownsville, TX 78520</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Food Beverage Expense</b>	<b>(b)</b> Description <b>Retirement for Retiree</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>10-6-2022</b>	Payee name <b>De Ayala Bakery</b>		
Amount (\$) <b>499.20</b>	Payee address; City; State; Zip Code <b>895 Milpa Verde, Brownsville, TX 78520</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Bring out vote Rally</b>	
	<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 <b>10-11-22</b>	Payee name <b>Vermillion Restaurant</b>		
Amount (\$) <b>132.99</b>	Payee address; City; State; Zip Code <b>115 Paredes Line Road, Brownsville, TX 78520</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food Beverage Expense</b>	Description <b>Meeting</b>	
	<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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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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**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: <i>6 of 9</i>	2 FILER NAME <i>Sofia C. Benavides</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10-11-22</i>	5 Payee name <i>Eric Garza Campaign</i>	
6 Amount (\$) <i>300.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 4173, Brownsville, TX 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Campaign Donation</i>	(b) Description
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>10-13-2022</i>	Payee name <i>Eddie Treviño Campaign</i>		
Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>2200 Boca Chica, Brownsville, TX 78520</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Donation</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 <i>10-13-2022</i>	Payee name <i>Elvira Limas</i>		
Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>124 Sally Lane Brownsville, TX 78521</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Memorial Expense</i>	Description <i>Flowers</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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.

<b>1</b> Total pages Schedule F1: 7 of 9	<b>2</b> FILER NAME Sofia C. Benavides	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10-17-2022	<b>5</b> Payee name AT & T	
<b>6</b> Amount (\$) 252.14	<b>7</b> Payee address; City; State; Zip Code 4305 N. Expressway, Brownsville, TX 78524	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Cell Phone Expense	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 10-21-2022	Payee name Beto O'Rourke Campaign	
Amount (\$) 300 <sup>00</sup>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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

Date 11-1-2022	Payee name Taqueria La Vaguita	
Amount (\$) 700 <sup>00</sup>	Payee address; City; State; Zip Code 833 W. Elizabeth, Brownsville, TX 78520	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Food/ Beverage
	<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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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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**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: 8 of 9		2 FILER NAME Sofia C. Benavides		3 Filer ID (Ethics Commission Filers)	
4 Date 11-18-22		5 Payee name Sams Club			
6 Amount (\$) 508.11		7 Payee address; City; State; Zip Code 3570 W. Alton Glor, Brownsville, TX 78520			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Thanksgiving Luncheon		
	(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 ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

Date 12-9-2022		Payee name Canos Flower Shop			
Amount (\$) 173.90		Payee address; City; State; Zip Code 385 Old Port Isabel Road, Brownsville, Texas			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Memorial Expense		Description Floral Arrangement		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<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 12-16-2022		Payee name SAMS			
Amount (\$) 221.17		Payee address; City; State; Zip Code 3570 W. Alton Glor, Brownsville, TX 78520			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Christmas luncheon		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<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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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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**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: <b>9 of 9</b>	2 FILER NAME <b>Sofia C. Benavides</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12-16-22</b>	5 Payee name <b>Juan Rivera</b>	
6 Amount (\$) <b>128.<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>9421 Gruta, Brownsville, TX 78521</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Food Expense</b>	(b) Description <b>Tamales</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>12-19-2022</b>	Payee name <b>AT &amp; T</b>	
Amount (\$) <b>253.88</b>	Payee address; City; State; Zip Code <b>4305 N. Expressway, Brownsville, TX 78526</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Cell Phone 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	

Date <b>12-23-2022</b>	Payee name <b>Dirty Al's</b>	
Amount (\$) <b>113.16</b>	Payee address; City; State; Zip Code <b>4495 N. Expressway 77, Brownsville, TX 78520</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food Beverage Expense</b>	Description <b>Meeting</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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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