

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: **23**

23

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

Sofia C.

FIRST

MI

NICKNAME

Benavides

LAST

SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

**4090 Retama Drive
Brownsville, TX 78521**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(956) 459-4020

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

Patricia P.

FIRST

MI

NICKNAME

Matamoros

LAST

SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

465 N. Illinois, 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 THROUGH Month Day Year
07 / 1 / 2024 THROUGH 10 / 08 / 2024

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff Other Description

11 / 05 / 2024 General Special

12 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)

Commissioner Precinct 1

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

COMMITTEE TYPE COMMITTEE NAME

GENERAL COMMITTEE ADDRESS

SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

OFFICE USE ONLY

Date Received
CAMERON COUNTY
DEPARTMENT OF ELECTIONS &
VOTER REGISTRATION

OCT 09 2024

RECEIVED
Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

3:23
pm.

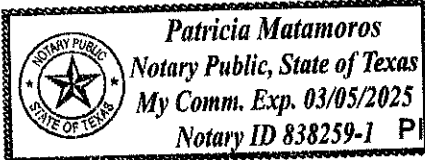
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 61,250. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3,496.57
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,749.02 <i>DP</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 79,862.42
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 9th day of October 2024, to certify which, witness my hand and seal of office.
Patricia Matamoros Printed name of officer administering oath
Patricia Matamoros Signature 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 <i>Sofia C. Benavides</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>61,250⁰²</i>
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	\$ <i>8,252.45</i>
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 11
2 FILER NAME Sofia C. Benavides		3 Filer ID (Ethics Commission Filers)
4 Date 8/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pipe Fitters Local Union 211	7 Amount of contribution (\$) 300 ⁰⁰
6 Contributor address; City; State; Zip Code 1301 W. 13th St., Ste A, Deer Park, TX 77536		
8 Principal occupation / Job title (See Instructions) Union		9 Employer (See Instructions)
Date 8/3/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rush Paving	Amount of contribution (\$) 1,000 ⁰⁰
Contributor address; City; State; Zip Code 730 Oregon St., Edinburg, TX 78541		
Principal occupation / Job title (See Instructions) Paving Company		Employer (See Instructions)
Date 8/5/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Re/Max Sun Valley Realtors	Amount of contribution (\$) 100 ⁰⁰
Contributor address; City; State; Zip Code 1681 E. Los Ebanos, Brownsville, TX 78520		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 8/6/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Febenz Investment	Amount of contribution (\$) 100 ⁰⁰
Contributor address; City; State; Zip Code 5212 Rushe Manor Dr., Brownsville, TX 78526		
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 11
2 FILER NAME Sofia C. Benavides		3 Filer ID (Ethics Commission Filers)
4 Date 8/8/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pronto Bail Bonds	7 Amount of contribution (\$) 250⁰⁰
6 Contributor address; City; State; Zip Code 554 E. Jackson, Brownsville, TX 78520		
8 Principal occupation / Job title (See Instructions) Bail Bond		9 Employer (See Instructions)
Date 8/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruben Rdz Gallegos	Amount of contribution (\$) 500⁰⁰
Contributor address; City; State; Zip Code 5220 Wilderness Dr., Brownsville, TX 78526		
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)
Date 8/9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guillen Community Cemetary	Amount of contribution (\$) 175⁰⁰
Contributor address; City; State; Zip Code 9055 Boca Chica, Brownsville, TX 78521		
Principal occupation / Job title (See Instructions) Cemetary		Employer (See Instructions)
Date 8/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan H. Andrade	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code 27520 Prudencia Pnt., Brownsville, TX 78520		
Principal occupation / Job title (See Instructions) Construction / Contractor		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 11
2 FILER NAME Sofia C. Benavides		3 Filer ID (Ethics Commission Filers)
4 Date 8/15/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruben D' Bell	7 Amount of contribution (\$) 100⁰⁰
	6 Contributor address; City; State; Zip Code 4681 Larkspur Dr., Brownsville, TX 78526	
8 Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions)
Date 8/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Coggan + Blaire, Sampson	Amount of contribution (\$) 1,500⁰⁰
	Contributor address; City; State; Zip Code P.O. Box 17428, Austin, TX 78760	
Principal occupation / Job title (See Instructions) Tax Collection		Employer (See Instructions)
Date 8/16/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troy Giles	Amount of contribution (\$) 500⁰⁰
	Contributor address; City; State; Zip Code 1151 W. Hwy 77, San Benito, TX 78586	
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions)
Date 8/20/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julius W. Brechot Jr	Amount of contribution (\$) 500⁰⁰
	Contributor address; City; State; Zip Code 141 Pizarro Ave., Rancho Viejo, TX 78575	
Principal occupation / Job title (See Instructions) Banker		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 11
2 FILER NAME Sofia C. Benavides		3 Filer ID (Ethics Commission Filers)
4 Date 9/11/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudolph Vasquez Gomez	7 Amount of contribution (\$) 2,500 ⁰²
6 Contributor address; City; State; Zip Code 22 Alvarado Ave., Rancho Viejo, TX 78575		
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions)
Date 9/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pipe Fitters Local Union 211	Amount of contribution (\$) 2,500 ⁰²
Contributor address; City; State; Zip Code 1301 W. 13th Street Ste A, Deere Park, TX		
Principal occupation / Job title (See Instructions) Union		Employer (See Instructions)
Date 9/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Eddie Treviño	Amount of contribution (\$) 500 ⁰²
Contributor address; City; State; Zip Code 2200 Brea Chica Ste 102, Brownsville, TX		
Principal occupation / Job title (See Instructions) Attorney at law		Employer (See Instructions)
Date 9/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valley Tire Shop	Amount of contribution (\$) 100 ⁰²
Contributor address; City; State; Zip Code 1954 E. 14th St., Brownsville, TX 78521		
Principal occupation / Job title (See Instructions) Tire Shop		Employer (See Instructions)

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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 11
2 FILER NAME Sofia C. Benavides		3 Filer ID (Ethics Commission Filers)
4 Date 9/13/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie Treviño, Judge	7 Amount of contribution (\$) 500⁰⁰
6 Contributor address; City; State; Zip Code 2200 Boca Chica, Brownsville, TX 78521		
8 Principal occupation / Job title (See Instructions) Campaign		9 Employer (See Instructions)
Date 9/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Hudson	Amount of contribution (\$) 500⁰⁰
Contributor address; City; State; Zip Code 3014 Fairway Dr., Sugarland, TX 77478		
Principal occupation / Job title (See Instructions) Traffic Consultant		Employer (See Instructions)
Date 9/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Hinojosa	Amount of contribution (\$) 125⁰⁰
Contributor address; City; State; Zip Code 504 E. St. Francis, Brownsville, TX 78520		
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions)
Date 9/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Gilberto Hinojosa	Amount of contribution (\$) 500⁰⁰
Contributor address; City; State; Zip Code 531 E. St. Francis, Brownsville, TX 78520		
Principal occupation / Job title (See Instructions) Attorney At Law		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 11
2 FILER NAME Sofia C. Benavides		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacinto Garza	7 Amount of contribution (\$) 5,000⁰²
6 Contributor address; City; State; Zip Code 2100 W. Expressway 83, Mercedes, TX		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions)
Date 9/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goero International	Amount of contribution (\$) 3,500⁰²
Contributor address; City; State; Zip Code P.O. Box 720428, McAllen, TX		
Principal occupation / Job title (See Instructions) Architects		Employer (See Instructions)
Date 9/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) American Division	Amount of contribution (\$) 2,500⁰²
Contributor address; City; State; Zip Code 55 Galonsky, Brownsville, TX 78521		
Principal occupation / Job title (See Instructions) Security Company		Employer (See Instructions)
Date 9/20/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Republic Service	Amount of contribution (\$) 1,500⁰²
Contributor address; City; State; Zip Code 18500 N. Allied Way, Phoenix, AZ 85054		
Principal occupation / Job title (See Instructions) Trash Company		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 11
2 FILER NAME Sofia C. Benavides		3 Filer ID (Ethics Commission Filers)
4 Date 9/24/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigoberto Villarreal	7 Amount of contribution (\$) 2,500 ⁰⁰
6 Contributor address; City; State; Zip Code 1405 Pamela Dr., Mission, TX 78572		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions)
Date 9/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plumbers Local Union #68	Amount of contribution (\$) 2,500 ⁰⁰
Contributor address; City; State; Zip Code P.O. Box 8746, Houston, TX 77249		
Principal occupation / Job title (See Instructions) Union		Employer (See Instructions)
Date 9/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reza Badiozzamani	Amount of contribution (\$) 5,000 ⁰⁰
Contributor address; City; State; Zip Code 10100 N. Bentsen Rd., McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 9/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LDG Enterprises	Amount of contribution (\$) 5,000 ⁰⁰
Contributor address; City; State; Zip Code 2608 Live Oak, Mission, TX 78574		
Principal occupation / Job title (See Instructions) Engineers		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8 of 11
2 FILER NAME Sofia C. Benavides		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis W. Stahl	7 Amount of contribution (\$) 1,000 ⁰⁰⁻
6 Contributor address; City; State; Zip Code P.O. Box 40409, S.P.I., TX 78597		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 9/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A + I Custom Manufacturing	Amount of contribution (\$) 5,000 ⁰⁰⁻
Contributor address; City; State; Zip Code 4337 Martindale Rd., Brownsville, TX		
Principal occupation / Job title (See Instructions) Construction Company		Employer (See Instructions)

Date 9/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip Friedman	Amount of contribution (\$) 1,000 ⁰⁰⁻
Contributor address; City; State; Zip Code 170 S. San Roman Rd., Bayview, TX		
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions)

Date 9/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) K C I - Oscar Garza	Amount of contribution (\$) 1,000 ⁰⁰⁻
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9 of 11
2 FILER NAME Sofia C. Benavides		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene Ramirez	7 Amount of contribution (\$) 2,500 ⁰²
6 Contributor address; City; State; Zip Code 1508 S. Lone Star Way, Unit 1, Edinburg, TX		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions)
Date 9/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron Salazar	Amount of contribution (\$) 500 ⁰⁻
Contributor address; City; State; Zip Code 414 E. Hickman, Port Isabel, TX		
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions)
Date 9/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel O. Rios	Amount of contribution (\$) 5,000 ⁰⁻
Contributor address; City; State; Zip Code 104 E. Lark, McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Engineer - RRP		Employer (See Instructions)
Date 9/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cesar Alberto Gonzalez	Amount of contribution (\$) 1,000 ⁰²
Contributor address; City; State; Zip Code 124 Country Club Rd., Brownsville, TX		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1: 106/11
2 FILER NAME Sofia C. Benavides		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolando Rubiano	7 Amount of contribution (\$) 1,250⁰²
6 Contributor address; City; State; Zip Code 518 E. Woodland, Harlingen, TX 78550		
8 Principal occupation / Job title (See Instructions) Structural Engineer		9 Employer (See Instructions)
Date 9/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mussett Salazar	Amount of contribution (\$) 500⁰²
Contributor address; City; State; Zip Code 414 E. Hickman, Port Isabel, TX		
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions)
Date 9/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfonso Salazar	Amount of contribution (\$) 500⁰⁰
Contributor address; City; State; Zip Code 414 E. Hickman, Port Isabel, TX		
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions)
Date 9/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guillermo Sosa Quintanilla	Amount of contribution (\$) 1,000⁰²
Contributor address; City; State; Zip Code 3818 Bourbon, Harlingen, TX 78550		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11 of 11
2 FILER NAME Sofia C. Benavides		3 Filer ID (Ethics Commission Filers)
4 Date 10/2/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Gonzalez Goldschmidt	7 Amount of contribution (\$) 1,000⁰²
6 Contributor address; City; State; Zip Code 1540 Los Sabales, Brownsville, TX		
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 1 of 9	2 FILER NAME Dofia C. Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 7-3-2024	5 Payee name Sam's Club	
6 Amount (\$) 385.57	7 Payee address; 3570 W. Alton Glor, Brownsville, TX 78521	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(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 7-17-24	Payee name AT & T	
Amount (\$) 232.12	Payee address; 4305 N. Expressway, Brownsville, TX 78526	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Cell Phone Service	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 7-31-2024	Payee name Jerry Mc Hale	
Amount (\$) 500⁰⁰	Payee address; Brownsville, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising 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 <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: 2 of 9	2 FILER NAME Sofia C Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 8-16-24	5 Payee name Alegra Print	
6 Amount (\$) 732.86	7 Payee address; City; State; Zip Code 1801 S. 77 Sunshine Strip, Harlingen, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(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 8-19-24	Payee name Sam's
Amount (\$) 218.81	Payee address; City; State; Zip Code 3570 W. Alton Gloor, Brownsville, TX 78526
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event 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 8-23-2024	Payee name AT & T
Amount (\$) 232.18	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
	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

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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: 3 of 9	2 FILER NAME Sofia C. Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 9-3-24	5 Payee name Amores Flower Shop	
6 Amount (\$) 135.31	7 Payee address; City; State; Zip Code 200 E. Main Street, Rio Grande City, TX 78582	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Floral Arrangement	(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 9.3-2024	Payee name Faustino Castro
Amount (\$) 250 ⁰⁰	Payee address; City; State; Zip Code 2834 Tampico, Brownsville TX 78521
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) B-B-Q Pit for Event
	<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 9-9-24	Payee name Hobby Lobby
Amount (\$) 150 ⁰⁰	Payee address; City; State; Zip Code 2440 Pablo Kisel, Brownsville, TX 78526
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense
	Description Decorations for Event
<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

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: 4 of 9	2 FILER NAME Sofia G. Benavides	3 Filer ID (Ethics Commission Filers)
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4 Date 9-9-24	5 Payee name Jesus Paredes
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6 Amount (\$) 200⁰⁰	7 Payee address; City; State; Zip Code 1999 W. Jefferson, Brownsville, TX 78521
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(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
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Date 9-11-24	Payee name Sam's Club
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Amount (\$) 532.97	Payee address; City; State; Zip Code 3570 W. Alton Gloor, Brownsville, TX 78526
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food / Beverages
	<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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Date 9-16-24	Payee name Ernesto Rodriguez
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Amount (\$) 200⁰⁰	Payee address; City; State; Zip Code 4038 Solid Dr., Brownsville, TX 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling 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 <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

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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 9	2 FILER NAME Sofia C. Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 9-16-24	5 Payee name Francisco Ventura	
6 Amount (\$) 200⁰⁴	7 Payee address; City; State; Zip Code 1999 W. Jefferson, Brownsville, TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(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 9-16-2024	Payee name Sam's Club
Amount (\$) 191.36	Payee address; City; State; Zip Code 3570 W. Alton Gloor, Brownsville, TX 78526
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense
	Description Event Expense
<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 9-17-2024	Payee name Carlos Bravo Photography
Amount (\$) 200⁰²	Payee address; City; State; Zip Code 45 Calle Condessa, Brownsville, TX 78521
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense
	Description Photographer
<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

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: <i>6 of 9</i>	2 FILER NAME <i>Sofia C. Benavides</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9-17-2024</i>	5 Payee name <i>Veronica de la Fuente</i>	
6 Amount (\$) <i>250⁰⁰</i>	7 Payee address; City; State; Zip Code <i>21267 Nixon Rd., Harlingen, TX 78550</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	
	(b) Description <i>Reimbursement on Items Purchased for Event</i>	
	(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 <i>9-17-2024</i>	Payee name <i>AT & T</i>		
Amount (\$) <i>232.18</i>	Payee address; City; State; Zip Code <i>4305 N. Expressway, Brownsville, TX 78526</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<i>Cell Phone Service</i>		
	<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 <i>9-25-2024</i>	Payee name <i>Daniella Lopez Valdez</i>		
Amount (\$) <i>200⁰⁰</i>	Payee address; City; State; Zip Code <i>12 Conquistador, Brownsville, TX 78526</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<i>Donation to her Campaign</i>		
	<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

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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: 7 of 9	2 FILER NAME Sofia C. Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 9-26-2024	5 Payee name Brand Booster	
6 Amount (\$) 1,054.36	7 Payee address; City; State; Zip Code 3607 S. "L" Lane, McAllen, TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Political Signs
	(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 9-27-2024	Payee name Ernesto Rodriguez	
Amount (\$) 200⁰⁰	Payee address; City; State; Zip Code 4038 Solid Dr., Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 9-27-2024	Payee name Francisco Ventura	
Amount (\$) 200⁰⁰	Payee address; City; State; Zip Code 1999 W. Jefferson, Brownsville, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling 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 <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

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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: 8 of 9	2 FILER NAME Sofia C. Benavides	3 Filer ID (Ethics Commission Filers)
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4 Date 9-27-2024	5 Payee name Eddie Trevino
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6 Amount (\$) 200 ⁰⁰	7 Payee address; City; State; Zip Code 2200 Boca Chica, Brownsville, TX 78521
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Donation to his Campaign
	(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 10-2-24	Payee name Lotus Cafe
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Amount (\$) 120.45	Payee address; City; State; Zip Code 2489 Boca Chica, Brownsville, TX 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Meeting
	Food / Beverage	
(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
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Date 10-3-24	Payee name Home Depot
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Amount (\$) 226.18	Payee address; City; State; Zip Code 4551 Padre Island Hwy, Brownsville, TX 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Stakes, straps, screws to put up signs
	(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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 9 of 9	2 FILER NAME Sofia C. Benavides	3 Filer ID (Ethics Commission Filers)
4 Date 10-7-2024	5 Payee name Sams Club	
6 Amount (\$) 308.10	7 Payee address; 3570 W. Alton Gloor, Brownsville, TX	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(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
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Date 10-7-24	Payee name Cameron County Democratic Party		
Amount (\$) 600⁰⁰	Payee address; 16600 Lantana Dr., Harlingen, TX 78552		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Democratic Party	Description Donation	
	<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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Date 10-7-24	Payee name Richard Gil		
Amount (\$) 300⁰⁰	Payee address; 16600 Lantana Dr., Harlingen, TX 78552		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description D.J.	
	<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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