SOFIA BENAVIDES

SEMI-ANNUAL REPORT JANUARY 15, 2025

ŀ	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1			
The C/OH Instruction C	1 Filer ID (Ethics Commission Eilers)	2 Total pages filed			
3 CANDIDATE / OFFICEHOLDER	MS (MRS) MR SOFT OF C.	OFFICE USE ONLYTY CAMERON CONTINUE			
NAME	NICKNAME REPORTED SUFFIX	DAIBERARTIMENT OF ELECTIONS VOTER REGISTRATION			
4 CANDIDATE / OFFICEHOLDER	AGORESS TO BOX APT / SUITE & CITY STATE ZIP CODE	JAN 14 2025			
MAILING ADDRESS Change of Address	Bownsville, TX 78521	RACEIVED			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 459-4020	Pols Hand-delivared or Dats Postmarka			
6 CAMPAIGN TREASURER NAME	MS (ARS) MR PATTICIA 61)	Date Processed			
TYCNIVILLA	VICKNAME MATAMOROS	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS IND PO BOX PLEASE: APT / SUITE # CITY 465 M. Illinois, Brownsville, T.	STATE ZIP CODE			
(Residence or Business)		1000			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 299-5554				
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment Officeholder Only)			
	July 15 Sth day before election Sxceeded Modified Reporting Limit	Final Report (Attach ClOH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH 12	30/2024			
11 ELECTION	ELECTION DATE ELECTION TYPE				
	Month Day Year Month Description If 2 24 General Special				
12 OFFICE	AFFICE HELD (If any) OMMISSIONER Precinet 1 13 OFFICE SOUGHT (If known)	1)			
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES IN THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR			
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS				
-	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGH TREASURER ADDRESS				
GO TO PAGE 2					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Sofia C. Benavides 20 Filer 1D (Ethics Co.	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$3.10000-
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	. \$ 10,515.56
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 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	\$
))

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

5 C/OH NAME		16 File	r ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS	1. Protag unitemized political persons of supering	CONTRIBUTIONS (OTHER THAN	\$68.832.5
	2. TOTAL POLITICAL CONTRIBU- (OTHER THAN PLEDGES, LOANS		\$ 3,000 00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL S	SXPENDITU DE	\$ 4,644.45
	4. TOTAL POLITICAL EXPENDITE	URES	\$10,515.56
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	NS MAINTAINED AS OF THE LAST DAY	\$56,672.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING F	LL OUTSTANDING LOANS AS OF THE PERIOD	\$
	wear, or affirm, under penalty of perjury, that quired to be reported by me under Title 15, Elec		orrect and includes all information
		•	
	Please comple	te either option below:	
۔ ا) Affidavit	Please comple	ROSE MY C	MARY V ALDRETELEE NOTARY PUBLIC STATE OF TEXAS COMM, EXP. 03/12/28 TARY ID 12536194-5
NOTARY STAMP/SEA	,	ROSE PROSE MY CO NO	MARY V ALDRETELEE NOTARY PUBLIC STATE OF TEXAS
NOTARY STAMP/SEA worn to and subscribed 2.25 , to certify	before me by <u>Sofia C. Bene</u> which, witness my hand and s eal of off ige.	ROSE PROSE MY CO NO	MARY V ALDRETELEE NOTARY PUBLIC STATE OF TEXAS COMM. EXP. 03/12/28 TARY ID 12536194-5
NOTARY STAMP/SEA Sworn to and subscribed to 25 , to certify	before me by <u>Sofia C. Bene</u> which, witness my hand and s eal of off fe.	ROSE MY CONDITION THIS the 14-16	MARY V ALDRETELEE NOTARY PUBLIC STATE OF TEXAS COMM. EXP. 03/12/28 TARY ID 12536194-5 day of January.
NOTARY STAMP/SEA worn to and subscribed to 25 , to certify no may 1. A ignature of officer administe	before me by <u>Sofia C. Bene</u> which, witness my hand and seal of office. wring oath Printed name of officer	ROSE MY C NO this the 144 administering oath	MARY V ALDRETELEE NOTARY PUBLIC STATE OF TEXAS COMM. EXP. 03/12/28 TARY ID 12536194-5 day of
NOTARY STAMP/SEA worn to and subscribed 0, to certify 050 MALL V. A. gnature of officer administe	before me by <u>Sofia C. Bene</u> which, witness my hand and seal of office. wring oath Printed name of officer	ROSE MY C NO this the 144 administering oath	MARY V ALDRETELEE NOTARY PUBLIC STATE OF TEXAS COMM. EXP. 03/12/28 TARY ID 12536194-5 day of January.
NOTARY STAMP/SEA worn to and subscribed 0 25 , to certify DSEMBLY V. Al gnature of officer administe	before me by <u>Sofia C. Bene</u> which, witness my hand and seal of office. wring oath Printed name of officer	AVIDES THIS THE PURPLE OF THE MY CONTROL OF THE PURPLE OF THE MY CONTROL OF THE PURPLE	MARY V ALDRETELEE NOTARY PUBLIC STATE OF TEXAS COMM. EXP. 03/12/28 TARY ID 12536194-5 day of
NOTARY STAMP/SEA worn to and subscribed 0 25, to certify company J. A. J. gnature of officer administer 2) Unsworn Declaration	before me by <u>Sofia C. Bene</u> which, witness my hand and seaf of office. wring oath Printed name of officer	AVIDES THIS THE PURPLE OF THE MY CONTROL OF THE PURPLE OF THE MY CONTROL OF THE PURPLE	MARY V ALDRETELEE NOTARY PUBLIC STATE OF TEXAS COMM. EXP. 03/12/28 TARY ID 12536194-5 day of
NOTARY STAMP/SEA worn to and subscribed 0 25, to certify gnature of officer administe 1) Unsworn Declarati y name is y address is	before me by Sofia C. Beneral which, witness my hand and seal of office. Archeles Printed name of officer on (street)	AVIDES This the 14-16 NOT	MARY V ALDRETELEE NOTARY PUBLIC STATE OF TEXAS COMM. EXP. 03/12/28 TARY ID 12536194-5 day of
Sworn to and subscribed 20 25, to certify 10 25, to certify 10 ignature of officer administer 12) Unsworn Declaration 14 igname is 15 address is	before me by Sofia C. Beneral Marketeles Printed name of officer on	AVIDES This the 14-16 NOT	MARY V ALDRETELEE NOTARY PUBLIC STATE OF TEXAS COMM. EXP. 03/12/28 TARY ID 12536194-5 day of

