SOFIA BENAVIDES

SEMI-ANNUAL REPORT JANUARY 16, 2024

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 27
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS) MR	Sofia	C. MI	OFFICE USE ONLY
	NICKNAME	Benavides	SUFFIX	Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	etama Dri	CITY; STATE; ZIP CODE	JAN 1 6 2024 12:
Change of Address	Brownsv	111e, 1X 1	18521	CEIVED (OL)
5 CANDIDATE/ OFFICEHOLDER PHONE	(956)	PHONE NUMBER 459-4020	EXTENSION	Date Hand delive ed or that Resintand
6 CAMPAIGN TREASURER NAME	MS (MRS) / MR	Patricia	P. MI	Receipt # Amount \$
147 11012	NICKNAME	Matamoras	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX, PLEASE); APT / SI	UITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	Browns	VILLE, TX 7	8521	
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	299 - 5554	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
	07	101/2023	THROUGH /2	/30 / 2023
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE	
	Month Day March d	Year Primary 2024 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (If any)	ner Precinct	13 OFFICE SOUGHT (if known)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS	S MAY HAVE BEEN MADE WITHOUT THE CAN	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
001011011111111111111111111111111111111	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN **TOTALS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Please complete either option below: (1) Affidavit MARGARITA VILLARREAL Notary Pu**blic. State of Te**xas NOTARY STAMP/SEAL pires 09-21-2025 Netery ID 124768313 Signature of officer administering oath Printed name 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) _____County, State of _____, on the _____day of (month)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 F	Sofia C. Benavides 20 Filer ID (Ethics Com	mission Filers)
,	CHEDULE SUBTOTALS AME OF SCHEDULE	SUBTOTAL AMOUNT
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$2,375.00
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	\$24,300.67
6,	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE 73. 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	\$
<u> </u>		

SCHEDULE A1

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

·					
The	Instruction Guide explains how to con	nplete this form.	1 Total pages Schedule A1:		
2 FILER NAME	Sofia C. Bena	3 Filer ID (Ethics Commission Filers)			
4 Date 8/23/2023	Jose L. L	of-state PAC (ID#:) OP PZ ty; State; Zip Code	7 Amount of contribution (\$)		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	etions)		
Date	Full name of contributor	-of-state PAC (ID#:)	Amount of contribution (\$)		
	Contributor address; Ci	ity; State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor 📋 out	-of-state PAC (ID#:)	Amount of contribution (\$)		
	Contributor address; Cit				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor	-of-state PAC (ID#:)	Amount of contribution (\$)		
	Contributor address; Cit	y; State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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	Sofia C. Benavides	3 Filer ID (EMics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
8/23/23	6 Contributor address; City; State; Zip Code	100 %
122	3154 & 26th St. Brownsville, TX	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
8/24/	Contributor address; City; State; Zip Code	100.02
123	P.O. Box 530098, Harlingen, TX	ŧ
Principal occup	pation / Job title (See Instructions)	tions)
Busines	Man / Contractor Peacock Cons	Kuchim
Date	Euli name of contributor	Amount of contribution (\$)
8/ ,	Maggie Kerkild	1 - 111
128/	Contributor address; City; State; Zip Code	25 -
143	7/3 Escandon He. Kuncho View T	1
11	pation / Job title (See Instructions) Employer (See Instruct	tions)
Muse	wite	
Date	Full name of contributor	Amount of contribution (\$)
8/	Carlos T. Villarreal	grantimente of F. 3
128/	Contributor address; City; State; Zip Code	500
123	207 E. Adams, Drawnsville TX	
12	eation / Job title (See Instructions) Employer (See Instruct	tions)
pus 1	nessman	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Sofia C. Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 8	7 Amount of contribution (\$)
123 504 E. Levee St. Brownsville, TX	100
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 4 MINISTRATUR Tara Sehall	tions)
Date Full name of contributor out-of-state PAC (ID#:) 8/ 31 Juan H. Anavade	Amount of contribution (\$)
Contributor address; City; State; Zip Code	50000
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Businessman	,
Date Gull name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	35000
554 E. Jackson, Bawys ville, TX	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ians)
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
9/5/2 Contributor address; City; State; Zip Code	10000-
3775 International, Brownsville, TA	
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:
Sofia C. Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 9/10/23 6 Contributor address; City; State; Zip Code 5455 Dragon Wick, Brownsville, TX	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct DUSINGSSMAN	ions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code 2924 US Spanish Trail, Brownsville; T	x 100 01
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	ions)
Pate Pate	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) UVLUKIEV SEVICE	ions)
Date Full name of contributor out-of-state PAC (ID#:) JUID OUNDALPZ Contributor address; City; State; Zlp Code 43 9510 Cajun Blvd, List Tresnus, TX	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee narfie 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 Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name City; Zip Code PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, afficeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Palling Expense Travel In District 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; State; Zip Code 8 PURPOSE OF EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name State: Zip Code PURPOSE OF EXPENDITURE Check if Austin, TX officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Payee address; City; Zip Code PURPOSE OF EXPENDITURE Chack if travel outside of Texas, Complete Schedule 7 Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Printing Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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) 5 Payee name 7 Payee address; State; Zip Code PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 8-10-2023 Amount (\$) PURPOSE EXPENDITURE Check if Austin, TX officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name City; State: Zip Code PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder fiving expense

