# SOFIA BENAVIDES

SEMI-ANNUAL REPORT JULY 15, 2024

CANDIDA CAMPAIG	FORM C/OH COVER SHEET PG 1							
The C/OH Instruction (	Guide explains ho	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 18				
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS )MR	Sofia Bonavio	L. MI Suffix	OFFICE USE ONLY				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO	Retama	Drive	JUL 15 2024				
Change of Address  5 CANDIDATE/ OFFICEHOLDER PHONE	BYOW! AREA CODE (956)	15VIII e , 1 . HONE NUMBER 459-4	EXTENSION DO	Dale Hand-delivered or Date Jostmarked				
6 CAMPAIGN TREASURER NAME	MS(MRS)MR NICKNAME	Patricia Matamara	SUFFIX	Amount \$  Date Processed  Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / SU	Brownsville, TX	STATE: ZIP CODE				
8 CAMPAIGN TREASURER PHONE	(956)	299-55	554 EXTENSION					
9 REPORT TYPE	January 15	30th day before elec		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month OZ	Day Year / 01 / 2024	THROUGH Ob/	Day Year / 30 / 2024				
11 ELECTION	Month Day	Year Primary General	ELECTION TYPE Runoff Other Description Special					
12 OFFICE	OFFICE HELD (If any	· 11.1.1	13 OFFICE SOUGHT (if known)					
14 NOTICE FROM POLITICAL COMMITTEE(S)	I HE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
Additional Pages	GENERAL	COMMITTEE ADDRESS	SUGED WAVE					
	SPECIFIC	COMMITTEE CAMPAIGN TREA						
	GO TO PAGE 2							

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	Sofia C 1	Benavides	16 Filer ID (Ethics Commission Filer	s)	
17 CONTRIBUTION TOTALS		TICAL CONTRIBUTIONS (OTHER THA JARAN JEES OF LOANS OR LACTION FAMILIAN	*42,533.5	59	
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, I	RIBUTIONS LOANS, OR GUARANTEES OF LOANS	s) \$ 8,700°	) <i>0</i>	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	Under # 100	° 7,666.1	5	
	4. TOTAL POLITICAL EXPE	NDITURES	-\$ 13,206.	20_	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL COLTRI OF REPORTING PERIO	BATIONS MAINTAINED AS OF THE L	AST DAY \$30,361.4	4	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	T OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE \$		
	wear, or affirm, under penalty of perjur uired to be reported by me under Title 1		rue and correct and includes all inform	ation	
		Addis a	Busude.		
		Signature of C	Candidate or Officeholder		
	Please cor	nplete either option belo	ow:		
(1) Affidavit  ROSEMARY V ALDRETELEE  NOTARY PUBLIC  STATE OF TEXAS  MY COMM. EXP. 03/12/28  NOTARY ID 12536194-5					
NOTARY STAMP/SEAL  Sworn to and subscribed before me by Sofia C. Benavides this the 15th day of July.					
1111	which, witness my hand and seal of office	). -	Modania		
Signature of officer administer	17941/ D	officer administering oath	Title of officer administering of	 oath	
		OR		N. 210	
(2) Unsworn Declaration	n				
My name is		, and my date of birth i	is	·	
My address is					
	(street)	(city)	(state) (zip code) (country)		
Executed in	County, State of	, on theday of (mon	tth) (year)		
	)	Signature of Cand	didate/Officeholder (Declarant)		

### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	Sofia C. Benavides	ommission Filers)	
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	-	\$ 8,700°
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIO	NS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	L CONTRIBUTIONS	\$20,8121
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7,	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	CAL 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 POLITICA	L CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTR TO FILER	IBUTIONS RETURNED	\$
	1		

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	•
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Sofia C. Benavides	3 Filer ID (Ethilos Commission Filers)
4 Date 5 FM name of contributor   out-of-sque PAC (ID#: All	7 Amount of contribution (\$)  500  7X 75201
	5167
Date  Hepublic Service Inc.  Contributor address; City; State; Zip Code	Amount of contribution (\$)
124 18500 North Allied Way, Phoenix, Arize	1,500
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ons)
Date Funame of contributor Aout-of-state PAC (ID#:	Amount of contribution (\$)  200  7X  ons)
Date  Full name of contributor  USUS SALINAS  Contributor address: City: State; Zip Code  124 211 Stout Lang, MISSIAN, TX 78573  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)  2,500
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	The Instruction Guide explains how to co	Implete this form.	1 Total pages Schedule A1:
FILER NAM	Sofia C-	Benavides	3 Filer ID (Ewics Commission Filers)
Date  2/15/2	5 Full name of contributor  Ineparate Gogge 6 Contributor address;  For Box 17428, Au  coupation / Job title (See Instructions)	out-of-state PACAD# GAN DIAI'Y E City; State; Zip Code UShin IT X 78760 9 Employer (See Inst	7 Amount of contribution (\$) $1,500$ structions)
			tructions)
Date  2/16/24  Principal occ	flumbers Local U	Unin No. 68  City; State; Zip Code  USton, TX 7724  Employer (See Inst.)	Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)
Date		ut-of-state PAC (ID#:	Amount of contribution (\$)
Principal occ	cupation / Job title (See Instructions)	Employer (See Insti	tructions)
Date	Full name of contributor 🔲 օսև	Il-of-state PAC (ID#	_) Amount of contribution (\$)
	Contributor address; Ci	ity; State; Zip Code	
Principal occi	upation / Job title (See Instructions)	Employer (See Instr	ructions)

ii trie requested ir	ntormation is n	ot applicable, <b>DC</b>	NOT include	this page in the r	eport.	
		EXPENDITURE	CATEGORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	F By G	ivent Expense lees cod/Beverage Expense lift/Awards/Memorials Ex legal Services	Office C Polling pense Printing Salarie:	epayment/Reimbursement Overhead/Rental Expense Expense (Expense s/Wages/Contract Labor	Travel In District Travel Out Of Di	quipment & Related Expense
		The Instruction Guid	e explains how to	complete this form.		
1 Total pages Schedule F1		50 tra	i C.	Benavido	3 Filer ID (Et	hics Commission Filers)
2-28-24	5 Payee name	COY	ina 1	Martine	2.	
6 Amount (\$)	7 Payee addr	ess;		City;	State;	Zip Code
15000	57/7	Tapach	ula, L	WWN5///	o.TX	78521
	\(\)	Joe Categores listed at the	top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Pollin	19 Ex pe	nse			
	(c) Ch	ex if travel outside of Texas.	Complete Schedule T.	Check if Aust	in, TX, officeholder li	ving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		/ Officeholder name		Office sought		Office held
Date	Payee name					
2-28-24	-	Jose 1	be G	arcia		
Amount (\$)	Payee addre	ess;		City;	State;	Zip Code
15000	5717	Tapach	ula	Brownsv	ille, T	X 78521
	Category (Se	e Categories listed at the to	op of this schedule)	Description		
PURPOSE OF EXPENDITURE	Polli	ng Exp.	ense			
	Che	ck if wavel outside of Texas. C	omplete Schedule T.	Check if Austi	n, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		/ Officeholder name		Office sought		Office held
Date	Payee name	7 1 .				
2-28-24	1	oberto	KiVE	ra		
Amount (\$)	Payee addre	ss;		City;	State;	Zip Code
15000	1713 1	lading,	Brow.	nsville, T	X 785	521
PURPOSE	Category (See	e Categories listed of the to	p of this schedule)	Description		
OF EXPENDITURE	Yollia	g Expe	nse			
	Chec	k if vavel outside of Texas. Co	omplete Schedule T.	Check if Austin	ı, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OF		Officeholder name		Office sought		Office held

ii trie requested iii	formation is not applicable, <b>bu NOT i</b>	nclude this page in the r	eport.
	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling 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 Schedyle F1:	2 FILER NAME	A	3 Filer ID (Ethics Commission Filers)
20, 15	Sotia C.	Denavides	THE ID (Lines commission Filers)
4 Date 29-24	5 Payee name Mike	Torres	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
15000	2780 El Grana	ro St., Brown	nsville, TX 1852
8	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Polling Expense		
	(c) Check if travel outside of Texas. Complete Sc	hedule 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
2-29-24	Payee nama  Arturo F 1	Ana Contrer	95
300°-	Payee address; 409 Morning Side	Rd#83, B	State; Zip Code YOWNS VILLE, TX 785
PURPOSE OF EXPENDITURE	Polling Expense		
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	_	
2-29-24	Beatriz	Padron	
Amount (\$)	Payee address;	City;	State; Zip Code
1500-	4581 Espinoza h	1	le, TX 78521
PURPOSE OF EXPENDITURE	Polling Expense  Check in rayel outside of Texas. Complete Sche		TV afficientates this way
Complete ONLY if direct			. TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED

if the requested in	iformation is	not applicable,	DO NOT i	nclude t	his page in the	report.	
		EXPENDIT	URE CATEO	ORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi		Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services	ense als Expense	Office Ove Polling Exp Printing Ex		Transportation Travel In Distr Travel Out Of	
Credit Card Payment		The Instruction	Guide explain:		omplete this form.	out (onc. a	category not assed above)
1 Total pages Schedule F1		20/7	a C.	Ber	avidies	3 Filer ID (	Ethics Commission Filers)
3-1-2024	5 Payee na	tranc	USCO	Ver	itura.		
6 Amount (\$)	7 Payee add	dress;			City;	State	e; Zip Code
2400	1999	W. Jet	tersor	ل ن	Brownsv	Me,T	X 78521
8	(a) Category	(See Categories listed	at the top of this s	chedule)	(b) Description		
PURPOSE OF EXPENDITURE	Pollin	ng Expe	ense				
	(c) [	Check if travel outside of Te	exas. Complete Sch	edule T.	Check if Aus	tin, TX, officeholder	living expense
9 Complete ONLY if direct expenditure to benefit C/O		te / Officeholder n	ame		Office sought		Office held
3-1-2024	Payee nan	Jose	Gina	(	1 ASAS		
150°2	Payee add	ress; Villa	Panch	or F	city: Nownsy	Me T	zip Code X 78524
PURPOSE OF EXPENDITURE	Pollin	See Categories listed at	the top of this sch	edule)	Description		
		heck if travel outside of Te		edule T.	Check if Austi	n, TX, officeholder	living expense
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder na	ime		Office sought		Office held
3-4-24	Payee nam	Janca	- Pa	dr	on		
Amount (\$)	Payee addr	ess;		- 10 - 1	City;	State;	Zip Code
15000	4581	Espina	za h	h., d	Brownsvi	lle,TX	78521
PURPOSE OF EXPENDITURE	Polli	ee Categories listed at t	oens e		Description		
Complete ONLY if direct		/ Officeholder na			Office sought	, TX, officeholder li	office held
expenditure to benefit C/OH							Sings note
	ATTA	CH ADDITIONAL	COPIES OF	THIS SO	HEDULE AS NEE	DED	

### SCHEDULE F1

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printir	Repayment/Reimbursement Overhead/Rental Expense g Expense ig Expense es/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	Sofia C.	Benavidės	3 Filer ID (Ethics Commission Filers)
3-5-2024	lana Mata	amores.	
1 1 2 12	7 Payee address;	City;	State; Zip Code
24000	465 n. Illinois, B	rownsville;	TX 78521
PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description	
OF EXPENDITURE	Polling Expense		
	(c) Check if Iravel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
3-5-2024	Tractor 5	upolu	
Amount (\$)	Payee address:	City;	State; Zip Code
189.36	1989 Military Hwy	Brownsvil	6,TX 78521
511	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	T- Post Remover + Ins	faller	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3-6-2024	Arturo Contr	eras.	
Amount (\$)	Payee address;	City;	State; Zip Code
12000	409 Morningside Ro	A# 84, Brow	unsulleiTX 1850
BUDDOSE	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Polling Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED	ED

### SCHEDULE F1

	EXPENDITURE CATEG	30RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donaltions Made ( Candidate/Officeholder/Politic		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 explains		Other (enter a category northered above)
1 Total pages Schedule F1:	2 FILER NAME Sofia C		3 Filer ID (Ethics Commission Filers)
43-8-2024	5 Payee name Brand B	ooster	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
2.609.69	3607 S. "L" F	'n McAllen	TX 78501
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Mailers		
	(c) Check if travel outside of Texas. Complete Sch	hedule T. Check if Austin,	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		*
3-8-2024	Mary Est	her Sorola	<u></u>
Amount (\$)	Payee address;	City;	State; Zip Code
32000	1999 W. Jeffers	n, Brownsvil	11P,TX 78521
	Category (See Categories fisted at the top of this sch	nedule) Description	,
PURPOSE OF EXPENDITURE	Event Expense	Reinbu	sement
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin, 1	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
3-11-24	Veronica de	la Fuente	2 -
Amount (\$)	Payee address;	City;	State; Zip Code
15000	21267 Nixon Rd., t	tarlingen, TX	78550
DUDDOSE	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Expense Event	Keimbui	rement
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austin, T.	X, 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	F THIS SCHEDULE AS NEED!	ED