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 t	this form.	1 Total pages Schedule A1:			
2 FILER NAME	Sofia C. Benau	3 Filer ID (Ethics Counission Filers)				
4 Date	5 Full name of contributor Gui-of-state	PAC (ID#:)	7 Amount of contribution (\$)			
120/24	6 Contributor address; City;	State; Zip Code	2.500			
8 Principal occu	pation / Job title (See Instructions) 1 CET	9 Employer (See Instruc	tions)			
<u> </u>	RCG .					
(0)/	Alberto M. Vega	PAC (ID#:)	Amount of contribution (\$)			
11/24	P.O. Box 1423, San T	D -//	500°2			
Prinipal occup SUSI	nation / Job title (See Instructions) NESSMAN	Employer (See Instruct	V 1000			
Date	Full name of contributor 🔲 out-of-state	PAC (ID#)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor 🔲 out-of-state	PAC (ID#)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occup	valion / Job title (See Instructions)	Employer (See Instruct	ions)			
			AND			
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

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

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politica		Legal Services	als experied	Salaries/Wag	jes/Contract Labor		itera categoi	y not listed above)
Credit Card Payment		The Instruction	Guide explains	how to con	nplete this form.			
1 Total pages Schedule F1:	2 FILER N	IAME	Λ	0	. 1	3 Filer	ID (Ethics	Commission Filers)
1015		Soft	à L.	DONA	Wides	'		
4 Date	5 Payeen	ame	, /)	1000			
10/24/2025		Manu	10/ H	ere	2			
6 Amount (\$)	7 Payee a	ddress;	<u> </u>		City;		State;	Zip Code
		. / .		2.6	Λ			45
30000	6424	l ladre	Island	thuy	, Brown	sville	71X	78521
8	(a) Catego	ry (See Categories liste	d at the top of this s	chedule)	(b) Description			
PURPOSE		1 6						
OF EXPENDITURE	1/1/1	at CXD	ense					
	(2)			and to T	[] Charle if A		holder livion	evpense
	(c)	Check if travel outside of		teoule I.		ustin, TX, office		
Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder	name 		Office sought			Office held
Date	Payee na	ame						
	Λ	1 . 1	1 ,					
10-28-2025	\mathcal{H}	exis F	teus to	i.				
Amount (\$)	Payee a	ddress;			Cîty;		State;	Zip Code
1.00	ſ	$f \cap \Omega$	· ·		0	- 11 -	-	10
17000	134	Y Yinon	Driv	e,,	Drownsi	1/19,	<u> / Λ</u>	18526
	Categor	/ (See Categories listed	at the lop of this sol	nedule)	Description			
PURPOSE	1) (
OF EXPENDITURE	$ Y_{x} _{I}$	DA YVA	enco					
	10111	THE CAPITAL STATES	<u> </u>	L_			haldes living	
		Check if travel outside of		iedule I.	\$\$	uslin, TX, office		
Complete ONLY If direct		late / Officeholder	name		Office sought		•	Office held
expenditure to benefit C/OF	1							
D-1-	Рауее п	ame						
Date	Payeen			1				
10-28-25		Trnost	22 Ka	dria	1100			
Amount (\$)	Pavee a	idress:		7	<u>исъ</u>		State;	Zip Code
, 1.70 GTR (Φ)	,			,				,
40000	4038	Solid	Dr.,	BOW	nsville	.TX_	785	526
	Category	(See Categories listed		redule)	Description			
PURPOSE	1) a			ŀ				
OF EVBENDITURE	$ Y_X I_A$	112 700	DACA					
EXPENDITURE	10/1/	119 CAP	406					
		Check if travel outside of	Texas Complete Sch	edule T.	Check if A	ustin, TX, office	holder living	expense
Complete ONLY If direct		ate / Officeholder	name		Office sought			Office held
expenditure to benefit C/OH	i							
	AT	TACH ADDITION	AL CODIES	JE THIS SI	CHEDILLEVEY	EEDED		
	Al	IMPLIANDILION	ンドイヘレニアクィ	7: (1)10 0\	21 (EDOFE 49 t			

