

SOFIA
BENAVIDES

**30 Days Before
Election**

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:

15

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST *Sofia* MI *C*
NICKNAME LAST SUFFIX
Benavides

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4090 Retama Drive
Brownsville, TX 78521

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 459-4020

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST *Patricia* MI
NICKNAME LAST SUFFIX
Matamoros

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
465 N. Illindis
Brownsville, TX 78521

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 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
01 / 01 / 2024 THROUGH *02 / 05 / 2024*

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
03 / 05 / 2024 General Special

12 OFFICE

OFFICE HELD (if any)
Commissioner Precinct 1

13 OFFICE SOUGHT (if known)

14 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.

Additional Pages

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

OFFICE USE ONLY

DATE RECEIVED
FEB 16 2024

RECEIVED *[Signature]*

3:39 PM

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), AND CONTRIBUTIONS RECEIVED INDIVIDUALLY

Balance Brought Forward

\$ 17,266.03

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

+ \$ 42,750.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES

Under \$100

- \$ 1,827.51

4. TOTAL POLITICAL EXPENDITURES

- \$ 2,742.93

CONTRIBUTION
BALANCE

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

Balance

\$ 55,405.59

OUTSTANDING
LOAN TOTALS

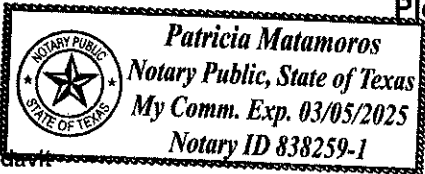
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 SIGNATURE 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

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Sofia C. Benavides this the 14th day of February, 2024, 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