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

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
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 Salarias/Waces/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	Sofia C. Ben	avides	3 Filer ID (Ethics Commission Filers)			
4 Date V 8-17-2023	5 Payee name // Paya Print					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
134.84	1801 S. 77 Sunshine Strip	p, Harlinger	n, TX 78550			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Printing Expense					
	(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/OI	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
8-17-2023	ATFT					
Amount (\$)	Payee address:	City;	State; Zip Code			
259.53		onsville, T.	78526			
PURPOSE	Category (See Categorie listed at the top of the schedule;	Description				
OF EXPENDITURE	Cell Phone Expense					
	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 H	Office sought	Office held			
Date	Payee name		7 - 11 - 11 - 11 - 11 - 11 - 11 - 11 -			
8-21-2023	All Valley Media					
Amount (\$)	Payee address;	City;	State: Zip Code			
12000	221 W. Wilson Road, Harlinger Category (See Categories listed at the top of this schedules)		55 <i>0</i>			
PURPOSE	Category (See Categories listed at the top of this schedule;	Description				
OF EXPENDITURE	Advertising/ Design Ex	pense				
	Check if travel outside of Texas, Complete Schedule f.	Check if Austin.	TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEED	DED			

SCHEDULE F1

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

		EXPENDITURE C.	AIEGORIES	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Office Overl Polling Exp se Printing Exp Sataries/Wa	bense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
		The Instruction Guide e	xplains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	Sofia	C. Ber	avides	3 Filer ID (Ethic	s Commission Filers)
4 Date 1 8-23-2023	5 Payeen:	ame Olldin (15118105	W & 1 S	L	
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
12500	566	Paso Real.	Browns	ville, TX	78521	
8	(a) Catego	ry (See Categories listed at the top	of this schedule)	(b) Description		
PURPOSE OF	0.11					
EXPENDITURE	14th	ng ap 319	nS			
,	(c)	Check if travel outside of Texas. Con	plete Schedule T.	Check if Austi	n, TX, officeholder living) expense
9 Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
8-25-2023		Louis 5	perta			
Amount (\$)	Payee a	ddress:	0101-0	City;	State;	Zip Code
500 00-	1999	W. Jeffers	in Brain	insville. T	7 7852	Ď
	Categon	/ (See Categories listed at the top of	of this schedule)	Description	71 000	
PURPOSE				0		
OF EXPENDITURE	Kon	Lal Exponsi	,	Car Rond	40	
	1 1 1 10	Charlistand and Town Son	- Late Cohedula T	CN7 / LENG	ac	
O. 1.4. O.D.4.7	Condid	Check if travel outside of Texas, Com	piete schedule i.		n, TX. officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held
Date	Payee n	ame		LAND THE REST OF THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN		WALLES TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE T
8-28-2023	B	and Ban-	ster			
Amount (\$)	Payee ac	ddress;	<i>*</i>	City;	State;	Zip Code
15000	3607	S. "L" Lan	e. MA	llen TX	78501	·
· · · · · · · · · · · · · · · · · · ·	Category	(See Categories listed at the top of	f this schedule)	Description	<u> </u>	THE PARTY OF THE P
PURPOSE	\cap		ion season in			
OF EXPENDITURE	Yrin.	ting Expen	50			
		Chack indevel outside of Texas, Com	plete Schedule T	Chart if Aucti	n, TX, officeholder living	BAGROSE
Complete ONLY if direct	Candid	late / Officeholder name		Office sought	S. Sonoraai Hyddy	Office held
expenditure to benefit C/OF		The second secon	;			Since reju
	AT	TACH ADDITIONAL COR	PIES OF THIS S	CHEDULE AS NEE	DED	1
 						

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 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 Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:		avides	3 Filer ID (Ethics Commission Filers)		
4 Date 8-28-2023	5 Payee name Bernardo Gun	/	AND Booster		
6 Amount (\$)	7 Payee address; 301 N. Mcloll	City;	State; Zip Code		
3,200 =	McAllen, TX				
8	(a) Category (See Categories listed at the lop of this schedule)	(b) Description	-		
PURPOSE OF		1			
EXPENDITURE	Advertising Expense				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
8-30-2023	Ovidio Cisnera	5			
Amount (\$)	Payee address;	City;	State; Zip Code		
125.00	5661 Paso Real, Brown	sville, TX	78521		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Palting Up Signs				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held		
Date	Payee name				
9-5-2023	Fairmont Austin				
Amount (\$)	Payee address;	City;	State; Zip Code		
113.12	101 Rod River Street, Aug	shin. TX	78701		
BURBOSE	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Travel Expense				
	Check if travet outside of Yexas Complete Schedule T.	Cneck if Austin	n, TX. officenolder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED		
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SCHEDULE F1

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

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		EXPENDITURE (CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expe Legal Services	Office O Polling E nse Printing I Salaries/	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense t
		The Instruction Guide	explains how to	complete this form,		
1 Total pages Schedule F1:	2 FILER N	Sofia	C. Be	navides	3 Filer ID (Ethics	Commission Filers)
4 Date 0 9-5-2023	5 Payee na	Jerry Mc	Hale	•		
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
50000			B	ownsville	Texas	•
8	(a) Categor	y (See Categories listed at the to	p of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adve	Mising Ex	pense	of the state of th		
	(c)	Check if travel outside of Texas, Co	mplete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
9-8-2023	Hol	by Lobb	Ч			
Amount (\$)	Payee ad	ddress:	1	City;	State;	Zip Code
300.07	2440	Pablo Kiser	, Brow	insville. TX	7852/	
	Category	(See Categories listed at the top	of this schedule)	Description		
PURPOSE OF	5	1 /				
EXPENDITURE	CULA	t (KDense		Decorat	72/15	
		Check if travel outside of Texas, Co	mplete Schedule T.	Check if Austi	n. TX officeholder living	expense
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	ł			-		
Date	Payee na	ame	THOUSE ALLER AND A STATE OF THE			
9-11-2023	•	Sum's /	1/1.6			
Amount (\$)	Payae ac	James (140	City;	State;	Zip Code
00010				,	,	
278.69	3570	W. Alton Gloo	Blud. F	Brownsville, T	DX 78520	0
1	Category	(See Categories listed at the top	of this schedule;	Description		
PURPOSE OF	_) _				
EXPENDITURE	Even	+ Expens.	<u></u>		Track and the second of the se	AND AN THEORY AND THE
		Oneck if travel outside of Texas Cor	rpieta Schedule T.	Check if Austin	n, TX, officeholder kving	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Fees
Food/Beverage Expense
Gitt/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 Other (enter a category not listed above)

