

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

**14 C/OH NAME** Sofia C. BENAVIDES **15 ACCOUNT #** (Ethics Commission Filers)

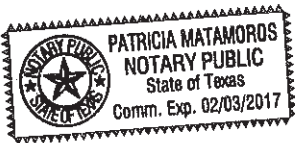
**16 NOTICE FROM POLITICAL COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	<u>Balance Brought Forward</u> \$ 12,770.68
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,100.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,997.85
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ - 0 -
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12,872.83

**18 AFFIDAVIT**



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Sofia C. Benavides  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sofia C. Benavides, this the 1st day of February, 20 16, to certify which, witness my hand and seal of office.

Patricia Matamoros - Patricia Matamoros - Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 2

2 FILER NAME

Sofia C. Benavides

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/12/14

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

Hershal B. Patel

6 Contributor address; City; State; Zip Code

209 W. Oleander Street, S.P.I., TX

7 Amount of contribution (\$)

2,500

8 In-kind contribution description (if applicable)

DL

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Business man

10 Employer (See Instructions)

Date

1/12/14

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

Bharat Patel

Contributor address; City; State; Zip Code

350 Padre Blvd., S.P.I., TX

Amount of contribution (\$)

2,500

In-kind contribution description (if applicable)

DL

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Business man

Employer (See Instructions)

Date

1/12/14

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

Ruben Gallegos Jr.

Contributor address; City; State; Zip Code

594 Jose Marti Blvd., Brownsville, TX

Amount of contribution (\$)

1,000

In-kind contribution description (if applicable)

DL

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Individual

Employer (See Instructions)

Date

1/15/14

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

Naples Investment Comp.

Contributor address; City; State; Zip Code

5420 LBJ Freeway Ste 1355, Dallas, TX

Amount of contribution (\$)

2,000

In-kind contribution description (if applicable)

DL

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Developers

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:  
1 of 2

2 FILER NAME: *Sofia C. Benavides* 3 ACCOUNT # (Ethics Commission Filers)

4 Date: *10/27/15* 5 Full name of contributor: *Republic Service Inc.*  out-of-state PAC (ID#: \_\_\_\_\_)  
6 Contributor address; City; State; Zip Code: *18500 N. Allied Waste, Phonex Arizona* 7 Amount of contribution (\$): *2000<sup>00</sup>* 8 In-kind contribution description (if applicable):

9 Principal occupation / Job title (See Instructions): *Garbage Trash Collectors* 10 Employer (See Instructions):

Date: *10/27/15* Full name of contributor: *Linebarger Guggan Blair*  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code: *P.O. Box 17428, Austin, TX* Amount of contribution (\$): *1000<sup>00</sup>* In-kind contribution description (if applicable):

Principal occupation / Job title (See Instructions): *Delinquent Tax Firm* Employer (See Instructions):

Date: *10/29/15* Full name of contributor: *Raba Kistner*  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code: *P.O. Box 690287, San Antonio, TX* Amount of contribution (\$): *100<sup>00</sup>* In-kind contribution description (if applicable):

Principal occupation / Job title (See Instructions): *Engineer* Employer (See Instructions):

Date: *1/12/16* Full name of contributor: *Dennis W. Stahl*  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code: *5803 Laguna Circle North* Amount of contribution (\$): *2000<sup>00</sup>* In-kind contribution description (if applicable):

Principal occupation / Job title (See Instructions): *Business man* Employer (See Instructions):

Date: *1/12/16* Full name of contributor: *Rajnikant R. Patel*  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code: *P.O. Box 2488, South Padre Island, TX* Amount of contribution (\$): *2000<sup>00</sup>* In-kind contribution description (if applicable):

Principal occupation / Job title (See Instructions): *Business man* Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 1076	<b>2</b> FILER NAME Sofia C Benavides	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 1-7-16	<b>5</b> Payee name Home Depot	
<b>6</b> Amount (\$) 706.10	<b>7</b> Payee address; City; State; Zip Code 4551 S. Padre Island, Brownsville, TX 78521	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Lumber + Material for signs	(b) Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 1-7-16	Payee name Go Print	
Amount (\$) 1,886.57	Payee address; City; State; Zip Code 7625 SAN FERNANDO ROAD BURBANK, CA 91505	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 1-7-16	Payee name Manuel Casas	
Amount (\$) 200.00	Payee address; City; State; Zip Code 2635 Sunflower, Brownsville, TX 78521	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Music for Event	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 1-4-16	Payee name Staples	
Amount (\$) 157.79	Payee address; City; State; Zip Code 2436 Pablo Kisel, Brownsville, Texa 78526	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Office Supplies	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 2 of 6	<b>2</b> FILER NAME Sofia C. Benavides	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 1-8-16	<b>5</b> Payee name Sams	
<b>6</b> Amount (\$) 1,279.86	<b>7</b> Payee address; City; State; Zip Code 3370 W. FM 3248, Brownsville, Texas 78526	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 1-11-16	Payee name All Valley Media	
Amount (\$) 2,880 <sup>00</sup>	Payee address; City; State; Zip Code 221 W. Wilson, Harlingen, TX 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 1-11-16	Payee name Francisco Garza	
Amount (\$) 150 <sup>00</sup>	Payee address; City; State; Zip Code 2643 Price Road, Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Labor - Putting up signs	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 1-12-16	Payee name Oralia Gonzalez	
Amount (\$) 60 <sup>00</sup>	Payee address; City; State; Zip Code 1999 W Jefferson Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Reimbursement	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>3 of 6</b>	2 FILER NAME <b>Sofia C. Benavides</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>1-15-16</b>	5 Payee name <b>Galaxy Bowling</b>
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6 Amount (\$) <b>225<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>3451 Pablo Kisel, Brownsville, Texas 78526</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Banner Ad</b>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01-16-16</b>	Payee name <b>Jose Alfredo Rico</b>
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Amount (\$) <b>500<sup>00</sup></b>	Payee address; City; State; Zip Code <b>6275 Monte Bonito, Brownsville, TX 78521</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Labor - Blockwalking + Putting up signs</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-19-16</b>	Payee name <b>Dean Owen</b>
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Amount (\$) <b>50<sup>00</sup></b>	Payee address; City; State; Zip Code <b>1905 n. Illinois, Brownsville, Texas 78521</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Beverages</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-19-16</b>	Payee name <b>Marcos Aleala</b>
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Amount (\$) <b>200<sup>00</sup></b>	Payee address; City; State; Zip Code <b>5901 Cadereyta St., Brownsville, Texas 78521</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Deposit on Band - Event Expense</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>4 of 6</b>	2 FILER NAME <b>Sofia C. Benavides</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>1-21-16</b>	5 Payee name <b>Teresa Galvan</b>
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6 Amount (\$) <b>60<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>6105 Garfield Rd., Brownsville, TX 78521</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Donation</b>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-22-16</b>	Payee name <b>Garcia + Guerra</b>
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Amount (\$) <b>125.73</b>	Payee address; City; State; Zip Code <b>2451 Pablo Kisel Blvd., Brownsville, TX 78526</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Lunch Meeting</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-24-16</b>	Payee name <b>Julio Rocha Jr</b>
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Amount (\$) <b>250<sup>00</sup></b>	Payee address; City; State; Zip Code <b>1924 Rosedale, Brownsville, TX 78521</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Rental Tent + Chairs</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-25-16</b>	Payee name <b>Carlos Benavides / City View Production</b>
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Amount (\$) <b>1,500<sup>00</sup></b>	Payee address; City; State; Zip Code <b>2010 Lakeline Oak Drive, Cedar Park, TX 78613</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Video</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5 of 6		2 FILER NAME Sofia C. Benavides		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-25-16		5 Payee name Joe Lopez			
6 Amount (\$) \$ 50 <sup>00</sup>		7 Payee address; City; State; Zip Code 7519 Boca Chica, Brownsville, Texas 78521			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Donation - Fundraiser		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1-25-16		Payee name Lorenzo Lopez			
Amount (\$) 300 <sup>00</sup>		Payee address; City; State; Zip Code 7519 Boca Chica, Brownsville, TX 78521			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertisement		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1-26-16		Payee name Gabino Vasquez			
Amount (\$) 100 <sup>00</sup>		Payee address; City; State; Zip Code 1190 Acacia Lake, Brownsville, TX 78521			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Reimbursement		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1-26-16		Payee name Maria Esther Garcia			
Amount (\$) 60 <sup>00</sup>		Payee address; City; State; Zip Code 1999 W. Jefferson, Brownsville, TX 78526			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Reimbursement		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 6 of 6	<b>2</b> FILER NAME Sofia C. Benavides	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 1-28-16	<b>5</b> Payee name Brownsville Herald	
<b>6</b> Amount (\$) 4,156.80	<b>7</b> Payee address; City; State; Zip Code 1135 E. Van Buren, Brownsville, TX 78520	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertisement	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> 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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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