If the requested information is not applicable, DO NOT include this page in the report.								
		EXPENDIT	URE CATE	GORIES F	OR BOX 8(a)			*********
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Exp Gift/Awards/Memori Legal Services The Instruction	als Expense	Office Overl Polling Exp Printing Exp Salaries/Wa		Travel in District Travel Out Of Dis	uipment & Related Expense	е
1 Total pages Schedule F1:	2 FILER N	AME SOL	ia C	- Be	nuides	3 Filer ID (Eth	nics Commission Filers)	
4 Date 10-28-24	5 Payeens	Blance	ca Pa	desi	<u>~</u>			
6 Amount (S)	7 Payee ac	ldress;			City;	State;	Zip Code	
30000	4581	Espina	12a D	r., B	rownsvill	P.TX	78521	
8	(a) Categor	y (See Categories liste	d at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Poll	INA EXP	rense					
	(c)	Chèsi di travel outside o	Texas. Complete S	chedule T.	Check if Au	stın, TX, officeholder li	ring expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		ate / Officeholder	name		Office sought		Office held	
Date	Payee na	ime	Λ					
10-28-24		lanca	Yad	ron		State;	Zip Code	
Amount (\$)	Payee ad	ldress;	_	_	City;	State,	Zip Code	,
25000	4581	1 Espin	02a	Dring	, Brown	BVIlle.	71 7852	<u>/</u>
PURPOSE OF EXPENDITURE	Category	(See Categories listed	eat the top of this s	chedule)	Description			
		Check if travel outside of	Texas, Complete S	chedule T.	Check if Au	stin, TX, officeholder fiv	ring expense	
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder	name		Office sought		Office held	
Date	Payee na	ame						
10-30-24	5	taples						
Amount (\$)	Payee ad	idress:		<i>a</i> .	(City:	State;	Zip Code	
221. 25	2430	Pablo K	isel 1	Blud.	DOWNS V	1/10, TX	18526	
PURPOSE OF EXPENDITURE	Office Category	(See Categories listed	oline top or this s	chedule)	Description			
		Check if travel outside of	Texas. Complete S	chedule T	.Check if Au	stin, TX, officeholder liv		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder	name		Office sought		Office held	
	AT	TACH ADDITION	AL COPIES	OF THIS S	CHEDULE 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Polling Expense Printing Expense Salaries/Wages/ContractLabor Consulting Expense Contributions/Donalions Made By Food/Beverage Expense Gift/Awards/Memorials Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 5 Payee name Payee address: Zip Code PURPOSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX eholder living expense Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Zip Code PURPOSE OF EXPENDITURE Check if Auslin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Zip Code PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct 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 Consulting Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salarles/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages Schedule F1; 2 FILER NAME 5 Payee name City; Zip Code 7 Payee address; **PURPOSE EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense if travel outside of Texas, Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code State; PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 & Candidate/Officeholder/Politic Credit Card Payment	al Committee 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 explai	ns how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME SOFIA C	· Benavides	3 Filer ID (Ethics Commission Filers)				
11-1-24	5 Payee name Ernesto	Rodriguez					
6 Amount (\$)	7 Payee address;	Gity;	State; Zip Code				
40000	4038 Solid Dri	ve Brownsvill	IP, Texas 18521				
8	(a) Category (See Categories listed at the top of this	s schedule) (b) Description					
PURPOSE OF EXPENDITURE	Pulling Up Sign	s to Polling Lo	achins				
	(c) Chack 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/O	Candidate / Officeholder name H	Office sought	Office held				
Date	Payee name	1 /					
11-4-24	Cay 105 F	brego					
Amount (S)	Payee address;	City;	State; Zip Code				
3000	1305 n. Vermillion,	Brownsville, T	X 78521				
	Category (See Categories listed at the top of this	schedule) Description					
PURPOSE OF EXPENDITURE	Event Expense						
	Check if travel outside of Texas. Complete S	Schedule T. Check if Austin	, TX. officeholder living expense				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held				
Date	Payee name						
11-5-24	\mathcal{L}	dron					
Amount (\$)	Payee address;	City;	State; Zip Code				
15000	4581 Espinoza Di Category (See Categories listed at the top of this	Brownsville	, TX 78521				
