# SOFIA BENAVIDES

#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages\_filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX CAMERON COUNTY **DEPARTMENT OF ELECTIONS &** VOTER REGISTRATION 4 CANDIDATE / ZIP CODE **OFFICEHOLDER** MAILING FEB 2 6 2024 **ADDRESS** Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE Receipt # $\widehat{O}^{\overline{\mathsf{M}}}$ 6 CAMPAIGN **TREASURER** Date Processed NAME 4 NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE CITY; STATE: ZIP CODE 7 CAMPAIGN TREASURER **ADDRESS** (Residence or Business) EXTENSION 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 23/2024 **THROUGH** ELECTION TYPE ELECTION DATE 11 ELECTION Other Description Runoff General Special 12 OFFICE OFFICE SQUGHT (if known) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT, CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FI	Sofia C. Bengvides	20 Filer ID (Ethics Co	mmission Filers)
	CHEDULE SUBTOTALS  AME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,000°
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 CO	NTRIBUTIONS	\$14.872.0º
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

### 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** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTALS 4. TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINT MED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS 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. Please complete either option below: Patricia Matamoros Notary Public, State of Texas My Comm. Exp. 03/05/2025 Notary ID 838259-1 NOTARY STAMP/SEAL Sworn to and subscribed before me by Sofia C. Benavidies this the 24th day of February. to certify which, witness my hand and seal of office. (2) Unsworn Declaration \_\_\_\_\_, and my date of birth is \_\_\_\_ My name is My address is \_\_\_ (street) (city) (zíp code) (country) \_\_\_\_\_, County, State of \_\_\_\_\_, on the \_\_\_ (month) Signature of Candidate/Officeholder (Declarant) www.ethics.state.tx.us Revised 1/1/2024 Forms provided by Texas Ethics Commission

### 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 Sofia C. Benavides	3 Filer ID (Ethics Commission Filers)					
4 Date 5 Full name of contributor out of state PAC (ID#:)  2/12/24 6 Contributor address; City; State; Zip Code  2/1434 Refama Rd., Harlingen, TX	7 Amount of contribution (\$)  500 ου-					
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	tions)					
Date  2/15/24  HITONSO I - Salazar  Contributor address; City; State; Zip Code  44 E. Hickman Ave. Part Isabel, TX	Amount of contribution (\$)  500					
Principal ocognation / Job title (See Instructions)  Employer (See Instructions)	lions)					
Date  Full Arme of contributor  A popt-of-state PAC (ID#:)  Cameron Salazar  Contributor address; City; State; Zip Code  444 E. Hickman Ave, Part Isabel, 7	Amount of contribution (\$)					
Principal occupation/ Job title (See Instructions)  Employer (See Instructions)  Business Man	tions)					
Date    Date   Full name of contributor   Out-of-state PAC (ID#:)   Date   MUSSEHE   Salaza   City;   State; Zip Code	Amount of contribution (\$)  500 02  7x  tions)					
1,	,					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explai	ns how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Sofia	C. Benavide	3 Filer ID (Ethics Commission Filers)			
2-5-24	5 Payee name / ania M	1atamoros				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
18000	465 n. Illinois,	Brownsville,	TX 78521			
8	(a) Category (See Categories listed at the top of this	s schedule) (b) Description				
PURPOSE OF EXPENDITURE	Block Walking	g				
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Austin	n, TX. officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name	,				
2-5.24	Alexis 1	Acosta				
Amount (\$)	Payee address;	City;	State; Zip Code			
18000	1344 Pinon Dr.,	Brownsville,	TX 78521			
	Category (See Categories listed at the top of this	schedule) Description				
PURPOSE OF EXPENDITURE	Block Walkin	9				
	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 I	Office sought	Office held			
Date	Pa <del>yee c</del> ame	$\overline{\mathcal{O}}$				
2-5-24	Koberto	Rivera				
Amount (\$)	Payee address;	City;	State; Zip Code			
10000	1713 Harding,	Brownsville,	TX 78521			
	Category (See Categories listed at the top of this	schedule) Description	1			
PURPOSE OF EXPENDITURE	Canvassers/	Gockwashe	$\checkmark$			
	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/OF	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		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)					
Credit Card Payment	The Instruction Guide explain	is how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME Sofia C	Benavides	3 Filer ID (Ethics Commission Filers)					
2/9/2024	5 Payee name All Valle	y Media						
6 Amount (\$)	7 Payee address;	City;	State; Zip Code					
405.00	221 W. Wilson Ave	Hadingen. T	X 78550					
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description						
PURPOSE OF EXPENDITURE	Advertising Desi	ar						
	(c) Check if travel outside of Jexas. Complete S	chedule T. Check if Austin	, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name	£						
2-10-2024	Francisco	Ventura						
Amount (\$)	Payee address;	City;	State; Zip Code					
280.00	1999 W. Jefferson Category (See Categories listed at the top of this s	Brownsville,	TX 78520					
PURPOSE OF EXPENDITURE	Block Walking	,						
	Check if travel outside of Texas. Complete S	chedule 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 A	۵Λ .						
2-10-2024	Claudia	- Martine	2					
Amount (\$)	Payee address;	City;	State; Zip Code					
30000	1713 Villanova, Br	ownsville, TX	78521					
	Category (See Categories listed at the top of this s	chedule) Description						
PURPOSE OF	Suport France							
EXPENDITURE	CVENT Expense							
	Check if travel outside of Texas. Complete So	thedule 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					