### SCHEDULE F1

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		EXPEND	ITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services The Instruction	orials Expense	Office Overl Polling Expo Printing Exp Salaries/Wa		Travel In District Travel Out Of Dist	uipment & Related Expense
1 Total pages Schedule F		Sot	ia C	,Ben	avidies	3 Filer ID (Eth	ics Commission Filers)
3-11-24	5 Payeen	<u> </u>	bino V	asqu		2	
6 Amount (\$)	7 Payee a	ddress;		()	City;	State;	Zip Code
500	17/1	Laure y (See Categories list	el hn.	Br	ownsvil	le,TX	78521
PURPOSE	\(\lambda_{\infty}\)	y (oue categories is:	ted at the top of this s	ichedule)	(b) Description		
OF EXPENDITURE	Poll	ing Ex	pense		Patting	up 51	gn5
	(c)		of Texas. Complete Sci	hedule T.	Check if Aust	in, TX, fficeholder iwi	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholde	r name		Office sought		Office held
Date	Payee na	me		Λ.			
3-13-24		<u> 5</u> 4	m's	Clu	6		
Amount (\$)	Payee ad	dress;			City;	State;	Zip Code
126.47	357	DW H	HonG	loor,	Browns	ville, T)	(78526
PURPOSE OF EXPENDITURE	EVE	(See Categories lister	d at the top of this sor	edule)	Easter	Egg H	unt
		Check if travel outside of	f Texas. Complete Sch	edule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF		ite / Officeholder	пате		Office sought		Office held
Date	Payee na	me					
3-13-24	$M_{i}$	artha	Gar	/2a	<b></b>		:
Amount (\$)	Payee add	iress;			City;	State;	Zip Code
15000	1245	S. In	diana	-, B	rownsvil	leTX	78521
PURPOSE OF EXPENDITURE	Polli	(See Categories listed	at the top of this scho	edule)	Description		
		Check   travel outside of	Texas. Complete Sche	dule T,	Check if Austin,	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder	name		Office sought		Office held
	ATT	ACH ADDITION	AL COPIES O	F THIS SC	HEDULE AS NEEI	DED	

### SCHEDULE F1

		EXPENDITURE CATE	GORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Fee: Foo: By Gift/	nt Expense S d/Beverage Expense Awards/Memorials Expense al Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
Credit Card Payment	Th	e Instruction Guide explai	ns how to complete this form.		
1 Total pages Schedule F1		Sofia (	Benavide	3 Filer ID (Ethi	cs Commission Filers)
3-15-24 6 Amount (\$)	7 Payee addres	ichard	- Gil-Gil	Boys &	ntertainm
3000-	16600 1	Lantana T	Dr. Harling	en.TX	78552
8	(a) Category (See	Categories listed at the top of this	s schedule) (b) Description		· ·
PURPOSE OF EXPENDITURE	Event	Expense	e DJ.	- Music	?
	(c) Check	if Iravel outside of Texas. Complete S	Schedule T. Check if Au	stin, TX, officeholder livir	ıg expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		Officeholder name	Office sought		Office held
Date	Payee name				
3-26-24 Amount (\$)	E)	nie Ro	driquez_	0	
Amount (\$)	Payee address		City;	State;	Zip Code
150 04	4038	Solid Categories listed at the top of this:	Dr., Browns	Ville, TX	78521
PURPOSE OF EXPENDITURE	Polling	Expense	: - Insta	lling Sia	jns
		f travel outside of Texas. Complete S		itin, TX officeholder hvin	
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name	Office sought		Office held
Date	Payee name	1			
3-27-24	V	eronica	de la Fu	ente	
Amount (\$)	Payee address	·	City;	State;	Zip Code
264.00	21267	Nixon Ro	1. Harlinge	n,TX	78550
	Category (See C	ategories listed at the top of this s	chedule) Description		
PURPOSE OF EXPENDITURE	Event	Expense	Reimburse	ment	
	Check if	travel outside of Texas. Complete So	chedule T. Check if Aust	lin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name	Office sought		Office held
	ATTACH	ADDITIONAL 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	Event Expense Fees .	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense
Consulting Expense Contributions/Donations Made	Food/Beverage Expense By Gift/Awards/Memorials Expense	Polling Expense Printing Expense	Transportation Equipment & Related Expense Travel in District Travel Out Of District
Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services	Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
		ns how to complete this form.	
1 Total pages Schedule F1	Sotia	C. Benavides	3 Filer ID (Ethics Commission Filers)
3-18-24	5 Payee name AT \$ T		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
352.06	4305 71 Expressu	Jay, Brownsvil	le,TX 78526
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Cell Phone Servi	ce	
	(c) Check if travel outside of Texas. Complete So	chedule T. Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	1	Λ
3-18-24	Murtha H	Ivarado En	iont Center
Amount (\$)	Payee address;	City;	State; Zip Code
50000	943 n. Expression	y. Brownsul	le,TX 28521
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE OF EXPENDITURE	Event Expense	Ha/	/
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	7	
3-25-24	Public Res	search Grou	un
Amount (\$)	Payee address:	City;	State; Zip Code
1,789.78	135 Paseo del Pra	do Ste 62, 6	linburg, TX 78539
	Category (See Categories listed at the top of this sch	nedule) Description	
PURPOSE OF	T		
EXPENDITURE	184tha Phone		-
	Check Urravel outside of Texas. Complete Scho	edule T. Check if Austin, T	X. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	NE TUIC COUEDIII E AC NEEDI	