PURPOSE OF	Palling Excomes	Description					
EXPENDITURE	TUILLING CK PERS	Cabadula T	TV afficiency living average				
	Chack i travel outside d Texas. Complete S		. TX, afficeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/O+	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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel in District Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Travel Out Of District Other (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages Schedule F1: 2 FILER NAME 5 Payee name State; Zip Code **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder fiving expense (c) Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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/Politica Credit Card Payment		Event Expense Fees Food/Beverage Ex Git/Awards/Memo Legal Services The Instructio	ndals Expense	Office Overling Experienting Experienting Experience Salaries/Water		Travel In District Travel Out Of Distr	pment & Related Expense
1 Total pages Schedule F1:	2 FILER N	AME SA	ha C	Ber	avidės	3 Filer ID (Ethio	es Commission Filers)
4 Date 7-24	5 Payee na	me Del	10. (15 N s	e 105		
6 Amount (\$)	7 Payee ad	dress;			City;	State;	Zip Code
1400	1141	Fanni	1. Bri	Wash	Me,TX	7852	<u> </u>
8	(a) Categor	y (See Calegories lis	ted at the lop of this :	schedula)	(b) Description		
PURPOSE OF EXPENDITURE	Polls	ng Exp	ense				
	(c)	Oheok if travel outside	of Texas, Complete Sc	chedule T.	Check if Austin	n, TX, officeholder livir	g expense
 Complete ONLY if direct expenditure to benefit C/OF 		ate / Officeholde	rname		Office sought		Office held
Date	Payee na	me			A		
11-7-24		Irma	de l	a C	Jarza.		
Amount (\$)	Payee ad	ldress;		^	City;	State:	Zip Code
140 00	144	Pinar a	tel Kio	o, B	PHINSIMON	TX 70	3526
PURPOSE OF EXPENDITURE	Poll /	(See Categories liste /// /// /// /// // // // // // // //	ed at the top of this so	chedule)	Description		
		Check if travel outside	of Texas, Complete Sc	hedule T,	Check if Austir	n, TX, officeholder livir	g expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholde	rname		Office sought		Office held
Date	Payee na	ime	1		Λ	11	
11-8-24		<u>C</u> 1	ty o	f L	Drownsvi	lle	
Amount (\$)	Payee ad	dress;	1		City;	State;	Zip Code
20000	(Category	E. Jac (See Categories liste	ksun, L	manule)	SVILLE, T.	X 785	52/
PURPOSE OF EXPENDITURE	Even	+ Expa	ense		Entry fe	e Vetera	ins Parade
O		Check if travel outside of the contract of the		hedule T.	Office sought	n, TX, afficeholder livir	g expense Office held
Complete ONLY if direct expenditure to benefit C/OH		AC / Officerioide	,, ,12(110		Onico congrit		
	AT	TACH ADDITIO	NAL COPIES	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made 6		Food/Beverage Expense Gift/Awards/Memorials Expense	Polling Exp Printing Exp	pense	Travel In District Travel Out Of Distr	
Candidate/Officeholder/Politic Credit Card Payment	al Committee	Legal Services		ages/Contract Labor	Other (enter a cate	gory not listed above)
4.33, 33.3, 3,		The Instruction Guide expla	ins how to co	omplete this form.		
1 Total pages Schedule F1	2 FILER N	Sofia (. Be	nuides	3 Filer ID (Ethi	ics Commission Filers)
11-8-24	5 Payeena	Jacque Jacque	line	Gutier	112	
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
50000	465	n. Illinois	s Br	ownsvill.	o,TX	78521
8	(a) Categor	y (See Categories listed at the top of thi	s schedule)	(b) Description	•	
PURPOSE OF EXPENDITURE	Polli	na Expense		Phone	Bunk	n1
	(c)	Check if travel outside of Texas, Complete	Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Payee na	yme ,		1	Λ	
11-12-24		Nartha A	Vara	do Eve	ent le	nter
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
3500-	943	11. Expressive	ry , P	Srownskii	lle, TX	785H
	Category	(See Calegories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Even	+ Expense	<i>o</i>	Hall	MANAGEM AND	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame	_			
11-12-24		Francisco	Ven	tura		
Amount (\$)	Payee ac			City;	State;	Zip Code
2200	1999	W. Jefferson	r, Br	owns/ill	e, TX	78521
GUDDASE	Category	(See Categories listed at the top of this	schedule)	Description		·
PURPOSE OF EXPENDITURE	Polli	ng Expense				
		Check if travel culst to of Texas Complete S	Schedule T.	Check if Auslin	n, TX. officeholder livin	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	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) Event Expense Loan Repayment/Reimbursement

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundralsing 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 expl	ains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Sofia C	· Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 11-12-24	5 Payee name Oralia	Ganzalez	
6 Amount (\$)	7 Payee address;	City:	State; Zip Code
15000	38 Armstrong Ct.	, brownsville, T	X 78521
8	(a) Category (See Categories listed a the top of the	nis schedule) (b) Description	
PURPOSE OF EXPENDITURE	Phone Banking		
	(C) Check if travel outside of Texas, Conclete	e Schedule 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		
11-12-24	Ernesto	Rodriguez	, , , , , , , , , , , , , , , , , , ,
Amount (\$)	Payee address;	City;	State; Zip Code
32500	4038 Solid Dr.	Browns Ville, 7	7 78520
	Category (See Categories listed at the lop of thi	s schedule) Description	1
PURPOSE OF EXPENDITURE	Event Expense	Cateni	ng Thanksgiving
	Check if travel outside of Texas. Complete	Schedule T. Check if Austin.	TX, afficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11-13-24	Sams 1	Juh	
Amount (\$)	Payee address;	City;	State: Zip Code
167.57	3570 W. Alton 6	lour Brownsvi	110, TX 78526
	Category (See Categories fisled at the top of this	schedule) Description	
PURPOSE OF	81 16		
EXPENDITURE	cuent expens	<u>e</u>	
	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 COPIE	S OF THIS SCHEDULE AS NEED	DED