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$42,750 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$4570.44
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 this form.		1 Total pages Schedule A1: 1 of 7
2 FILER NAME Sofia C. Benavides		3 Filer ID (Ethics Commission Filers)
4 Date 12/11/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fighting For South Texas	7 Amount of contribution (\$) 1,000⁰⁰
6 Contributor address; City; State; Zip Code 121 N. 10th St., McAllen, TX 78501		
8 Principal occupation / Job title (See Instructions) Union		9 Employer (See Instructions)
Date 12/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ortegon Insurance Agency	Amount of contribution (\$) 500⁰⁰
Contributor address; City; State; Zip Code 3619 S. Border Ave, Weslaco, TX 78596		
Principal occupation / Job title (See Instructions) Insurance Company		Employer (See Instructions)
Date 1/3/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rezza Badiozzamani	Amount of contribution (\$) 2,000⁰⁰
Contributor address; City; State; Zip Code 10100 N. Bentsen Rd., McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 1/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David or Lori Suissa	Amount of contribution (\$) 250.⁰⁰
Contributor address; City; State; Zip Code P.O. Box 2444, South Padre Island, TX		
Principal occupation / Job title (See Instructions) Businessman		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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 7
2 FILER NAME Sofia C. Benavides		3 Filer ID (Ethics Commission Filers)
4 Date 1/8/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruba-Kistner	7 Amount of contribution (\$) 1,000⁰⁰
6 Contributor address; City; State; Zip Code P.O. Box 690287, San Antonio, TX 78269		
8 Principal occupation / Job title (See Instructions) Engineering Company		9 Employer (See Instructions)
Date 1/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudolph Vasquez Gomez	Amount of contribution (\$) 2,500⁰⁰
Contributor address; City; State; Zip Code 22 Alvarado Ave, Rancho Viejo, TX		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions)
Date 1/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian A. Godinez	Amount of contribution (\$) 1,500⁰⁰
Contributor address; City; State; Zip Code 5007 N. 9th Street, McAllen, TX		
Principal occupation / Job title (See Instructions) Engineer / Architect / ERO		Employer (See Instructions)
Date 1/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacinto Garza	Amount of contribution (\$) 2,500⁰⁰
Contributor address; City; State; Zip Code 2100 W. Expy 83, Mercedes, TX		
Principal occupation / Job title (See Instructions) Architect Engineer		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 this form.		1 Total pages Schedule A1: 3 of 7
2 FILER NAME Sofia C. Benavides		3 Filer ID (Ethics Commission Filers)
4 Date 1/11/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rigoberto Villarreal	7 Amount of contribution (\$) 2,000⁰⁰
6 Contributor address; City; State; Zip Code 1405 Pamela Dr., Mission, TX		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions)
Date 1/11/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oscar Arturo Garza	Amount of contribution (\$) 1,000⁰⁰
Contributor address; City; State; Zip Code 2313 Brock Street, Mission, TX		
Principal occupation / Job title (See Instructions) KCI Technology		Employer (See Instructions)
Date 1/11/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charalambos Simeonidis	Amount of contribution (\$) 1,000⁰⁰
Contributor address; City; State; Zip Code P.O. Box 550344, Houston, TX		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 1/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) A+I Custom Manufacturing	Amount of contribution (\$) 1,000⁰⁰
Contributor address; City; State; Zip Code 4337 Marfina Rd., Brownsville, TX 78526		
Principal occupation / Job title (See Instructions) Construction Company		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 this form.		1 Total pages Schedule A1: 4 of 7
2 FILER NAME Sofia C. Benavides		3 Filer ID (Ethics Commission Filers)
4 Date 1/12/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel D. Rios	7 Amount of contribution (\$) 5,000⁰⁰
6 Contributor address; City; State; Zip Code 104 E. Lark Ave., McAllen, TX 78504		
8 Principal occupation / Job title (See Instructions) Engineer - RRP		9 Employer (See Instructions)
Date 1/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamra P. Schumacher	Amount of contribution (\$) 1,000⁰⁰
Contributor address; City; State; Zip Code 2614 Dove Ave., Mission, TX 78574		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions)
Date 1/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessie R. Gonzalez	Amount of contribution (\$) 1,000⁰⁰
Contributor address; City; State; Zip Code 1540 Los Sabales, Brownsville, TX		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions)
Date 1/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M. Daniel Bryant	Amount of contribution (\$) 1,000⁰⁰
Contributor address; City; State; Zip Code P.O. Box 2460, South Padre Island, TX		
Principal occupation / Job title (See Instructions) Self Employed Businessman		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total Pages Schedule A1: 5 of 7
2 FILER NAME Sofia C. Benavides		3 Filer ID (Ethics Commission Filers)
4 Date 1/12/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lydia Macheska	7 Amount of contribution (\$) 5,000⁰⁰
6 Contributor address; City; State; Zip Code 2608 Live Oak St., Mission, TX		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions)
Date 1/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guillermo Sosa Quintanilla	Amount of contribution (\$) 1,000⁰⁰
Contributor address; City; State; Zip Code 3818 Bourbon Ave., Harlingen, TX		
Principal occupation / Job title (See Instructions) Ethos Engineers		Employer (See Instructions)
Date 1/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Antonio Garcia	Amount of contribution (\$) 1,000⁰⁰
Contributor address; City; State; Zip Code 6026 Diamondback, Brownsville, TX		
Principal occupation / Job title (See Instructions) Businessman - Self Employed		Employer (See Instructions)
Date 1/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alida Gonzalez	Amount of contribution (\$) 2,500⁰⁰
Contributor address; City; State; Zip Code 2307 Silverado S., Mission, TX 78573		
Principal occupation / Job title (See Instructions) Brownstone Consultant		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 this form.		1 Total pages Schedule A1: 6 of 7
2 FILER NAME Sofia C. Benavides		3 Filer ID (Ethics Commission Filers)
4 Date 11/17/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilda S.O. Lease	7 Amount of contribution (\$) 1,000⁰⁰
6 Contributor address; City; State; Zip Code 25710 Eagle Chase Lane, Spring, TX		
8 Principal occupation / Job title (See Instructions) RODS - Engineering		9 Employer (See Instructions)
Date 11/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Henry	Amount of contribution (\$) 1,250⁰⁰
Contributor address; City; State; Zip Code 425 Padre Blvd Unit 40, South Padre Island, TX		
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions)
Date 11/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Hawkinson	Amount of contribution (\$) 1,250⁰⁰
Contributor address; City; State; Zip Code 110 E. Lantana, South Padre Island, TX 78597		
Principal occupation / Job title (See Instructions) General Manager - Waterpark at Isla Blanca		Employer (See Instructions)
Date 11/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pipe Fitters Local Union # 211	Amount of contribution (\$) 2,500⁰⁰
Contributor address; City; State; Zip Code 1301 W. 13th Street, Deere Park, TX 77536		
Principal occupation / Job title (See Instructions) Union		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 this form.		1 Total pages Schedule A1: 7 of 7
2 FILER NAME Sofia C. Benavides		3 Filer ID (Ethics Commission Filers)
4 Date 4/9/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene Ramirez	7 Amount of contribution (\$) 2,000⁰⁰
6 Contributor address; City; State; Zip Code 1508 S. Lone Star Way Unit 1, Edinburg, TX 78539		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions)
Date 11/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S.F. Vale	Amount of contribution (\$) 1,000⁰⁰
Contributor address; City; State; Zip Code P.O. Box 156, Rio Grande City, TX 78582		
Principal occupation / Job title (See Instructions) Bridge Owner - Starr County		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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 MADE FROM POLITICAL CONTRIBUTIONS

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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 5	2 FILER NAME Sofia C. Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 1-4-2023	5 Payee name Lotus Cafe	
6 Amount (\$) 127.86	7 Payee address; City; State; Zip Code 2489 Boca Chica, Brownsville, TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Beverage Expense	(b) Description Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 1-8-2024	Payee name Vermillion Restaurant	
Amount (\$) 156.82	Payee address; City; State; Zip Code 115 Paredes Line Rd, Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage Expense	Description Meeting
	<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 1-11-2024	Payee name Juan Villarreal	
Amount (\$) 130.⁰⁰	Payee address; City; State; Zip Code 27918 Staff Sgt Hector R. Perez, San Benito, TX 78586	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Putting Up Signs	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

If the requested information is not applicable, DO NOT include this page in the report.

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 of 5	2 FILER NAME Sofia C Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 1-16-2024	5 Payee name All Valley Media	
6 Amount (\$) 357.⁰²	7 Payee address; City; State; Zip Code 221 W. Wilson Ave, Harlingen, TX 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising / Design	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-16-2024	Payee name Ramiro Amaro
Amount (\$) 100.⁰²	Payee address; City; State; Zip Code 1624 Tyler, Brownsville, TX 78520
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense
	<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
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Date 1-17-2024	Payee name AT&T
Amount (\$) 264.88	Payee address; City; State; Zip Code 4305 N. Expressway, Brownsville, TX 78526
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Cell Phone Service
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 5	2 FILER NAME Sofia C. Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 1-18-2024	5 Payee name Lotus Cafe	
6 Amount (\$) 143.53	7 Payee address; City; State; Zip Code 2489 Boca Chica, Brownsville, TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Beverage Expense	(b) Description Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 1-18-2024	Payee name Veronica de la Fuente
Amount (\$) 173.15	Payee address; City; State; Zip Code 21267 Nixon Road, Harlingen, TX 78550
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement for Business Cards
	Description Reimbursement for Business Cards
(c) <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 1-22-2024	Payee name All Valley Media
Amount (\$) 360⁰⁰	Payee address; City; State; Zip Code 221 W. Wilson Avenue, Harlingen, TX 78550
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/Design
	Description Advertising/Design
(c) <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

If the requested information is not applicable, **DO NOT** include this page in the report.

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 5	2 FILER NAME Sofia C. Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 1-26-2024	5 Payee name Roberto Rivera	
6 Amount (\$) 100⁰⁰	7 Payee address; City; State; Zip Code 1713 Harding Street, Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Block Walking	(b) Description
	(c) <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 1-26-2024	Payee name Sofia Pineda	
Amount (\$) 120⁰⁰	Payee address; City; State; Zip Code 1745 Old Creek Court, Brownsville, TX 78526	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Purchased Girl Scout Cookies	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

Date 2-2-2024	Payee name Ovidio Cisneros	
Amount (\$) 125.⁰⁰	Payee address; City; State; Zip Code 5661 Paso Real, Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Putting Up Signs	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | 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: 5 of 5	2 FILER NAME Sofia C. Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 2-5-2024	5 Payee name Roberto Rivera	
6 Amount (\$) 100⁰⁰	7 Payee address; City; State; Zip Code 1713 Harding St., Brownsville, Texas 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Block Walking	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 2-5-2024	Payee name Francisco Ventura
Amount (\$) 232.50	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) Block Walking
	Description
(c) <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 1-17-2024	Payee name Sams Club
Amount (\$) 252.19	Payee address; City; State; Zip Code 3750 W. Atton Glor, Brownsville, TX 78526
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense
	Description
(c) <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