#### SCHEDULE F1

	EXPENDITURE CATEG	SORIES FOR BOX 8(a)	. •
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	al Committee Legal Services	Office Overhead/Rental Expense Tr Polling Expense Tr Printing Expense Tr Salaries/Wages/Contract Labor Ol	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel In District ravel Out Of District ther (enter a category not listed above)
1 Total pages Schedule F1	The Instruction Guide explains		
90 13	Dotia	C. Benavides	Filer ID (Ethics Commission Filers)
4 Date 4-5-24	5 Payee name Dongedy	Beac	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
150 ou	22 Palm VIII age 5  (a) Category (See Categories listed at the top of this so	hopping Center, E	Brownsville, TX B
PURPOSE			_
OF EXPENDITURE	Event Expens	e Face Pa	infing-
	(c) Check if Iravel outside of Texas. Complete Sch	edule T Check if Austin, TX	, officeholder filing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
4-5-24	Koranzozit	o de Mi An	nor Adult
Amount (\$)	Payee address;	City;	State; Zip Code //
150.00	292 Kings Hww. 1	Browns rille TX	7852s
	Category (See Categories listed at the top of this scho	edule) Description	
PURPOSE OF EXPENDITURE	Event Expense	Ponation	
	Check if travel outside of Texas. Complete Sche	edule 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		
4-11-24	Sam's	Club	
Amount (\$)	Payee address;	City;	State; Zip Code
157.09	3570 W. Alton Glow Category (See Categories listed at the top of this sche	Brownsville, T	X 78526
PURPOSE OF EXPENDITURE	Event Expense	, Description	
	Check if travel outside of Texas. Complete School	tute T. Check if Austin, TX. o	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder пате	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED	

#### SCHEDULE F1

ii tiio requested (i)	IO ITTALIOTT IS					report.	
		EXPENDIT	TURE CATE	EGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Exp Gift/Awards/Memori Legal Services		Office O Polling E Printing	payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor	Transportation t Travel in Distric Travel Out Of D	
Great Card Fayment		The Instruction	Guide explai	ins how to	complete this form.		,
Total pages Schedule F1:	2 FILER N	_ DDF	7a	C. 1	Benavide	3 Filer ID (E	thics Commission Filers)
4-17-24	5 Fayeena	AT &	T				
Amount (\$)	7 Payee ac	dress;			City;	State	Zip Code
265.54	4305	n. Ex	Pressi	Jay	Browns	Ville T	X 78526
	(a) Categor	/ (See Calegories liste	al the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Pho	he Cei	11 Se	ervic	e		
	(c)	Check if travel outside of	Texas. Complete S	Schedule T	Check If Au	slin, TX, officeholder l	lving expense
Complete ONLY if direct expenditure to benefit C/OH		ite / Officeholder i	name		Office sought		Office held
Date	Payee nar	ne /					
1-29-2024		Har	bor	Fr	eight	·	
Amount (\$)	Payee add	dress;			City;	State;	Zip Code
180.49	Heal.	E Price	Rs.	Bn	wasville	TX 78	521
511	Category	See Calegories listed a	at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	547	aps -					
		heck if travel outside of To	exas. Complete S	chedule T.	Check if Au	itin, TX. officeholder li	ving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	e / Officeholder n	ame		Office sought		Office held
Date	Payee nar	ne					
1-29-24	/	Artura	o Ri	) 954/	les /05	O Gan	1.
Amount (\$)	Payee add	ress;			dity;	State;	Zip Code
5000	3193	W. Alto	m 610	or 7	Kun Plaz	a, Brawn	sulle, TX 7
	Category (	See Categories listed at	the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	touc	1/Bev	lerag	e			
	c	t neck if travel outside of Te	xas. Complete Sc	hedule T.	Check if Aus	in, TX. officeholder fiv	ing expense
complete ONLY if direct xpenditure to benefit C/OH	Candidat	e / Officeholder n	ame	,,,,	Office sought		Office held
	ATTA	.CH ADDITIONA	L COPIES	OF THIS	SCHEDULE AS NE	EDED	