#### SCHEDULE F1

				- p. 3	1	
	EX	PENDITURE CATE	GORIES FO	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ Gift/Awar I Committee Legal Se	/erage Expense rds/Memorials Expense	Office Overhe Polling Exper Printing Expe Salaries/Wag	nse es/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
			$\sim$			
1 Total pages Schedule F1:	2 FILER NAME	Sotia	C. Bei	navides	3 Filer ID (Ethic	s Commission Filers)
<sup>4 Date</sup> D-24	5 Payee name / Onla	Mata	MOro	5		
6 Amount (\$)	7 Payee address;			City;	State;	Zip Code
28000	465 n.	Illinoi	s, Bro	Wn		
8	(a) Category (See Cat	egories listed at the top of thi	s schedule) (	b) Description		
PURPOSE OF EXPENDITURE	Block 1	Walking	of pends of the date.			
	(c) Check if tra	vel outside of Texas. Complete	Schedule T.	Check if Austin	⊓, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Or	Candidate / Offi	ceholder name		Office sought		Office held
Date	Payeename	·				
2-10-24	Hlex	15 /10	205 to	1		
Amount (\$)	Payee address;			City;	State;	Zip Code
280°	1344 Pi	non Priv	ie, B	rownsvill	eiTX	78521
	Category (See Cate	gories listed at the top of this	schedule;	Description		
PURPOSE OF EXPENDITURE	Block	Walking				TO TOTAL CONTRACTOR OF THE CON
	Check if tra	vel outside of Texas, Complete	Schedule T	Check if Austin	n, TX officeholder livir	ig expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Offi	ceholder name		Office sought		Office held
Date	Payee name	Λ				
2-16-24	Lot	us (a1	Le_			
Amount (\$)	Payee address;	·	•	City;	State;	Zip Code
162.99	2489 Bo	ca Chica	Brow	nsville,	TX 78	521
	Category (See Cate	gories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Food/1	Beverage	, (	ampaign	Meet	ring
	Check fira	vel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense p
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Off	iceholder name	į	Office sought		Office held
	ATTACH A	DDITIONAL COPIE	OF THIS SO	CHEDULE AS NEE	DED	1

#### SCHEDULE F1

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

If the requested information is not applicable, DO NOT include this page in the report.						
		EXPENDITURE CAT	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fe Fo / Gi	ent Expense es od/Beverage Expense fl/Awards/Memorials Expense gal Services	Office Overthe Polling Experienting Experience		Travel in District Travel Out Of Dis	uipment & Related Expense
Credit Card Payment	1	The Instruction Guide exp	lains how to co	mplete this form.		
1 Total pages Sahedule F1:	2 FILER NAM	Sofia (	. Ben	avides	3 Filer ID (Eth	ics Commission Filers)
2-17-24	5 Payee name	Francise	0 Ve	entura	ن	
6 Amount (\$)	<b>7</b> Payee addre	ess;	•	City;	State;	Zip Code
200°	1919 W	. Jefferson	Brow	nsville, T	rx 78.	521
8	(a) Category (S	ee Categories listed at the top of	this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Block	Walking				
	(c) Che	ck if travel outside of Texas, Comple	te Schedule T.	Check if Aus	tin, TX, officeholder liv	ing expense
9 Complete ONLY if direct expenditure to benefit C/Oł		/ Officeholder name		Office sought		Office held
Date	Payee name	Λ				
2-17-24 Amount (\$)	Tan Payee addre	ia Ma	tamo	05	State;	Zip Code
200 00	465 M	Illinois.	Brown	sville, T	X 785	,
	Category (Se	ee Categories listed at the top of t	nis schedule)	Description		
PURPOSE OF EXPENDITURE	Block	= Walking				
	Che	ck if travel outside of Texas, Compl	te Schedule T.	Check if Aus	tin. TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		/ Officeholder name		Office sought		Office held
Date	Payee name					
2-17-24	A/	, , , , , , , , , , , , , , , , , , ,	costa	<u> </u>		
Amount (\$)	Payee addre	ess;		City;	State;	Zip Code
200°	1344 1	Piñan Drive	e, Brou	unsville,	TX 7	8521
	Category (Se	e Categories listed at the top of the	nis schedule)	Description		
PURPOSE OF EXPENDITURE	Bloc	Ł Walki	ng	NAMES OF THE PROPERTY OF THE P		Add Add Name (A)
A THIRD LANGE AND A STATE OF THE STATE OF TH	Cne	ck if travel outside of Texas. Comple	te Schedule T	Check if Aus	tin, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		/ Officeholder name	:	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