If the requested information is not applicable, DO NOT include this page in the report.						
	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 Poilling Expense Printing Expense Salaries/Wages/Contract Labor as how to complete this form.	Solicitation/Fundreising 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)			
11-13-24	5 Payee name Silverio C	isneros				
6 Amount (\$)	7 Payee address;	City;	State: Zip Code			
14000	594 Guayava Ln.	Brownsville, T	X 18521			
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description				
PURPOSE OF EXPENDITURE	Polling Expense					
	(c) Check if travel outside of Texas Complete So	chadule T. Check if Austi	n 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	. 1 1/				
11-13-24	Margie 7	. Villarreal				
Amount (\$)	Payee address;	City;	State; Zip Code			
20000	27918 Staff Sat.	Hector Perez Ko	1. San Benito, TX 185			
PURPOSE OF EXPENDITURE	Phone Bunk	chedule) Description				
	Check if travel outside of Texas Complete So	chedule T. Check if Austin	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held			
Date 11-18-24	Payee name Hexis Ac	osta.				
Amount (\$)	Payee address;	City;	State, Zip Code			
180°	1344 Pinan Dr.,	Bownsville.	TX 78526			
PURPOSE OF EXPENDITURE	Polling Expense	châdule) Description				
	Check that avel outside of Texas Complete Sc	chedule T Chack if Austin	n. TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held			

If the requested inf	ormation is not a	ipplicable, DO NOT II	nciude th	is page in the re	port.	
EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/E y Gift/Av al Committee Legal 5	Expense Beverage Expense vards/Memorials Expense Services Instruction Guide explain:	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME	Sofia C.	Ben	avides	3 Filer ID (Ethi	cs Commission Filers)
11-18-24	5 Рауее пате	Hexis F	C05	ta.		
6 Amount (5)	7 Payee address;		•	City;	State;	Zip Code
3000-	1344 8	inon Dr.	, B	owns vill	e,TX	78526
8	(a) Category (See C	Calegories listed at the top of this s	ichedule)	(b) Description		
PURPOSE OF EXPENDITURE	Phone	Bunkin	<u>a</u>			
	(c) Check if t	travel outside of Texas. Complete Sc	hebule T.	Check (/ Austir	n, TX, officeholder livir	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF		fficeholder name		Office sought		Office held
Date	Рауее пате					
11-18-24	\mathcal{E}_{i}	rnesto 1	Rodi	(194ez		
Amount (\$)	Payee address;		_	City;	State;	Zip Code
30000	4038	Solid Dr.	Bro	wnsville,	TX 7	8520
PURPOSE OF EXPENDITURE	Pathina	a //o S(a)	fiedule)	Description		
	Checkin	ravel outside of Texas, Cortolice Sci	hedide T	Chack if Austin	ı, TX, officeholder livir	o expense
······	0			1	1777 0311001111001 7711	
Complete ONLY if direct expenditure to benefit C/OH		ficeholder name		Office sought	, m., amount and a second a second and a second a second and a second a second and a second and a second a sec	Office held
Date	Payee name					
11-18-24	Ern	esto Ro	dri.	9482		
Amount (\$)	Payee address;	•	Ų	City;	State;	Zip Code
15000	4038 5	solid Dr.	Brow	unsville	TX Z	18520
PURPOSE OF EXPENDITURE	Pallina	tegories listed at the top of this sol	hedule)	Description		
	Checkift	ravel outside of Texas. Complete Sch	nedule T	Check if Austin	. TX. officeholder livin	g expense
						Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		fficeholder name		Office sought		Office Held

