

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

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

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

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.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

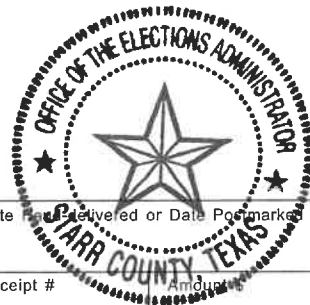
Date Received 7-15-2020

Date Delivered or Date Postmarked

Receipt #

Date Processed

Date Imaged



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Rose Benavidez

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)

\$ 0

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

\$ 18,000.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 50,078.35

CONTRIBUTION
BALANCE

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

\$ 13,739.49

OUTSTANDING
LOAN TOTALS

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

\$ 10,000.00

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Rose Benavidez, and my date of birth is 10/6/95

My address is _____, TX, USA

Executed in Starr County, State of Texas, on the 13 day of July, 2020

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME <i>Rose Benavidez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>18,000.00</i>
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE E: LOANS	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>50,678.35</i>
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 1 of 2
2 FILER NAME Rose Benavidez		3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2020	5 Full name of contributor ☐ out-of-state PAC ID#: Samuel F. Vale	7 Amount of contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code PO Box 150 Rio Grande City TX 78582		
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 3/12/2020	Full name of contributor ☐ out-of-state PAC ID#: Robert + Vale	Amount of contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 1301 Wisteria Ave McAllen TX 78504		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 4/8/20	Full name of contributor ☐ out-of-state PAC ID#: Mike R. Baker	Amount of contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 111 Treasure Ln Freeport TX 77541		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 2 of 2
2 FILER NAME Rose Benavidez		3 Filer ID (Ethics Commission Filers)
4 Date 5/15/20	5 Full name of contributor ☐ out-of-state PAC ID#: Alejandra Romero	7 Amount of contribution (\$) \$3,000.00
6 Contributor address; City; State; Zip Code 7017 N 10th St. McAllen TX 78504 Ste A2-148		
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 5/29/20	Full name of contributor ☐ out-of-state PAC ID#: Ringgold Farms Partnership, LTD	Amount of contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 2400 N 10th St McAllen TX 78502 Ste C		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor ☐ out-of-state PAC ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 1		2 FILER NAME Rose Benavidez		3 Filer ID (Ethics Commission Filers)	
4 Date 2/23/20		5 Payee name HEB			
6 Amount (\$) \$375.00		7 Payee address; 481 EUS HWY 83 ☐ Check if individual's residence address.			
		City; Rio Grande City TX		State; TX	
		Zip Code 78882			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food/beverage		(b) Description political event		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 2/23/20		Payee name Sign Works			
Amount (\$) \$27.00		Payee address; 308 W Main St ☐ Check if individual's residence address.			
		City; Rio Grande City		State; TX	
		Zip Code 78882			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description promo material		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 2/24/20		Payee name Walmart + Member			
Amount (\$) \$14.02		Payee address; 4534 EUS HWY 83 ☐ Check if individual's residence address.			
		City; Rio Grande City TX		State; TX	
		Zip Code 78882			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Subscription for supplies		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 10	2 FILER NAME ROSE Benavidez	3 Filer ID (Ethics Commission Filers)
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4 Date 2/26/26	5 Payee name HEB
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6 Amount (\$) \$250.00	7 Payee address; 4031 E US HWY 83 Rio Grande TX 78582 CITY	City;	State;	Zip Code
☐ Check if individual's residence address.				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description event supplies
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 3/2/26	Payee name HEB
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Amount (\$) \$520.17	Payee address; 4031 E US HWY 83 Rio Grande TX 78582 CITY	City;	State;	Zip Code
☐ Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description event supplies
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 3/2/26	Payee name HEB
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Amount (\$) \$52.45	Payee address; 4031 E US HWY 83 Rio Grande TX 78582 CITY	City;	State;	Zip Code
☐ Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description event supplies
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 10		2 FILER NAME Rose Benavidez		3 Filer ID (Ethics Commission Filers)	
4 Date 3/3/24		5 Payee name HEB			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code 4081 EUS HWY 83 Rio Grande TX 78582 ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description event supplies		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3/4/24		Payee name Sign Works			
Amount (\$) \$135.31		Payee address; City; State; Zip Code 308 W Main St Rio Grande TX 78582 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description promotional material		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3/4/24		Payee name Sign Works			
Amount (\$) \$184.02		Payee address; City; State; Zip Code 308 W Main St. Rio Grande TX 78582 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description promotional material		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 10	2 FILER NAME Rose Benavidez	3 Filer ID (Ethics Commission Filers)
4 Date 3/13/20	5 Payee name Border Town	
6 Amount (\$) \$730.81	7 Payee address; City; State; Zip Code 1308 N Flores St Rio Grande TX 78882 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description event supplies
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 3/14/20	Payee name Casa de Adobe Restaurant		
Amount (\$) \$166.10	Payee address; City; State; Zip Code 101 N Anasolo St. Rio Grandecity TX 78882 ☐ Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description campaign event	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		

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

Date 3/25/20	Payee name Walmart + Member		
Amount (\$) \$14.02	Payee address; City; State; Zip Code 4539 EUS HWY 83 Rio Grande TX 78882 ☐ Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Subscription for supplies	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 15	2 FILER NAME Rose Behavidez	3 Filer ID (Ethics Commission Filers)
4 Date 4/13/24	5 Payee name Better for Business LLC	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 262 Guerra Garza Rd Rio Grande TX 78882 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description full page ad
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 4/14/24	Payee name HEB		
Amount (\$) \$127.80	Payee address; City; State; Zip Code 4031 EUS Hwy 83 Rio Grande TX 78582 ☐ Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description event+ supplies	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 4/14/24	Payee name Amazon		
Amount (\$) \$24.94	Payee address; City; State; Zip Code 410 Terry Ave N Seattle WA 98109 ☐ Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description promotional materials	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>6 of 10</u>		2 FILER NAME <u>Rose Benavidez</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4/17/20</u>		5 Payee name <u>Walmart</u>			
6 Amount (\$) <u>\$74.69</u>		7 Payee address; City; State; Zip Code <u>4534 EUS Hwy 83 Rio Grande City TX 78582</u> ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Event Expense</u>		(b) Description <u>event supplies</u>		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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 <u>5/3/20</u>		Payee name <u>Whataburger</u>			
Amount (\$) <u>\$32.77</u>		Payee address; City; State; Zip Code <u>300 Concord Plaza Dr. San Antonio TX 78214</u> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food / Beverage expense</u>		Description <u>campaign event</u>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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 <u>5/16/20</u>		Payee name <u>HEB</u>			
Amount (\$) <u>\$75.00</u>		Payee address; City; State; Zip Code <u>4031 EUS Hwy 83 Rio Grande City TX 78582</u> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event expense</u>		Description <u>event supplies</u>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 of 10	2 FILER NAME Rose Benavidez	3 Filer ID (Ethics Commission Filers)
4 Date 5/24/20	5 Payee name Walmart + Member	
6 Amount (\$) \$14.02	7 Payee address; City; State; Zip Code 4534 EVS HWY 83 Rio Grande TX 78582 CITY ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Subscription for supplies
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 6/17/20	Payee name Signs 2 Go		
Amount (\$) \$1,970.15	Payee address; City; State; Zip Code 304 E Pecan Blvd McAllen TX 78501 Stev ☐ Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description political signs	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 6/24/20	Payee name Walmart + Member		
Amount (\$) \$14.02	Payee address; City; State; Zip Code 4534 EVS HWY 83 Rio Grande TX 78582 CITY ☐ Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Subscription for supplies	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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: 8 of 18	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 6/30/20	5 Payee name Walmart	
6 Amount (\$) \$15.75	7 Payee address; City; State; Zip Code 4534 E US HWY 83 Rio Grande TX 78582 City	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	
	(b) Description event supplies	
	(c) ☐ Check if individual's residence address. ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 6/30/20	Payee name Murphy at Walmart	
Amount (\$) \$44.61	Payee address; City; State; Zip Code 4534 E US HWY 83 Rio Grande TX 78582 City	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	
	Description fuel for campaign travel	
	☐ Check if individual's residence address. ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 6/30/20	Payee name HERB	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 4031 E US HWY 83 Rio Grande City TX 78582	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Award	
	Description campaign giveaway supplies	
	☐ Check if individual's residence address. ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 of 15	2 FILER NAME Rose Benavidez	3 Filer ID (Ethics Commission Filers)
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4 Date 6/30/20	5 Payee name HEB
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6 Amount (\$) \$107.95	7 Payee address; 4031 E US HWY 83 ☐ Check if individual's residence address.	City; Rio Grande CITY	State; TX	Zip Code 78582
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description event supplies
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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 4/19/20	Payee name Town Crier, LLC
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Amount (\$) \$580.00	Payee address; PO BOX 209 ☐ Check if individual's residence address.	City; Rio Grande City	State; TX	Zip Code 78582
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description newspaper ad
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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 4/21/20	Payee name Hinojosa Bros Wholesale
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Amount (\$) \$987.00	Payee address; 161 Efren Ramirez Ave ☐ Check if individual's residence address.	City; Roma	State; TX	Zip Code 78584
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description campaign event supplies
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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	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: 10 of 15	2 FILER NAME Rose Benavidez	3 Filer ID (Ethics Commission Filers)
4 Date 2/24/20	5 Payee name La Pistolera Promotions LLC	
6 Amount (\$) \$1,920.00	7 Payee address; City; State; Zip Code 602 N Grant St Roma TX 78584 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description social media ads
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 2/25/20	Payee name Las Noticias		
Amount (\$) \$300.00	Payee address; City; State; Zip Code PO Box 1215 Roma TX 78584 ☐ Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description newspaper ad.	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 2/26/20	Payee name Starr County Town Crier, LLC		
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 209 PO BOX Rio Grande city TX 78582 ☐ Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description newspaper ad.	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11 of 100	2 FILER NAME Rose Benavidez	3 Filer ID (Ethics Commission Filers)
4 Date 5/15/20	5 Payee name Oziel Mendoza	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description billboard lease
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 5/15/20	Payee name Las Noticias	
Amount (\$) \$300.00	Payee address; City; State; Zip Code PO Box 1215 Roma TX 78584 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description newspaper ad.
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 12 of 15		2 FILER NAME Rose Benavidez		3 Filer ID (Ethics Commission Filers)	
4 Date 2/21/20		5 Payee name Rosendo Martinez			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/wages		(b) Description campaign staff compensation		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 2/21/20		Payee name Katia Buendia			
Amount (\$) \$500.00		Payee address; City; State; Zip Code ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/wages		Description campaign staff compensation		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 2/23/20		Payee name Manuel Behavidez IV			
Amount (\$) \$500.00		Payee address; City; State; Zip Code ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) salaries/wages		Description campaign staff compensation		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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: <u>13 of 10</u>	2 FILER NAME <u>Rose Benavidez</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>2/21/20</u>	5 Payee name <u>Dominique Benavidez</u>	
6 Amount (\$) <u>\$500.00</u>	7 Payee address; City; State; Zip Code ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Salaries/wages</u>	(b) Description <u>campaign staff compensation</u>
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 <u>2/27/20</u>	Payee name <u>Eleazar Cantu</u>	
Amount (\$) <u>\$500.00</u>	Payee address; City; State; Zip Code ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Salaries/wages</u>	Description <u>campaign staff compensation</u>
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 <u>2/21/20</u>	Payee name <u>ROSA Villarreal</u>	
Amount (\$) <u>\$500.00</u>	Payee address; City; State; Zip Code ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Salaries/wages</u>	Description <u>campaign staff compensation</u>
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14 of 16	2 FILER NAME ROSE Benavidez	3 Filer ID (Ethics Commission Filers)
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4 Date 2/24/26	5 Payee name Denise Alaniz
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code ☐ Check if individual's residence address.
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) salaries/wages	(b) Description campaign staff compensation
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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 2/24/26	Payee name Ester Ayala
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Amount (\$) \$500.00	Payee address; City; State; Zip Code ☐ Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) salaries/wages	Description campaign staff compensation
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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 2/24/26	Payee name Jose A. Alaniz
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Amount (\$) \$500.00	Payee address; City; State; Zip Code ☐ Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) salaries/wages	Description campaign staff compensation
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>15 of 17</i>	2 FILER NAME <i>ROSE Benavidez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/30/23</i>	5 Payee name <i>ACME Partnership, LP</i>	
6 Amount (\$) <i>\$4,200.00</i>	7 Payee address; City; State; Zip Code <i>3701 Bee Caves Rd Austin TX 78746 Suite 101</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	
	(b) Description <i>billboard lease</i>	
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **1694** 2 FILER NAME **ROSE Benavidez** 3 Filer ID (Ethics Commission Filers)

4 Date **3/2/24** 5 Payee name **Roberto Muniz**

6 Amount (\$) **\$8,525.00** 7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Food/Beverage** (b) Description **food for election site**
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 **2/26/24** Payee name **M.T.S. Logistics, LLC**

Amount (\$) **\$11,384.73** Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Event Expense** Description **campaign event tent rental**
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date **2/24/24** Payee name **Roberto Muniz**

Amount (\$) **\$10,725.00** Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Food / Beverage** Description **catering for campaign sites**
☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

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

THROUGH

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE



Primary



Runoff



Other
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

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.

COMMITTEE TYPE

COMMITTEE NAME



GENERAL

COMMITTEE ADDRESS



SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/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)

\$ — 0 —

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

\$ 132,436.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ — 0 —

4. TOTAL POLITICAL EXPENDITURES

\$ 46,587.50

CONTRIBUTION
BALANCE

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

\$ 85,848.50

OUTSTANDING
LOAN TOTALS

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

\$ 10,000

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.

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Rose Benavides, and my date of birth is 10/10/75.

My address is PO BOX 1117, Gruña, TX, 78548.
(street) (city) (state) (zip code) (country)

Executed in Starr County, State of Texas, on the 10 day of January, 2026.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 117,061.00
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5435.00
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —0—
4.	☒ SCHEDULE E: LOANS	\$ 10,000.00
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 34,316.81
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —0—
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —0—
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 7321.99
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4948.70
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —0—
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —0—
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —0—

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 14
2 FILER NAME Rose Benavidez		3 Filer ID (Ethics Commission Filers)
4 Date 7/15/25	5 Full name of contributor ☐ out-of-state PAC ID#: Alfonso Ramirez, Jr.	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 1801 N Estrella St. Roma TX 78584		
8 Contributor's principal occupation Asst City Manager		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 7/25/25	Full name of contributor ☐ out-of-state PAC ID#: Josue Reyes	Amount of contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 1210 S Milaz W Mercedes TX 78570		
Contributor's principal occupation Contractor		Contributor's job title CEO
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 7/31/25	Full name of contributor ☐ out-of-state PAC ID#: Pete Diaz	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1410 Shay Lane Edinburg TX 78539		
Contributor's principal occupation Broker		Contributor's job title Owner
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: **10**

2 FILER NAME

Rose Benavidez

3 Filer ID (Ethics Commission Filers)

4 Date

8/4/25

5 Full name of contributor

Romed Lopez

☐ out-of-state PAC ID#:

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

525 Barreta Ave Rio Grande City TX 78582

City; State; Zip Code

8 Contributor's principal occupation

Banker

9 Contributor's job title

Detired

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

8/10/25

Full name of contributor

David Garcia

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$ 500.00

Contributor address;

City;

State; Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

8/13/25

Full name of contributor

Kyle Ruppert

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$ 2,500.00

Contributor address;

City;

State; Zip Code

PO Box 959 Edinburg TX 78540

Contributor's principal occupation

Developer

Contributor's job title

Owner

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 16

2 FILER NAME

Rose Benavidez

3 Filer ID (Ethics Commission Filers)

4 Date

8/15/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Joshua Caldwell

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State;

Zip Code

719 S. Flores St, San Antonio, TX 78204

8 Contributor's principal occupation

Real Estate

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

8/16/25

Full name of contributor

☐ out-of-state PAC ID#:

Jose Boyron

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

Contributor's principal occupation

Consultant

Contributor's job title

Sr. Policy Advisor

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

☐ out-of-state PAC ID#:

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1:

2 FILER NAME

Rose Benavidez

3 Filer ID (Ethics Commission Filers)

4 Date

8/22/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Dr. Adalberto Garza

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

City;

State;

Zip Code

PO Box 3246 Edinburg TX 78540

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

8/29/25

Full name of contributor

☐ out-of-state PAC ID#:

DJ Chapman / Ringgold Farms partnership

Amount of contribution (\$)

\$5,000.00

Contributor address;

City;

State;

Zip Code

2400 N 10th St. McAllen TX 78501
Suite C

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

9/4/25

Full name of contributor

☐ out-of-state PAC ID#:

Milda Elizondo

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

P.O BOX 591 Grulla TX 78548

Contributor's principal occupation

Contributor's job title

Executive

V.P.

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1:

16

2 FILER NAME

Rose Benavidez

3 Filer ID (Ethics Commission Filers)

4 Date

9/16/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Brian A. Godinez

7 Amount of contribution (\$)

\$2,500.00

6 Contributor address;

City;

State;

Zip Code

5007 N 9th St. McAllen TX 78504

8 Contributor's principal occupation

Architect

9 Contributor's job title

Owner

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

9/17/25

Full name of contributor

Daniel Rios

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$5,000.00

Contributor address;

City;

State;

Zip Code

104 E Lank Ave McAllen TX 78504

Contributor's principal occupation

Engineer

Contributor's job title

Owner

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

9/18/25

Full name of contributor

Equipment Pros, LLC

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$2,000.00

Contributor address;

City;

State;

Zip Code

2542 Deer Trl Brownsville TX 78521

Contributor's principal occupation

Salesperson

Contributor's job title

VP of Sales

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1:

16

2 FILER NAME

Rose Benavidez

3 Filer ID (Ethics Commission Filers)

4 Date

9/22/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Massey Villarreal

7 Amount of contribution (\$)

\$5,000.00

6 Contributor address;

City;

State;

Zip Code

8 Contributor's principal occupation

Software Sales

9 Contributor's job title

Owner

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

9/28/25

Full name of contributor

Heny Marland, LLC

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$1,000.00

Contributor address;

City;

State;

Zip Code

1301 S 10th St. McAllen TX 78501

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

9/29/25

Full name of contributor

Robert A. Vale

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$5,000.00

Contributor address;

City;

State;

Zip Code

1301 Wistenia Ave. McAllen TX 78504

Contributor's principal occupation

Broker

Contributor's job title

VP

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 16
2 FILER NAME Rose Benavidez		3 Filer ID # (Ethics Commission Filers)
4 Date 9/29/25	5 Full name of contributor ☐ out-of-state PAC ID#: Sam F. Vale	7 Amount of contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code P.O. Box 154 Rio Grande TX 78582		
8 Contributor's principal occupation Bridge Owner		9 Contributor's job title Owner
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 9/30/25	Full name of contributor ☐ out-of-state PAC ID#: Jennifer Vale-Ortiz	Amount of contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 7903 N 2nd Ln McAllen TX 78504		
Contributor's principal occupation marketing		Contributor's job title VP
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 9/30/25	Full name of contributor ☐ out-of-state PAC ID#: Omar and Rutchebeth Contreras	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 5121 N. Jasmine Ct. McAllen TX 78501		
Contributor's principal occupation 1		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: **10**

2 FILER NAME

Rose Behavidez

3 Filer ID (Ethics Commission Filers)

4 Date

10/1/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Esponjas Development, LTD

7 Amount of contribution (\$)

\$2,500.00

6 Contributor address;

City;

State; Zip Code

2912 S. JACKSON Rd. McAllen TX 78503

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

10/2/25

Full name of contributor

☐ out-of-state PAC ID#:

Daniel Munendez

Amount of contribution (\$)

\$1,000.00

Contributor address;

City;

State; Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/2/25

Full name of contributor

☐ out-of-state PAC ID#:

Laura Nasshi Warren

Amount of contribution (\$)

\$5,000.00

Contributor address;

City;

State; Zip Code

804 S Main St. McAllen TX 78501

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1:

10

2 FILER NAME

Rose Benavidez

3 Filer ID (Ethics Commission Filers)

4 Date

10/2/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Dan Ogletree

7 Amount of contribution (\$)

\$2,500.00

6 Contributor address;

City;

State;

Zip Code

PO Box 2544 McAllen TX 78502

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

10/2/25

Full name of contributor

☐ out-of-state PAC ID#:

Rigoberto Villarreal

Amount of contribution (\$)

\$2,000.00

Contributor address;

City;

State;

Zip Code

1405 Pamela Dr. Mission TX 78572

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/2/25

Full name of contributor

☐ out-of-state PAC ID#:

Carlos A. Canales Melhem

Amount of contribution (\$)

\$1,500.00

Contributor address;

City;

State;

Zip Code

100 Austin Dr. Ste B. Pharr TX 78577

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 10

2 FILER NAME

Rose Benavidez

3 Filer ID (Ethics Commission Filers)

4 Date

10/2/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Man'a and Rafael A. Rego, Jr.

6 Contributor address;

City;

State;

Zip Code

2400 El Dorado Dr. Mission TX 78573

7 Amount of contribution (\$)

\$1,000.00

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

10/2/25

Full name of contributor

☐ out-of-state PAC ID#:

Ricardo J. Sou's

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

\$1,000.00

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/3/25

Full name of contributor

☐ out-of-state PAC ID#:

Hauff Associates - State PAC

Contributor address;

City;

State;

Zip Code

1201 N Bowser Rd. Richardson TX 75081

Amount of contribution (\$)

\$2,500.00

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1:

16

2 FILER NAME

Rose Benavidez

3 Filer ID# (Ethics Commission Filers)

4 Date

10/6/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Hernandez Funerals, LLC.

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

City;

State;

Zip Code

701 E Eisenhower St. Rio Grande City TX 78582

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

10/23/25

Full name of contributor

☐ out-of-state PAC ID#:

RGC HIX Hospitality, LLC.

Amount of contribution (\$)

\$5,001.00

Contributor address;

City;

State;

Zip Code

5274 E. US Hwy 83 Rio Grande City TX 78582

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/31/25

Full name of contributor

☐ out-of-state PAC ID#:

Jose Guerra

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: **16**

2 FILER NAME

Rose Benavidez

3 Filer ID (Ethics Commission Filers)

4 Date

11/7/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Wyatt Ranches of Texas, LLC

7 Amount of contribution (\$)

\$25,000.00

6 Contributor address;

City;

State;

Zip Code

P.O. Drawer 10 Realitos TX 78376

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

11/12/25

Full name of contributor

Gary Gurwitz

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

P.O. Box 3725 McAllen TX 78502

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

11/19/25

Full name of contributor

Thomas H. Bennett, Jr.

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$2,500.00

Contributor address;

City;

State;

Zip Code

113 Plumosa Ct. Harlingen TX 78552

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 10
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 11/19/25	5 Full name of contributor ☐ out-of-state PAC ID#: Jorge Gonzalez	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 2900 N Texas Blvd. Weslaco TX 78599 Ste. 201		
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/20/25	Full name of contributor ☐ out-of-state PAC ID#: Gilbert Enriquez	Amount of contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code P.O. Box 2999 Edinburg TX 78540		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/20/25	Full name of contributor ☐ out-of-state PAC ID#: Carlos M. Marin	Amount of contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 1803 Palm Blvd. Brownsville TX 78520		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 10

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC ID#:

7 Amount of contribution (\$)

11/20/25

Humberto Garza, Jr.

6 Contributor address; City; State; Zip Code

318 E. 18th St. Apt. 17 Weslaco TX 78596

\$2,000.00

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

☐ out-of-state PAC ID#:

Amount of contribution (\$)

11/20/25

Corina and Hiram Gutierrez

Contributor address; City; State; Zip Code

701 N. Bentsen Rd. McAllen TX 78501

\$1,000.00

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

☐ out-of-state PAC ID#:

Amount of contribution (\$)

11/20/25

Jose Garcia III

Contributor address; City; State; Zip Code

1314 E 22nd St. Mission TX 78572

\$1,250.00

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 10

2 FILER NAME

Rose Behavidez

3 Filer ID (Ethics Commission Filers)

4 Date

11/20/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Luis Armando Figueroa

7 Amount of contribution (\$)

\$1,250.00

6 Contributor address;

City;

State;

Zip Code

1818 Northgate Ln. McAllen TX 78504

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

11/22/25

Full name of contributor

☐ out-of-state PAC ID#:

Joaquin Spamer

Amount of contribution (\$)

\$2,500.00

Contributor address;

City;

State;

Zip Code

12800 S International PKWY Ste. 10 McAllen TX 78503

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

12/10/25

Full name of contributor

☐ out-of-state PAC ID#:

Manuel A. Villa

Amount of contribution (\$)

\$4,000.00

Contributor address;

City;

State;

Zip Code

1312 E. Helena Ave McAllen TX 78503

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 10

2 FILER NAME

Rose Benavidez

3 Filer ID (Ethics Commission Filers)

4 Date

12/10/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Rigoberto Villarreal

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State;

Zip Code

1405 Pamela Dr. Mission TX 78572

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

12/31/25

Full name of contributor

☐ out-of-state PAC ID#:

Running E-cattle Co., LLC

Amount of contribution (\$)

\$1,000.00

Contributor address;

City;

State;

Zip Code

100 Deer Run Rio Grande TX 78502

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

☐ out-of-state PAC ID#:

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 5	
2 FILER NAME Rose Benavidez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/17/23	6 Full name of contributor ☐ out-of-state PAC (ID#: Yulissa Celedon	8 Amount of Contribution \$ \$900.00	9 In-kind contribution description Live music
7 Contributor address; City; State; Zip Code 1413 E. Grant Roma TX 78584		☐ Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Management / Educator		13 Contributor's job title (FOR JUDICIAL) (See Instructions) Events Manager / Sped aid	
14 Contributor's employer/law firm (FOR JUDICIAL) E.T. Social events / Roma ISD		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/17/23	Full name of contributor ☐ out-of-state PAC (ID#: Juan Escobar	Amount of Contribution \$ \$1,000.00	In-kind contribution description Live music campaign event
Contributor address; City; State; Zip Code 502 N. Dr. Mario Ramirez Ave. Roma TX 78548		☐ Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) Educator		Contributor's job title (FOR JUDICIAL) (See Instructions) Teacher / coach	
Contributor's employer/law firm (FOR JUDICIAL) Roma ISD		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 5	
2 FILER NAME Rose Benavidez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/17/25	6 Full name of contributor ☐ out-of-state PAC (ID#: _____) Yolanda Escobar	8 Amount of Contribution \$ \$1,000.00	9 In-kind contribution description live music campaign event
7 Contributor address; City; State; Zip Code 502 N. Pr. Mand Ramirez Ave. Roma TX 78584		☐ Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) retired		13 Contributor's job title (FOR JUDICIAL) (See Instructions) retired	
14 Contributor's employer/law firm (FOR JUDICIAL) retired		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 12/17/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jaime Escobar, Jr.	Amount of Contribution \$ \$1,000.00	In-kind contribution description live music for campaign event
Contributor address; City; State; Zip Code 602 N. Pr. Mand Ramirez Ave. Roma TX 78584		☐ Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) Educator		Contributor's job title (FOR JUDICIAL) (See Instructions) CTE Director	
Contributor's employer/law firm (FOR JUDICIAL) Roma ISD		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A2

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

Date 12/17/25	Full name of contributor Romeo Gonzalez	☐ out-of-state PAC (ID#: _____)	Amount of Contribution \$ \$150.00	In-kind contribution description bikes for campaign event
Contributor address; 1403 Garcia St. Roma TX 78584			City; State; Zip Code	
			☐ Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) elected official			Contributor's job title (FOR JUDICIAL) (See Instructions) county treasurer	
Contributor's employer/law firm (FOR JUDICIAL) County of Starr			Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

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 A2: 5	
2 FILER NAME Rose Benamidez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/17/25	6 Full name of contributor ☐ out-of-state PAC (ID#: Gilberto Lozano	8 Amount of Contribution \$ \$160.00	9 In-kind contribution description Bike and TV for campaign event
7 Contributor address; City; State; Zip Code 1806 N Estrella St. Roma TX 78584		☐ Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Education		13 Contributor's job title (FOR JUDICIAL) (See Instructions) Transportation supervisor	
14 Contributor's employer/law firm (FOR JUDICIAL) Roma ISD		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/17/25	Full name of contributor ☐ out-of-state PAC (ID#: Ameida Salinas	Amount of Contribution \$ \$75.00	In-kind contribution description
Contributor address; City; State; Zip Code Leo Bazar Street Roma TX 78584		☐ Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) Elected official		Contributor's job title (FOR JUDICIAL) (See Instructions) Starr County Tax Assessor collector	
Contributor's employer/law firm (FOR JUDICIAL) County of Starr		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

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 A2: 5	
2 FILER NAME Rose Benandez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/1/25	6 Full name of contributor ☐ out-of-state PAC (ID#: _____) Ali Trevino		8 Amount of Contribution \$ \$1,000.00
7 Contributor address; City; State; Zip Code 1413 E. Grant St. Roma TX 76854		9 In-kind contribution description Live music campaign event	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Business Owner		13 Contributor's job title (FOR JUDICIAL) (See Instructions) Business Owner	
14 Contributor's employer/law firm (FOR JUDICIAL) Self		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **19** 2 FILER NAME **Rose Benavidez** 3 Filer ID (Ethics Commission Filers)

4 Date **8/10/25** 5 Payee name **Paypal, Inc.**

6 Amount (\$) **\$15.44** 7 Payee address; City; State; Zip Code
2211 N. First St. San Jose CA 95131

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **processing/merchant fee** (b) Description **payment processing fee**
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 **8/14/25** Payee name **paypal, Inc.**

Amount (\$) **\$17.94** Payee address; City; State; Zip Code
2211 N First St. San Jose CA 95131

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Processing fee** Description **Processing fee**
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date **8/17/25** Payee name **paypal, Inc.**

Amount (\$) **\$0.52** Payee address; City; State; Zip Code
2211 N. First St. San Jose CA 95131

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **processing fee** Description **processing fee**
☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19 2 FILER NAME: ROSE Behavidez 3 Filer ID (Ethics Commission Filers)

4 Date: 9/4/25 5 Payee name: Paypal, Inc.

6 Amount (\$): \$3.48 7 Payee address: 2211 N First ST City: San Jose State: CA Zip Code: 95131

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): processing fee (b) Description: processing fee (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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: 9/22/25 Payee name: Paypal, Inc.

Amount (\$): \$149.99 Payee address: 2211 N First St. City: San Jose State: CA Zip Code: 95131

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): processing fee Description: processing fee ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date: 10/2/25 Payee name: Paypal, Inc.

Amount (\$): \$30.39 Payee address: 2211 N First St. City: San Jose State: CA Zip Code: 95131

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): processing fee Description: processing fee ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19 2 FILER NAME: ROSE Benavides 3 Filer ID (Ethics Commission Filers)

4 Date: 10/31/25 5 Payee name: Pampal, Inc.

6 Amount (\$): \$17.94 7 Payee address; City; State; Zip Code: 2211 N First St. San Jose CA 95131

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): processing fee (b) Description: processing fee (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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: 12/16/25 Payee name: Five Below

Amount (\$): \$479.81 Payee address; City; State; Zip Code: 500 N Jackson Rd. Pharr, TX 78577

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): event expense Description: event supplies toys for children ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date: 12/16/25 Payee name: Dollar Tree, Inc.

Amount (\$): \$32.48 Payee address; City; State; Zip Code: 500 Volvo Parkway Chesapeake VA 23320

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): event expense Description: event supplies ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **19** 2 FILER NAME **Rose Benavidez** 3 Filer ID (Ethics Commission Filers)

4 Date **12/16/25** 5 Payee name **Sam's Club**

6 Amount (\$) **\$156.31** 7 Payee address; City; State; Zip Code
1400 E Jackson Ave McAllen TX 78503

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **event expense** (b) Description **event supplies**
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 **12/17/25** Payee name **Exxon**

Amount (\$) **\$52.37** Payee address; City; State; Zip Code
2277 Springwoods Village Parkway Spring TX 77389

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **travel in district** Description **fuel for campaign travel**
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date **12/17/25** Payee name **Dollar Tree, Inc.**

Amount (\$) **\$284.14** Payee address; City; State; Zip Code
500 Volvo Parkway Chesapeake VA 23320

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **event expense** Description **event supplies**
☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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: 19	2 FILER NAME Rose Benavidez	3 Filer ID (Ethics Commission Filers)
4 Date 12/17/25	5 Payee name Walmart	
6 Amount (\$) \$139.95	7 Payee address; 4534 E US Hwy 83	City; State; Zip Code Rio Grande TX 78582 City
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description campaign event prizes
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 12/18/25	Payee name Border Hardware		
Amount (\$) \$33.51	Payee address; 1308 N Flores St	City; State; Zip Code Rio Grandecity TX 78582	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad expense	Description sign supplies	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 12/19/25	Payee name Avery Products Corporation		
Amount (\$) \$33.94	Payee address; 50 Pointe Dr	City; State; Zip Code Brea CA 92821	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description promotional materials	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19	2 FILER NAME Rose Benavidez	3 Filer ID (Ethics Commission Filers)
4 Date 12/19/25	5 Payee name Sam's Club	
6 Amount (\$) \$380.29	7 Payee address; 1400 E Jackson Ave	City; State; Zip Code McAllen TX 78503
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) event expense	(b) Description food for campaign event
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 12/20/25	Payee name Sign Works, LLC.		
Amount (\$) \$102.84	Payee address; 308 W Main St.	City; State; Zip Code Rio Grande TX 78582	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description promotional materials	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 12/20/25	Payee name Sign Works, LLC.		
Amount (\$) \$411.35	Payee address; 308 W Main St.	City; State; Zip Code Rio Grande TX 78582	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Promotional materials	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19		2 FILER NAME Rose Benavidez		3 Filer ID (Ethics Commission Filers)	
4 Date 12/20/25		5 Payee name Hinojosa Brothers Wholesale			
6 Amount (\$) \$133.12		7 Payee address; City; State; Zip Code PO BOX 901 Roma TX 78584			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) event expense		(b) Description food for campaign event		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/24/25		Payee name HEB			
Amount (\$) \$148.85		Payee address; City; State; Zip Code 4031 E Hwy 83 Rio Grande City TX 78582			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense		Description event supplies		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 8/13/25		Payee name Signs 2 Go			
Amount (\$) \$2,381.50		Payee address; City; State; Zip Code 304 E Pecan Blvd. McAllen TX 78501			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising		Description political signs		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19
2 FILER NAME: ROSE Benavidez
3 Filer ID (Ethics Commission Filers)

4 Date: 10/28/25
5 Payee name: Chick-fil-A

6 Amount (\$): \$31.02
7 Payee address: 4505 E. US Hwy 83
City: Rio Grande City State: TX Zip Code: 78582

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): food/beverage expense
(b) Description: campaign trail meal
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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: 9/10/25
Payee name: La Reynera Bakery

Amount (\$): \$20.80
Payee address: 4742 E US Hwy 83
City: Rio Grande City State: TX Zip Code: 78582

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): food/beverage expense
Description: meal for community outreach
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date: 7/30/25
Payee name: Dollar General

Amount (\$): \$10.75
Payee address: 1514 W Hwy 83
City: Rio Grande City State: TX Zip Code: 78582

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): food/beverage expense
Description: campaign trail
☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **19** 2 FILER NAME **Rose Benavidez** 3 Filer ID (Ethics Commission Filers)

4 Date **10/8/25** 5 Payee name **Caros Restaurant**

6 Amount (\$) **\$112.79** 7 Payee address; City; State; Zip Code
407 W second St. Rio Grande City TX 78582

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **food/beverage expense** (b) Description **Campaign trail meal**
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 **8/2/25** Payee name **Chick fil-A**

