

**Mrs. Sofia
Benavides**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTING SYSTEMS OFFICE USE ONLY Date Received FEB 22 2010 3:08pm RECEIVED [Signature]
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mrs. FIRST: Sofia MI: C NICKNAME: LAST: Benavides SUFFIX:	CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTING SYSTEMS OFFICE USE ONLY Date Received FEB 22 2010 3:08pm RECEIVED [Signature] Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4090 Retama Dr., Brownsville TX		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (956) PHONE NUMBER: 554-8481 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Dr. FIRST: Ruben NICKNAME: LAST: Gallegos SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5220 Wilderness Road Brownsville, TX 78526		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (956) PHONE NUMBER: 504-3365 EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 22 / 2016 THROUGH 02 / 20 / 2016		
11 ELECTION	ELECTION DATE Month Day Year 03 / 01 / 2016	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Commissioner Precinct 1	13 OFFICE SOUGHT (if known)	

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 12,872.83
Balance Brought Forward

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7,000.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 19,145.25

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

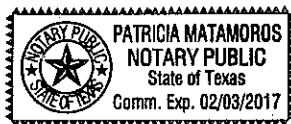
\$ 727.58
Balance -

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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 21st day of February 2016, to certify which, witness my hand and seal of office.

Patricia Matamoros
Signature of officer administering oath

Patricia Matamoros
Printed name of officer administering oath

Notary
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:

1072

2 FILER NAME *Sofia C. Benavides*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

1/28/16

Scott Campbell

1,000⁰⁰

6 Contributor address; City; State; Zip Code

1210 E. Tyler, Harlingen, TX 78550 (If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Developer

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/28/16

Eddie Lucio III

1,000⁰⁰

Contributor address; City; State; Zip Code

P.O. Box 2106, San Benito, TX 78586 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney At Law

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/29/16

Carlos Marin

1,000⁰⁰

Contributor address; City; State; Zip Code

295 Calle Jacaranda, Brownsville, TX 78520 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Engineer

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/3/16

Michael Hernandez

2,500⁰⁰

Contributor address; City; State; Zip Code

5205 Montclair Dr., Colleyville, TX 76034 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Businessman

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/3/16

Kene Aaron Ramirez

500⁰⁰

Contributor address; City; State; Zip Code

612 Nolana, Ste 415, McAllen, TX 78504 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Individual

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:

2 of 2

2 FILER NAME

Sofia C. Benavides

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/4/16

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

Ruben Ybarra

6 Contributor address; City; State; Zip Code

437 Rey Juan Carlos, Brownsville, TX 77521

7 Amount of contribution (\$)

1,000.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

landscaper

10 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)

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)

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)

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 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: 1-077	2 FILER NAME Sofia C. Benavides	3 ACCOUNT # (Ethics Commission Filers)
---	---	---

4 Date 1-28-16	5 Payee name Sams Club
--------------------------	----------------------------------

6 Amount (\$) 366.08	7 Payee address; City; State; Zip Code 3370 W. FM 3248, Brownsville, TX 78526
--------------------------------	---

8 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)
---------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 1-29-16	Payee name Korner Market
-----------------	-----------------------------

Amount (\$) 164.74	Payee address; City; State; Zip Code 1905 N. Illinois, Brownsville, TX 78521
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	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 1-29-16	Payee name Sonic Print
-----------------	---------------------------

Amount (\$) 1,999.09	Payee address; City; State; Zip Code 5018 Tampa West Blvd., Tampa Florida 33634
-------------------------	--

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 2-4-16	Payee name Linda's Cake Shop
----------------	---------------------------------

Amount (\$) 52.00	Payee address; City; State; Zip Code 444 W. Elizabeth St., Brownsville, TX 78520
----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Cake 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
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 2 of 7		2 FILER NAME Sofia C. Benavides		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-5-16		5 Payee name Stripes			
6 Amount (\$) 63.05		7 Payee address; City; State; Zip Code 3755 Boca Chica Blvd., Brownsville, TX 78521			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Beverage Expense		(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 2-8-16		Payee name Taco Palengue			
Amount (\$) 112.18		Payee address; City; State; Zip Code 1803 Boca Chica, Brownsville, TX 78520			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		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 2-8-16		Payee name Sonic Print			
Amount (\$) 1,075 ⁰⁰		Payee address; City; State; Zip Code 5018 Tampa West Blvd., Tampa Florida 33634			
PURPOSE OF EXPENDITURE		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 2-9-16		Payee name Amalia Moreno			
Amount (\$) 60 ⁰⁰		Payee address; City; State; Zip Code 6357 Sioux Falls Ave., Brownsville, TX 78521			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donation		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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 3 of 7		2 FILER NAME Sofia C. Benavides		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-9-16		5 Payee name De Saro Rodriguez Advertising Agency			
6 Amount (\$) 4,535 ⁰⁰		7 Payee address; City; State; Zip Code McAllen, Texas			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Radio Ad's /TV		(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 2-9-16		Payee name Rudy's			
Amount (\$) 157.11		Payee address; City; State; Zip Code 2780 N. Expressway, Brownsville, TX 78526			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Meeting food/Beverage		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 2-9-16		Payee name Salt + Grass			
Amount (\$) 105.08		Payee address; City; State; Zip Code 3000 W. Expressway 83, McAllen, TX 78501			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) food/Beverage		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 2-9-16		Payee name All Valley Media			
Amount (\$) 330 ⁰⁰		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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 4 of 7	2 FILER NAME Sofia C. Benavides	3 ACCOUNT # (Ethics Commission Filers)
--	---	---