ii the requested in	iomadon is not a	pplicable, bo No	i include t	nis page in the re	shour	
		XPENDITURE CAT	EGORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Food/t By Gift/Av al Committee Legal	Expense Beverage Expense wards/Memorials Expense Services Instruction Gulde expl	Office Over Polling Exp Printing Ex Salaries/W	rpense /ages/Contract Labor	Travel In District Travel Out Of Distri	ipment & Related Expense
	1		·	. 1	3 5% 15 /545	an Commission Filess
1 Total pages Schadule F1	2 FILER NAME	Sofia	C.B	enavide.		cs Commission Filers)
11-19-24	5 Payee name	Vermilli	on K	stauant	<u>L</u>	
6 Amount (\$)	7 Payee address;			City;	State;	Zip Code
164.83	115 Pare	desLine	Rd.	Brownsvi	lle,TX	78521
8	(a) Category (See (Categories listed at the top of t	inis schedulā)	(b) Description		
PURPOSE OF EXPENDITURE	Food	Expense		Meeh	na	
	(c) Check if	travel outside of Texas. Complet	te Schedule T.	Check if Austr	n. TX afficeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/O		fficeholder name		Office sought		Office held
Date	Payee name		······································		_	
11-22-24	Cai	meron Cou	inty o	Employee	: Christa	45 Fund
Amount (\$)	Payee address;	Monroe, 1	r Brawns	VILLE, TX	7852/	Zip Code
	Category (See Ca	ategories listed at the top of th	is schedule)	Description		
PURPOSE OF EXPENDITURE	Christm	as Emplo	1400	Recept	iaN	
	Check if	travel outside of Texas. Complet	a Schedule T.	Check if Austi	n, TX, officeholder livi	
Complete ONLY if direct expenditure to benefit C/O		fficeholder name		Office sought		Office held
Date	Payee eame	Marie				
11-25-24	Pal	ia Sal	inas))		
Amount (\$)	Payee address:			City;	State;	Zip Code
132.29	1100 €.	Monroe,	Brown	sville, Ti	X 785	<i>هـ\</i>
	Category (See Ca	ategories listed at the top of thi	is schedule)	Description		_
PURPOSE OF EXPENDITURE	Rambu	rsement	for	Decorati	ions (Ch	vistmas)
	Checkift	ravel outside of Texas. Completi	e Schedule T.	Check if Austi	n, TX, officeholder livid	ng expense
Complete ONLY if direct expenditure to benefit C/O		officeholder name		Office sought		Office held
	ATTACH	ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED	

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 Consulling Expense Contributions/Donations Made E Candidate/Officeholder/Politic Cradit Card Payment							
1 Total pages Schedule F1:	2 FILER NAME Sofia C. Benavides 3 Filer ID (Ethics Commission Filers)						
4 Date 12-5-24	5 Payee name D. J. Gil						
6 Amount (\$)	7 Payee address; City: State; Zip Code						
350°-	16600 Lantana Dr., Harlingen, TX 78552						
8	(a) Category (See Categories listed at the top of this schedule) (b) Description						
PURPOSE OF EXPENDITURE	Event Expresse DJ-Music						
	(C) Check if Iravel outside of Texas, Complete Schedule T. Check if Austin TX, officeholder fiving expense						
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name Office sought Office held						
Date	Payee name						
12-6.24	Pirty Al's						
Amount (\$)	Payee address: City; State: Zip Code						
141.93	4495 1. Expressway 77 Brownsville, TX 7852						
PURPOSE OF EXPENDITURE	Food Expense Meeting						
0.407.45.41	Check if travel dutside of Texas. Complete Schedule T. Check if Austin, TM. officeholder living expense Candidate / Officeholder name Office sought Office held						
Complete ONLY if direct expenditure to benefit C/OF	· ·						
Date	Payee name						
12-10-24	Sams Qub						
Amount (\$)	Payee address; City; State; Zip Code						
338.80	3570 W. Alton Glove, Brownsville, TX 78526 Category (See Categories listed at the log of this schedule) Description						
PURPOSE OF EXPENDITURE	Event Expense						
***************************************	Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held						
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 Consulting Expense Contributions/Donations Made By Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Trevel in District Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 5 Payee name Zip Code Payee address; City: State: PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Zip Code PURPOSE OF EXPENDITURE travel outside of Texas, Complete Schedule T. JK, officeholder living expense Check if Auslin Office held Candidate / Officeholder name Complete ONLY if direct Office sought 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 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/Manes/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		enter a category florinated accovery	
1 Total pages Schedule F1:	2 FILER NAME SOLIA (. B	enavides 3 File	er ID (Ethics Commission Filers)	
12-23-24	Papire Serv	<u>ice</u>	7:-0-1-	
536.40	135 Pases del Pado	city: 5+c 62, Edi	stale; Zip Code Nburg, TX 185	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	J^{*}	
PURPOSE OF EXPENDITURE	Polling Expense	Texting	Service.	
	(c) Char if travel outside of Texas. Complete Schedule T.	Check if Austle TX. off	ceholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
12-30-24	Nora Kamos			
Amount (\$)	Payee address;	City;	State; Zip Code	
1400=	28/11 Nelson Rd., S.	an Benito,	TX 78586	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Four Expense	Tamales		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, offi	ceholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	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 schedule)	Description		
	Check if travel outside of Texas Complete Schedule T.	Check if Austin, TX, office	cehalder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		