	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Sofia C. Be	navides	3 Filer ID (Ethics Commission Filers)
4 Date 0 9-11-2123	5 Payee name Wal-Mart		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
142.08	2721 Bica Chica Blud, Br (a) Category (See Categories listed at the top of this schedule)	JWNSVIlle,	TX 78521
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Beverage Expense	Meet	ing
	(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/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		The state of the s
9-11-2023	Vermillion Kesta	urant	
Amount (\$)	Payee address:	City;	State; Zip Code
155.98	115 Paredes LineRoad, Brown	nsville, TX	78521
DUDDOCT	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Beverage Expense	Meeh	ng
	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
Date	Payee name		
9-11-2023	Ricardo Longoria		
Amount (\$)	Payee address;	City;	State; Zip Code
20002	2928 Impula Drive, B Category (See Categories listed at the top of this schedule)	Description	TX 78521
PURPOSE	/ Stagety (555 5515).	Description	
OF EXPENDITURE	quent expense	P.J.	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officenoliter tiving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	DED

SCHEDULE F1

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

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	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/B y Gift/Aw I Committee Legal S	Expense everage Expense ards/Memorials Expense Services Instruction Guide explair	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor is how to complete this form.	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense	
1 Total pages Schedule F1:	2 FILER NAME	Sofia C.	Benavides	3 Filer ID (Ethic	s Commission Filers)	
4 Date () 9-12-2023	5 Payee name	ronica de	la Fuente			
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code	
1,0000	21267	Nixon Road	Harlingen. TX	78 <i>550</i>		
8 PURPOSE	(a) Category (see C	ategories listed at the top of this	schedule) (b) Description			
OF EXPENDITURE	Consul	ting				
	(c) Check if t	ravel outside of Texas. Complete S	chedule T. Check if Aus	tin, TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	Office sought		Office held	
Date	Payee name					
9-12-2023 Amount (\$)	EMile Payee address:	Rodrigu	City;	State;	Zip Code	
15000	4038 S	oled Driv	e, Brownsvill+	, TX 7	8521	
PURPOSE OF EXPENDITURE	Category (See Ca	tegories listed at the top of this s	Pathing U	1p Signs)	
	L_4	ravel outside of Texas, Complete S	1	lin, TX officenol/ser living		
Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office sought		Office held	
Date	Payee name	<i>^</i>				
9-12-2023	Carlos	Brau Pho	Hography	***************************************		
Amount (\$)	Payee address;		O / City;	State;	Zip Code	
15000	2108 Ce	Atal Blvd, egories listed at the top of this s	Bownsville, The	18520		
PURPOSE OF EXPENDITURE	Contract L	a bor	Photogra	pher		
	\	avel outside of Texas Complete Si		in, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ficeholder name	Office sought		Office held	
	ATTACH A	DDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED		

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

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 Other (enter a category not listed above)

	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:		avides 3	Filer ID (Ethics Commission Filers)	
4 Pate 9-13-2023	5 Payee name Dlive Garden			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
118.08	3807 n. Expressivery	Brownsville	e, TX 78521	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	•	
PURPOSE OF EXPENDITURE	Food Expense	Meetin	9	
	(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/OI	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
9-18-2023	AT*T			
Amount (\$)	Payee address;	City;	State; Zip Code	
264.55	4305 n. Expressivery Brown		78526	
הוסהספר	Category (See Categories listed at the top of the schedule)	Description		
PURPOSE OF EXPENDITURE	Cell Phone Service			
	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 H	Office sought	Office held	
Date	Payee name			
9-19-2023	City of Brown	15VIlle		
Amount (\$)	Payee address;	City;	State; Zip Code	
100 00	1001 E. Elizabeth, Brown	unsville, T	(78520	
7/177007	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertisement - For Ve	terans Day	Parade	
	Cneck if travel outside of Texas Complete Schedule T	Check if Austin, Tk,	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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explain	s how to complete this form.			
1 Total pages Schedule F1:	Sotia C.	Benavides	3 Filer ID (Ethics Commission Filers)		
4 Date 0 9-21-2023	5 Payee name OVIDIO C	15neros			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
25000	5661 Paso Real, 1	Brownsville, T	(78521		
8	(a) Category (See Categories listed at the top of this s	schedule) (b) Description			
PURPOSE OF EXPENDITURE	Putting Up Sign	5			
	(c) Check if travel outside of Texas. Complete So	chedule T. Check if Austin	n, 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				
9-22-2023	Jaimes Tire	Shop			
Amount (\$)	Payee address;	City;	State; Zip Code		
371.14	3775 Internation		nsville, TX 78521		
212222	Category (See Categories fisted at the top of this so	chedule) Description	'		
PURPOSE OF	Torans III. Emin	16			
EXPENDITURE	Ivansportation Courp	ment CYPERS			
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Austin	n. TX, officehölder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	THE STATE OF THE S			
,	A				
9-26-2023	Cunthia Kody	1947			
Amount (S)	Payee address;	City;	State; Zip Code		
10000	4038 Solid Drive	Brownsville,	TX 78521		
The state of the s	Category (See Categories listed at the top of this ac	hedule) Description			
PURPOSE OF EXPENDITURE	Donation				
	Cnack if travel autside of Texas Complete Sch	nedule 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 NEE	DED		
Tanana and Salantina Transaction		}			

SCHEDULE F1

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

		EXPENDIT	UKE CALE	GORIES	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic. Credit Card Payment		Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services	ils Expense	Office Over Polling Exp Printing Exp Salaries/W	oense ages/Contract Labor	Travel In District Travel Out Of Dis	uipment & Related Expense
	1		Guide explai	ns now to co	emplete this form.		
1 Total pages Schedule F1:	2 FILER N	Sofia	C. 1	Bena v	ides	3 Filer ID (Eth	ics Commission Filers)
9-29-2023	5 Payee n	ame / / / / / /	Mon	tema	MIR		
6 Amount (\$)	7 Payee a	ddress;			City;	State;	Zip Code
10000	134	John.	5 <u>I</u>	P.	Brown	willeTx	1852/
8 PURPOSE	(a) Catego	ry (See Categories listed	l at the top of this	schedule)	(b) Description Lachin	g artsand	d crafts to
OF EXPENDITURE	Oth	ev			ladies e de	BClark Soe	ial sernalt
	(c)	Check if travel outside of i	Texas. Complete S	chedule T.	Check if A	ustin, TX, officeholder liv	ing expense
9 Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder r	name		Office sought		Office held
Date	Payee n	ame			_		
9-27-2023	Bro	wnsville	Hi's	toric		suciation	V
Amount (\$)	Payee a	ddress:	a 1.	\	City;	State;	Zip Code
80000	510	E. St.Ch	ulls	<i>;</i>	Browne	ville TX	18520
	Categor	y (See Categories listed a	at the top of this :	schedule;	Description		,
PURPOSE	THE REAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF T			İ	Hall	rental	
OF EXPENDITURE	EVEN	+ Expen	se		,,	, =0. = 1.00	
		Check if travel outside of T		ichedule T.	Check if A	ustin, TX, officeholder liv	ng expense
Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholder n	ame		Office sought		Office held
Date 	Payee n	ame	1).				
10-4-2023		am's	llu	Ь			
Amount (\$)	Payee a	ddress;			City;	State;	Zip Code
428.08	3570	W. Alton G	lour Blu	d. Br	ownsville.	TX 7852	(a
	Category	(See Categories listed a	It the top of this s	chedule)	Description		
PURPOSE OF	_	16		į			
EXPENDITURE	EVE	It Expe	'nse_				
		Cneck if travel outside of To	exas, Complete S	chedule T	Check if A	uslin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder i	name ¦	:	Office sought		Office held
	AT	TACH ADDITION/	AL COPIES	OF THIS S	CHEDULE AS N	EEDED :	
Forms provided by Texas Eth	ics Commiss	ion	www.ethic	s.state.tx.us	******)	Revised 8/17/2020