4 Date 2-10-16	5 Payee name Professional Printing Inc.
--------------------------	---

6 Amount (\$) 449.24	7 Payee address; City; State; Zip Code 794 Paredes Line Rd., Brownsville, TX 78520
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing/Advertisement	(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 2-10-16	Payee name Rosalio Rosales
-----------------	-------------------------------

Amount (\$) 50.00	Payee address; City; State; Zip Code 2304 Shidler Apt 76, Brownsville, TX 78520
----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Reimbursement 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
---	-------------------------------	---------------	-------------

Date 2-10-16	Payee name Christy's Cake Shop
-----------------	-----------------------------------

Amount (\$) 95.00	Payee address; City; State; Zip Code 355 Kings Hwy, Brownsville, TX 78521
----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) cake 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 2-10-16	Payee name Dirty Al's
-----------------	--------------------------

Amount (\$) 69.29	Payee address; City; State; Zip Code 4495 North Expway 77, Brownsville, TX 78520
----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) food/Beverage	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
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 7	2 FILER NAME Sofia C. Benavides	3 ACCOUNT # (Ethics Commission Filers)
--	---	---

4 Date 2-11-16	5 Payee name Sonic Print
--------------------------	------------------------------------

6 Amount (\$) 1980 ⁰⁰	7 Payee address; City; State; Zip Code 5018 Tampa West Blvd., Tampa Florida 33634
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(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 2-11-16	Payee name VFW Post
-----------------	------------------------

Amount (\$) 150 ⁰⁰	Payee address; City; State; Zip Code 1801 Veterans Blvd., Brownsville, TX 78521
----------------------------------	--

8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	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 2-13-16	Payee name Gabino Vasquez
-----------------	------------------------------

Amount (\$) 100 ⁰⁰	Payee address; City; State; Zip Code 1190 Acacia Lake, Brownsville, TX 78521
----------------------------------	---

8 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 2-16-16	Payee name Sara Rodriguez Advertising
-----------------	--

Amount (\$) 6,060 ⁰⁰	Payee address; City; State; Zip Code McAllen, Texas
------------------------------------	--

8 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
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 6 of 7	2 FILER NAME: Sofia C. Benavides	3 ACCOUNT # (Ethics Commission Filers)
--	--	---

4 Date: 2-16-16	5 Payee name: Sams
---------------------------	------------------------------

6 Amount (\$): 180.25	7 Payee address; City; State; Zip Code: 3370 W. FM 3248, Brownsville, TX 78526
---------------------------------	--

8 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)
---------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date: 2-16-16	Payee name: Lucy Flower Shop
------------------	---------------------------------

Amount (\$): 105.54	Payee address; City; State; Zip Code: 2302 N. Conway Ave., Mission, TX 78572
------------------------	---

8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Memorial	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: 2-16-16	Payee name: Galaxy Bowling
------------------	-------------------------------

Amount (\$): 107.45	Payee address; City; State; Zip Code: 3451 Pablo Kisel, Brownsville, TX 78526
------------------------	--

8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Event Expense	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: 2-16-16	Payee name: Alegra Print
------------------	-----------------------------

Amount (\$): 323.62	Payee address; City; State; Zip Code: 1273 E. Alton Gloor, Brownsville, TX 78526
------------------------	---

8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Printing Expense	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
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 7 of 7	2 FILER NAME Sofia C. Benavides	3 ACCOUNT # (Ethics Commission Filers)
--	---	---

4 Date 2-17-16	5 Payee name Keko's
--------------------------	-------------------------------

6 Amount (\$) 189.34	7 Payee address; City; State; Zip Code 501 E. Ringold, Brownsville, TX 78520
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food / Beverage	(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 2-17-16	Payee name Pan American Golf Association
-----------------	---

Amount (\$) 100 ⁰⁰	Payee address; City; State; Zip Code P.O. Box 5013, Brownsville, TX 78521
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) T-Box	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 2-19-16	Payee name Korner Market
-----------------	-----------------------------

Amount (\$) 166.19	Payee address; City; State; Zip Code 1905 N. Illinois, Brownsville, TX 78521
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED