

**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 Filer ID (Ethics Commission Filers) 2 Total pages filed:
9

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: _____ FIRST: Dofia MI: C.
NICKNAME: _____ LAST: Benavides SUFFIX: _____

OFFICE USE ONLY
Date Received: JUL 15 2016
CAMERON COUNTY
DEPARTMENT OF ELECTIONS & VOTER REGISTRATION
RECEIVED
BY: [Signature]
Date Hand-delivered or Date Postmarked: _____
Receipt #: _____ Amount \$: _____
Date Processed: _____
Date Imaged: _____

2:36 P.M.

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4090 Retama Drive
Brownsville, Texas 78521
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION
(956) 459-4020

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: _____ FIRST: Dr. Ruben MI: _____
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 Dr.
Brownsville, Texas 78526

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(956) 504-3365

9 REPORT TYPE
 January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year Month Day Year
5 / 15 / 2016 THROUGH 06 / 30 / 2016

11 ELECTION
ELECTION DATE: Month Day Year November
ELECTION TYPE: Primary Runoff Other Description
 General Special

12 OFFICE OFFICE HELD (if any) Commissioner Precinct 1
13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (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

COMMITTEE NAME

GENERAL

SPECIFIC

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

\$ 814.04

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

\$ 10,600.00

EXPENDITURE
TOTALS

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

-\$ 3,707.87

4. TOTAL POLITICAL EXPENDITURES

-\$ 6,995.00

CONTRIBUTION
BALANCE

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

\$ 711.17

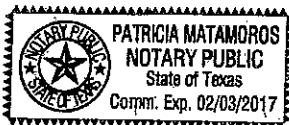
OUTSTANDING
LOAN TOTALS

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

\$ 700.00

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 13th day of July, 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1073
2 FILER NAME Dofia C. Benavides		3 Filer ID (Ethics Commission Filers)
4 Date 2/9/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben. Castillo	7 Amount of contribution (\$) 500 ⁰⁰
6 Contributor address; City; State; Zip Code 4640 Bowie Rd., Brownsville, TX 78521		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Castillo Insurance
Date 4/25/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene A. Ramirez	Amount of contribution (\$) 500 ⁰⁰
Contributor address; City; State; Zip Code 612 W. Nolana Ste 415, McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Pathfinder Company		Employer (See Instructions)
Date 4/27/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edna Tamayo	Amount of contribution (\$) 100 ⁰⁰
Contributor address; City; State; Zip Code 24078 Russell Lane, Harlingen, TX 78552		
Principal occupation / Job title (See Instructions) Retired Teacher / Commis		Employer (See Instructions)
Date 4/29/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marisela G. Marin	Amount of contribution (\$) 2,500 ⁰⁰
Contributor address; City; State; Zip Code 419 Rio Grande Dr., Mission, TX 78572		
Principal occupation / Job title (See Instructions) Individual		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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

273

2 FILER NAME

Dofia C. Benavides

3 Filer ID (Ethics Commission Filers)

4 Date

4/29/16

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

Ruben Gallegos, Jr.

6 Contributor address; City; State; Zip Code

1850 Briarwyck Dr., Brownsville, TX 78520

7 Amount of contribution (\$)

1,000⁰⁰

8 Principal occupation / Job title (See Instructions)

Individual

9 Employer (See Instructions)

Date

5/4/16

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

HNTB Holding Political Action Community

Contributor address; City; State; Zip Code

715 Kirk Drive, Kansas City, MO 64105

Amount of contribution (\$)

3,000⁰⁰

Principal occupation / Job title (See Instructions)

Architect

Employer (See Instructions)

Date

5/5/16

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

John W. Hudson

Contributor address; City; State; Zip Code

3014 Fairway Dr., Sugar Land, TX 77478

Amount of contribution (\$)

250⁰⁰

Principal occupation / Job title (See Instructions)

Businessman

Employer (See Instructions)

Date

5/9/16

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

Juan T. Mendez, III

Contributor address; City; State; Zip Code

611 W. Levee, Brownsville, TX 78520

Amount of contribution (\$)

500⁰⁰

Principal occupation / Job title (See Instructions)

Attorney

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule **3 of 3**

2 FILER NAME

Dofia C. Benavides

3 Filer ID (Ethics Commission Filers)

4 Date

5/13/16

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

David + Lori Suissa

6 Contributor address; City; State; Zip Code

P.O. Box 2444, South Padre Island, TX 78597

7 Amount of contribution (\$)

250⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/17/16

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

Robert Gracia

Contributor address; City; State; Zip Code

P.O. Box 4953, Brownsville, TX 78523

Amount of contribution (\$)

500⁰⁰

Principal occupation / Job title (See Instructions)

Business man

Employer (See Instructions)

Date

6/2/16

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

Half Associates PAC

Contributor address; City; State; Zip Code

1201 N. Bowser Rd., Richardson, TX 75081

Amount of contribution (\$)

1,500⁰⁰

Principal occupation / Job title (See Instructions)

Engineering

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME <i>Sofia C. Benavides</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 700⁰⁰
5 Date of loan 5-25-16	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sofia C. Benavides</i>	9 Loan Amount (\$) 700⁰⁰
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>4090 Retama Dr., Brownsville, TX</i>	10 Interest rate - 0 -
		11 Maturity date - 0 -
12 Principal occupation / Job title (See Instructions) <i>Commissioner</i>		13 Employer (See Instructions) <i>Cameron County</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 3	2 FILER NAME Dofia C. Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 5-17-16	5 Payee name Marcos Alcalá-Amos de la Noche	
6 Amount (\$) 800 ⁰⁰	7 Payee address; City; State; Zip Code 5901 Cadereyta, Brownsville, TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense - MUSIC	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 5-17-16	Payee name La Vaquita	
Amount (\$) 1,750 ⁰⁰	Payee address; City; State; Zip Code 751 E. Stenger St, San Benito, TX 78586	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 5-18-16	Payee name The Brownsville Herald	
Amount (\$) 2,520 ⁰⁰	Payee address; City; State; Zip Code 1135 E. Van Buren, Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising - (Newspaper)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2 of 3	Julia C. Benavides	
4 Date	5 Payee name	
5-24-16	The Brownsville Herald	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
610 ⁰⁰	1135 E. Van Buren. Brownsville TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Newspaper	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH.	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
5-25-16	All Valley Media	
Amount (\$)	Payee address; City; State; Zip Code	
215 ⁰⁰	221 W. Wilson. Harlingen, Texas 78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertisement	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH.	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>3 of 3</i>	2 FILER NAME <i>Dofia C. Benavides</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6-2-16</i>	5 Payee name <i>La Vaguita</i>	
6 Amount (\$) <i>900⁰⁰</i>	7 Payee address; City; State; Zip Code <i>751 E. Stenger St., San Benito, TX 78586</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food / Beverage Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>6-9-16</i>	Payee name <i>Star Scholarship fund</i>	
Amount (\$) <i>200⁰⁰</i>	Payee address; City; State; Zip Code <i>3900 McColl Road, McAllen, TX 78501</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation for a Scholarship</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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