Revised 8/17/2020

#### SCHEDULE F1

		EXPENDIT	URE CALEGO	ORIESFOR	BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expe Giff/Awards/Memoria Legal Services	ense i als Expense j		е	Travel In District Travel Out Of Distr	ipment & Related Expense
Steut Card Fayment		The Instruction	Guide explains	how to comp	ete this form.		
1 Told pages Schedule F1:	2 FILER NA	SOF	fia C.	. Ben	avides	3 Filer ID (Ethi	cs Commission Filers)
4 Date 20. 24	5 Payee na	54	iples	5			
6 Amount (\$)	7 Payee ad	dress;	T		City;	State;	Zip Code
268.44	2430	le Pablo	KISE	1, Br	0WN5V1	11e,TX	78526
8	(a) Category	/ (See Categories liste	d at the top of this sch	hedule) (b)	Description		
PURPOSE OF EXPENDITURE	Cam	Dalan 1	offic	e Su	oplies	S	
	(c)	Check if travel outside of	Texas. Complete Sche	edule T.	Check if Aus	tin, TX, officeholder livi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder	name		Office sought		Office held
					****		
Date	Payee na	me .	$\overline{}$				
2-19-24	Er	nesto	Kos	ale	5		:
Amount (\$)	Payee ad	dress;			City;	State;	Zip Code
1,114.20	1105	5. 27	th St.,	McA	llen, T	X 785	01
·	Category	(See Categories listed	at the top of this sch	edule)	Description		
PURPOSE OF EXPENDITURE	Sig	ns +	Banne	ers			
		Check if travel outside of	Texas, Complete Sche	edule T,	Check if Aus	tin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ate / Officeholder i	name		Office sought		Office held
Date	Payee n	ime					,,
2-21-24	V	ermill	ion	Kp	staur	ant	***************************************
Amount (\$)	Payee ad	dress;			City;	State;	Zip Code
167.14	115	Parede	s Lin	· Rd.	Brow	hsville,	TX 7852
A CONTRACTOR AND A CONT	Category	(See Categories listed	at the top of this sch	edule)	Description		
PURPOSE OF EXPENDITURE	Food	Byvera Check if travel outside of	g Exper	rse (	Ampaig	n Meet	ing
O						on denotes HAII	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder	name	;	Office sought		Office held
	ATT	ACH ADDITION	AL COPIES O	F THIS SCH	IEDULE AS NE	EDED	1 3
	· · · · · · · · · · · · · · · · · · ·						

#### 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 Git/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 a category and listed shows)

Contributions/Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials _egal Services		iting Expense aries/Wages/C	Contract Labor	Travel Out Of Distr Other (enter a cate	ict gory not listed above)
Credit Card Payment		The Instruction G	uide explains hov	w to comple	te this form.		
1 Total pages Schedule F1:	2 FILER NA	SI	fia C	. Be	navida	3 Filer ID (Ethi	os Commission Filers)
2-23.24	5 Payee nam		M 5	Clu	h		
6 Amount (\$)	7 Payee add				City;	State;	Zip Code
436.83	3750	W.Altor	Gloor	, Brou	DASVILLET	TX 78	526
8	(a) Category	(See Categories listed a	t the top of this schedu	ule) (b)	Description 5	upplies	for Early
PURPOSE OF	6	, 6		VC	ite te	election	Day:
EXPENDITURE	CVen	t Expen	se	SU	das, we	ater, Ch	DS 1
	(c) c	heck if travel outside of Tex	as. Complete Scheduk	eT.	Check if Austin	n, TX, officeholder livir	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF		e / Officeholder na	me	(	Office sought		Office held
Date	Paye <del>e na</del> n	ie			THE		
2-23-24	B	rand	B005-	ter			
Amount (\$)	Payee add	ress;			City;	State;	Zip Code
<b>5</b> ,138.84		. McCall	Rd, Ste		•	TX 7	18501
	Category (	See Categories listed at	the top of this achedul	le;	Description		
PURPOSE OF EXPENDITURE	Cam	paign	Mater	ial	)		
	c	leck if traveroutside of Tex	as, Complete Schedule	э T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder na	me	(	Office sought	A Paradona and	Office held
Date	Payee nan	ne					
2-23-24	Roll	porto	K114	PA			
Amount (\$)	Payee add	ress;			City;	State;	Zip Code
20000	1713	Hardi	na, Br	owns	ville, T	X 78	521
	Category (	See Categories listed at t			Description	······································	
PURPOSE OF	$\Lambda$	_	100		, /		
EXPENDITURE	Canu	1955er	1 Doch	LWa	eper		
	c	nack if travel outside of Tex	as. Complete Schedule	ът. [	Cneck if Austin	, TX. officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder na	ame	j	Office sought	**************************************	Office held
	ATTA	CH ADDITIONA	L COPIES OF T	THIS SCHE	DULE AS NEE	DED	

### SCHEDULE F1

if the requested information is not applicable, bo not include this page in the report.						
	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 8 Candidate/Officeholder/Politica						
Credit Card Payment	The instruction Guide explains how to complete this form.					
1 Total names Schedule F1:	20tia C Benavides					
1 Date 23-24	5 Payee name Jose Noe Garcia					
6 Amount (S)	7 Payee address; City; State; Zip Code					
20000	5717 Tapachula, Brownsville, TX 78526					
8	(a) Category (See Categories Meted at the top of this schedule) (b) Description					
PURPOSE OF EXPENDITURE	Canvasser/Beckwalker					
	(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 Office sought Office held					
Date	Payee name					
2-23-24	Margarita Segoviano					
Amount (\$)	Payee address:					
15000	924 San Jose Ln., Brownsville, TX 78521					
	Category (See Categories listed at the top of this schedule; Description					
PURPOSE OF	Carrage - Black wolled					
EXPENDITURE	Canvasser ( DIOCK Wally)					
	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 i Officeholder name Office sought Office held					
Date	Payee name /					
2-23-24	Gabino Vasquez Jr.					
Amount (\$)	Payee address; City; State: Zip Code					
15000	1711 Laurel Ln., Brownsville, TX 7852					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Can Vasser / Black Waker					
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held					
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/Oonations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME SOFI'S	L Benavida	3 Filer ID (Ethics Commission Filers)				
4 Date 23 · 24	5 Payee name / Wrgie	Rosales					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
16000	27918 Staff Sat	Hector R. Pere	z, San Benito, TX				
8	(a) Category (See Categories listed at the log of this s	schedule) (b) Description	•				
PURPOSE OF EXPENDITURE	Pulling up sigi	ns					
	(C) Check is ravel outside of Texas. Complete So	chedule T. Check if Austin,	TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held				
Date	Payee name	Λ					
2-23.24	Josefina	Casas					
Amount (\$)	Payee address;	City;	State; Zip Code				
20000	7111 Villa Pancho,	Brownsville, TX	78521				
	Category (See Categories listed at the top of this so	chedule; Description					
PURPOSE OF EXPENDITURE	Canvasser/E	Hock walk	in .				
	Check if travel outside of Texas. Complete Sc	chedule 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						
2-23-24	Tania Ma	atamoros					
Amount (\$)	Payee address;	City;	State; Zip Code				
12500	465 n. Illinois	, Brownsville,	TX 78521				
	Category (See Categories listed at the top of this so	chedule) Description					
PURPOSE OF EXPENDITURE	Block Walking	/ Bluch wa	the				
	Cneck if travel outside of Texas. Constrete Sci	hedule ? Cneck if Austin,	TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / 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)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Salaries/Wages/Contract Labor Other (enter	Of District a category not listed above)			
Creok Card Payment	The Instruction Guide explain	is how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME SOFIA B	enallides 3 Filer 10	(Ethics Commission Filers)			
4 Date 23-24	5 Payee Arme EXIS	Posta				
6 Amount (\$)	7 Payee address;	City; Sta	ite; Zip Code			
12500	1344 Pinan Driv	e, Brownsville, TX	78521			
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description				
PURPOSE OF EXPENDITURE	Block Walking					
,	(C) Check if travel outside of Texas. Complete Sc	chedule T. Check if Austin, TX, officehold	der living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
2-23-24	Francisc	o Ventura				
Amount (\$)	Payee address:	City; Sta	te; Zip Code			
12504	1999 W. Jeffersu	in. Brownsuille, T	X 78521			
	Category (See Categories listed at the top of this so	chedule; Description				
PURPOSE OF EXPENDITURE	Block Walking	P				
	Check if travel outside of Texas. Complete 9	hedute T. Check if Austin, TX, officehold	er living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
2-23-24	Mike	lorres				
Amount (\$)	Payee address;	City; Sta	te; Zip Code			
18002	2780 Granero S	St. Brownsville, T	X 78521			
PURPOSE	Category (See Categories listed at the top of this so					
OF EXPENDITURE	Canvasser/Br	lack walker	PLOS AND			
	Check if travel outside of Texas. Complete Sci	hadule T. Check if Austin, TX, officeholds	er living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	al Committee Legal Services	Office Overhead/Rental Expense Trans Polling Expense Trave Printing Expense Trave Salaries/Wages/Contract Labor Other	tation/Fundraising Expense sportation Equipment & Related Expense al In District al Out Of District r (enter a category not listed above)			
	The Instruction Guide explain	s how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME SOFia	P. Benavides 3 FII	er ID (Ethics Commission Filers)			
2-23-24	5 Payee name Corina	Partinez				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
20002	5717 Tapachula	· Brownsville,	TX 78521			
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	·			
PURPOSE OF EXPENDITURE	Canvasser/Bo	sich walker				
	(c) Check if travel outside of Texas. Complete Sc	nedule T. Check if Austin, TX, or	fficeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
2-23-24	Ana + Artu	ro Contrera	5			
Amount (\$)	Payee address:	City;	State; Zip Code			
40000	409 Morningside 7	Rd., Tel 84, Brow	insuille, TX 7852			
	Category (See Categories liated at the top of this so	hedule; Description				
PURPOSE OF						
EXPENDITURE	Canvasers					
	Check if travel outside of Texas, Complete Sci	nedule T. Check if Austin TX, of	ficeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OH		Ŭ	- 11130 11313			
Date	Payee pame					
2-23-24	Martha Ga	1/20				
Amount (\$)	Payee address;	City;	State; Zip Code			
200 00-	1245 S. Indian	na, Brownsville.	TX 78521			
Duman	Category (See Categories listed at the top of this act	edule) Description				
PURPOSE OF EXPENDITURE	Canvasser/18	lack walker	J .			
	Check if travel outside of Texas, Complete 3ch	eduleT. Check if Austin, TX, off	iceholder 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.

	offication is not applicable, bo	it the requested information to 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 E Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor e explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1;	Sotia	C. Benavides	3 Filer ID (Ethics Commission Filers)		
1-23-24	5 Payee nathe Deatriz	Padron			
200 05	7 Payee address: 4581 Espinoza	Ln., Brownsville	State; Zip Code , TX 78521		
8 PURPOSE OF	(a) Category (See Calegories listed at the	top of this schedule) (b) Description	1		
EXPENDITURE	Canvasser,	/ Mack walk	Cer		
	(c) Check if travel outside of Texas.	<u> </u>	tin, TX, officeholder living expense		
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date 2-23-24	Blanca	Padvon			
Amount (\$)	Payee address:	City;	State; Zip Code		
20000	4581 Espinoz	a.Ln. Brownsvill	1e, TX 78521		
PURPOSE OF EXPENDITURE	Category (Saa Categories listed at the t	op of this schedule; Description  Alberto Wal	ho		
	Check if travel putside of Texas. (	Complete Schedule T. Check if Aust	in, TX, officeholder living expense		
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
2-23-24	AT &	T			
Amount (\$)	Payee address;	City;	State: Zip Code		
264.92	4305 M. Expressu	Day, Brownsville, T	X 78526		
PURPOSE OF EXPENDITURE	Category (Sea Categories listed at the to	op of tils schedule) Description  OPTUICU			

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

Chack if travel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

Office held

Cneck if Austin, TX, officeholder living expanse

Office sought