#### SCHEDULE F1

	EXPENDITURE CATEGORII	ES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politicedit Card Payment	Event Expense Loan i Fees Office Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Printir	Repayment/Reimbursement Solici 1: Overhead/Rental Expense Transe 1: Gexpense Trave 1	tation/Fundraising Expense portation Equipment & Related Expense I In District I Out Of District (enter a category not listed above)	
1 Total pages Schedule F1		<u> </u>	er ID (Ethics Commission Filers)	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	OVIWISVILLE, 7 (b) Description	1 18526	
OF EXPENDITURE	C) Check if travel outside of Texas. Complete Schedule T	Chack if Aurilia TV off	iceholder living expense	
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held	
Date  5-2-24  Amount (\$)	Payee name  Marissa France  Payee address;	heal		
20002	9401 Hockaday, Bracked Category (See Categories listed at the top of this schedule)	city;	State; Zip Code 78524	
PURPOSE OF EXPENDITURE	Donation to her	Campaign	,	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Astin, TX, office sought	Office held	
Date 5-17-, 24	Payee name Juan Monto	ua.		
Amount (\$) 700	1301 Old Part Trabel F	31 # 18, BOW	State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Adversising Expens  Check if travel outside at exast. Complete Schedule T.	Description  Check if Austin TV office	phelder living any and	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, offic	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

If the requested in	nformation is not applicable, <b>DO NOT ir</b>	nclude this page in the report.	
	EXPENDITURE CATEG	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a category	nent & Related Expense
Credit Card Payment	The Instruction Guide explains	,	y not haida addica,
1 Total pages Schedule F1	Sofia C	Benavides 3 Filer 10 (Ethics	Commission Filers)
5-17-24	5 Payee name AT & T	•	
6 Amount (\$)	7 Payee address;	City; State;	Zip Code
265.46	4305 n. Expressiva	y, Brownsville, TX 7	18521
8 PURPOSE	(a) Category (See Categories listed at the top of this so	(b) Description	
OF EXPENDITURE	Phone Service		
	(c) Check if travel outside of Texas. Complete Sche	nedule T Check if Austin, TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name ਮ	Office sought O	office held
5-20-24	Payee name Pelican Sta	ation	
Amount (\$)	Payee address;	City; State;	Zip Code
176.23	2015 Garcia St	Port Isabel, TX 7	8578
PURPOSE	Category (See Categories listed at the top of this sche	edule) Description	
OF EXPENDITURE	Food / Beverage	Meeting	
	Check if travel outside of Texas-Complete Sched	edule T. Check if Austin, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name f	Office sought Of	fice held
Date	Payee name		
6-7-24	All Valley F	Pedia	
Amount (\$)	Payee address;	City; State;	Zip Code
225 =	221 W. Wilson Ave.,	Harlingen, TX 785:	50
PURPOSE	Category (See Categories listed at the top of this sched	dule) Des <i>d</i> ription	
OF EXPENDITURE	Design Expensi	e	
	Chebit travel outside of Texas. Complete Schede	dule T. Check if Austin, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Of	ffice held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED	

If the requested in	nformation is not applicable, <b>DO NOT</b>	include this page in the re	port.
	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made of Candidate/Officehoider/Politic Credit Card Payment	cal Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns 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 Sofia C	Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 11-24	5 Payee name Sam's	Club	
129.82	3570 W. AHon GI	loor, Brownsvii	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this  EVENT Expense	schedule) (b) Description	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	(c) Check if travel outside of Texas. Complete So  Candidate / Officeholder name	chedule T Check if Austin.  Office sought	TX, officeholder living expense
Date	Payee name		
6-17-24	ATIT		
Amount (\$)	Payee address;	City;	State; Zip Code
265.21	4305 M. Expressur	us, Brownsvill	le, TX 78526
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so Cell Phyne Expen	se	
	Check if travel outside of Texas. Complete Sci		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		
*			
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Description	
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin.	TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES C	F THIS SCHEDULE AS NEED	ED