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

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
Other (enter a category not listed above)

	The instruction Guide explains now to co	omplete this form.		
1 Total pages Schedule F1		vides :	3 Filer ID (Ethics Commission Filers)	
4 Date 0	5 Payee name			
10-11-2023	CVNIE Modrigu	12		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
135.00	4038 Solid Drive, Bro	wnsville, T	X 78521	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contract Labor	Putting L	lp Signs	
	(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 / Officehoider name H	Office sought	Office held	
Date	Payee name			
10-11-2023 Amount (\$)	noble Builders	Charity		
Amount (\$)	Payee address;	City;	State; Zip Code	
300 %	108 S. Main Street, La	Feria, T	X 78559	
1	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation			
	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	
Date	Payee name			
10-16-2023	Ovidio Cisneros			
Amount (\$)	Payee address;	City;	State; Zip Code	
125.00	566 Paso Real, Bown Category (See Categories listed at the top of this schedule)	SVIII TY	78521	
PURPOSE		,		
OF EXPENDITURE	Patting Up Signs			
	Check if travel outside of Texas, Emplete Schedule T.	Check if Austin, T	X, officeholder living expense	
Complete ONLY if direct expenditure to benefit \$\frac{\circ}{\circ}/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	,	
1 Total pages Schedule F1:		navides	3 Filer ID (Ethics Commission Filers)	
4 Date 6 10 -17 - 2023	5 Payee name AT & T			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
264.55	4305 N. Expression, Brown	nsville, TX	78526	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Cell Phone Service			
	(c) Check if Iravel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
10-18-2023	Wal-Mart	•		
Amount (\$)	Payee address;	City;	State; Zip Code	
467.64	2721 Bora Chica blud., 8	rownsville,	TX 78521	
	Category (See Categories listed at the top of this schedule)	Description	\$	
PURPOSE OF EXPENDITURE	Event Expense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10-19-2023	Sam's Club			
Amount (\$)	Payee address;	City;	State; Zip Code	
553.14	3570 W. Alton Glove Blud. Br	ownsville,	TX 78526	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	Event Expense	***************************************		
	Check If travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

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 Other (enter a category not listed above)

	The Instruction Guide explains how to c	complete this form.			
1 Total pages Schedule F1	2 FILER NAME SOFIA C. Benal	3 Filer ID (Ethics Commission Filers)			
4 Date 0 10-21-2023	5 Payee name EVNIP RODVIAUS	17			
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
125.00	4038 Solid Drive, Br	ownsville, TX 78521			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Contract Labor	Patting Up Signs			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check 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				
11-10-2023	Melba Monteman	10 R			
Amount (\$)	Payee address;	City; State; Zip Code			
10000	134 Johns, Brownsvill	e, Texas 78521			
l	Category (See Categories listed at the top of this schedule)	Description 1 A milks			
PURPOSE OF EXPENDITURE	Other	Teaching acts + Crasts			
	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			
Date	Payee name				
11-16.2023	Sams Club				
Amount (\$)	Payee address;	City; State; Zip Code			
169.48	3570 W. Alhon Glour, Brown Category (See Categories listed at the top of this schedule)	1501/1e, TX 78526			
PURPOSE					
OF EXPENDITURE	Event Expense				
	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			
1	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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
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 Poilling Expense Printing Expense Salaries/Wages/Contract Labor

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

Candidate/Officeholder/Political Committee 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) 5 Payee name 6 Amount (\$) 7 Payee address; City; State: Zip Code PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name rue, Brownsville, Texas 78521

ed at the top of this schedule) Description PURPOSE Employee Christmas Party 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 Date Payee name City; State: Zip Code **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EVENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Partel Figure

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
Other (entry a category not listed shows)

Candidate/Officeholder/Politic	•	Services Instruction Guide ex		ages/Contract Labor omplete this form.	Other (enter a cate	egory not listed above)
1 Total pages Schedule F1:	2 FILER NAME	Sofia (Ben	avides	3 Filer ID (Eth	lcs Commission Filers)
4 Date 5 11-28-2023	5 Payee name	ewn Count	y Dema	coatic Par	rH	
6 Amount (\$)	7 Payee address;		/	City;	State;	Zip Code
1,250.00	14/1 7).	Stuart Pla Categories listed at the top o	ace Roa	Ste C, (b) Description	Harlinge	n.TX 785
PURPOSE		Λ		(b) Description		
OF EXPENDITURE	Regist	ration fee	2			
	(c) Check if	travel outside of Texas, Comp	lete Schedule T.	Check if Aust	n, TX, officeholder livi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name		Office sought		Office held
Date	Payee name					
11-29-2023	Hom	e Depo	+			
Amount (\$)	Payee address;			City;	State;	Zip Code
280.32	4551 Pa	dre Islan	d Hwy	Brownsyil	PTX	78520
	Category (See Ca	tegories listed at the top of	this schedule)	Description		
PURPOSE OF EXPENDITURE	Polling &	Xpense - 1	Past, St	raps for s	sign inst	allation
	Check if to	revel outside of Texas, Comple	ete Schedule T,	Check if Austli	n, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ficeholder name		Office sought		Office held
Date	Рауее пате					
11-29-2023	5a,	ms llu	ıb			
Amount (\$)	Payee address;			City;	State;	Zip Code
373.20	3570 W. F	Alben Glour.		Brownsville,	TX 785	126
PURPOSE	Category (See Cat	egories listed at the top of the	his schedule)	Description		•
OF EXPENDITURE	Event	Expense	,			
	Check if tra	avel outside of Texas. Comple	ite Schedule T.	Check if Austin	, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH		ficeholder name		Office sought		Office held
	ATTACH A	DDITIONAL COPI	ES OF THIS S	CHEDULE AS NEE	DED	

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/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 Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

	The mendiction during explains flow to C	omplete this form.	
1 Total pages Schedule F1	: 2 FILER NAME SOFIA C. Bona	Wides 3 F	Filer ID (Ethics Commission Filers)
12-8-2123	5 Payee name Juan Monto ua	4	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
250.02		Brownsville	°,TX
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense		
	(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		
12-14-2023	SPEC15		
Amount (\$)	Payee address;	City;	State; Zip Code
155.84		sville, TX -	18520
Dilbboor.	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense / Food	Beverage	
	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/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12-14-2023	Omni Austin Downto	iwn	
Amount (\$)	Payee address;	City;	State; Zip Code
247.01	700 San Jacinto At 8th Aus	finiTX 787	701
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Travel Expense		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, o	officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name i	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	

SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees
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
Other (expense green por listed above)

Candidate/Officeholder/Political Committee Legal Services 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) 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code 8 PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name State: Zip Code PURPOSE **EXPENDITURE** 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 Pavee address: City; State: Zip Code PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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
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 Magas/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (April 2016) (1997)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:		navides	3 Filer ID (Ethics Commission Filers)
4 Date 1 - 2023	5 Payee name ATET		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
264.88	4305 M. Expressway, Br	ownsville,	TX 78526
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	,
PURPOSE OF EXPENDITURE	Cell Phone Service		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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		
12-28-2023	Ovidio Cisnero	5	
Amount (\$)	Payee address;	City;	State; Zip Code
125.00	5661 Paso Real, Brown	nsville, TX	78521
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Putting Up Signs		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
(0)			
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	.Description	
PURPOSE OF EXPENDITURE			
	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 S	SCHEDIII E AS NEC	nen