Amount (\$) **\$19.90** Payee address; City; State; Zip Code
4505 E US Hwy 83 Rio Grande City TX 78582

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **food/beverage expense** Description **campaign trail meal**
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date **8/12/25** Payee name **Los Compadres Restaurant**

Amount (\$) **\$60.03** Payee address; City; State; Zip Code
307 N FM 3167 Ste C Rio Grande City TX 78582

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **food/beverage expense** Description **campaign trail meal**
☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19 2 FILER NAME: ROSE BENANIDEZ 3 Filer ID (Ethics Commission Filers)

4 Date: 8/22/25 5 Payee name: Chipotle Mexican Grill

6 Amount (\$): \$421.19 7 Payee address; City; State; Zip Code
4610 Newport Center Dr. Newport Beach CA 92660
Suite 1100

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) food/beverage expenses (b) Description: campaign meal trail
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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: 8/30/25 Payee name: Barquito Oyster Bar

Amount (\$): \$333.10 Payee address; City; State; Zip Code
2042 E Grant St. Roma TX 78584

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) food/beverage expenses Description: campaign meal trail
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date: 8/8/25 Payee name: Jesus Garza

Amount (\$): \$100.00 Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) food/beverage expenses Description: campaign meal trail
☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19	2 FILER NAME Rose Benavidez	3 Filer ID (Ethics Commission Filers)
4 Date 12/14/25	5 Payee name Dollar General	
6 Amount (\$) \$17.32	7 Payee address; 717 N FM 2360	City; State; Zip Code Rio Grande TX 78582 city
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) event expense	(b) Description toys for children
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 12/14/25	Payee name Dollar General		
Amount (\$) \$48.71	Payee address; 717 N FM 2360	City; State; Zip Code Rio Grande TX 78582 city	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	Description toys for children	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 12/14/25	Payee name Dollar General		
Amount (\$)	Payee address; 717 N FM 2360	City; State; Zip Code Rio Grande TX 78582 city	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	Description toys for children	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19	2 FILER NAME Rose Benavidez	3 Filer ID (Ethics Commission Filers)
4 Date 12/14/25	5 Payee name Dollar General	
6 Amount (\$) \$51.96	7 Payee address; City; State; Zip Code 717 N FM 23100 Rio Grande City TX 78582	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expenses	(b) Description toys for children
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 12/14/25	Payee name Dollar General	
Amount (\$) \$113.66	Payee address; City; State; Zip Code 717 N FM 23100 Rio Grande City TX 78582	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description toys for children
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 9/25/25	Payee name Texas Democratic Party	
Amount (\$) \$530.00	Payee address; City; State; Zip Code 314 Highland Blvd. Austin TX 78752	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description VAN access
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19	2 FILER NAME Rose Benavidez	3 Filer ID (Ethics Commission Filers)
4 Date 8/4/25	5 Payee name Go Daddy, Inc.	
6 Amount (\$) \$124.83	7 Payee address; City; State; Zip Code 2155 E Go Daddy Way Tempe AZ 85284	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising	(b) Description website domain plan
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 12/11/25	Payee name Camacho Media Solutions	
Amount (\$) \$1600.00	Payee address; City; State; Zip Code 244 Old Casita Rd. Rio Grande TX 78502 City	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description ad package e-mo.
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 7/11/25	Payee name CS graphics commercial printing	
Amount (\$) \$1,948.50	Payee address; City; State; Zip Code 1490 E 7th St. Roma, TX 78584	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description promotional materials
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **19** 2 FILER NAME **Rose Benavidez** 3 Filer ID (Ethics Commission Filers)

4 Date **11/7/25** 5 Payee name **CS Graphics Commercial Printing**

6 Amount (\$) **\$1,217.81** 7 Payee address; City; State; Zip Code
1490 E 7th St. Roma TX 78584

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **advertising** (b) Description **promotional materials**
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 **11/04/25** Payee name **Pistolera Promotions, LLC**

Amount (\$) **\$1,920** Payee address; City; State; Zip Code
4602 N Grant St. Roma TX 78584

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Advertising** Description **ads social media**
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date **12/11/25** Payee name **Pistolera Promotions, LLC**

Amount (\$) **\$1,920** Payee address; City; State; Zip Code
4602 N Grant St. Roma TX 78584

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Advertising** Description **social media ads**
☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19		2 FILER NAME ROSE Benavidez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/18/25		5 Payee name Las Noticias			
6 Amount (\$) \$600		7 Payee address; P.O. BOX 1215		City; Roma	State; TX
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) advertising		(b) Description newspaper space	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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 12/30/25		Payee name Las Noticias			
Amount (\$) \$600.00		Payee address; P.O. BOX 1215		City; Roma	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) advertising		Description newspaper space	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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 10/17/25		Payee name starr county town crier, LLC			
Amount (\$) \$1,550		Payee address; 209 PO BOX		City; Rio Grande city	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description newspaper space	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19	2 FILER NAME Rose Benavidez	3 Filer ID (Ethics Commission Filers)
4 Date 12/11/25	5 Payee name Starr County Town Crier, LLC	
6 Amount (\$) \$875.00	7 Payee address; City; State; Zip Code 209 PO BOX Rio Grande city TX 78582	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description newspaper Ad
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 8/06/25	Payee name The Grafix Express, LLC	
Amount (\$) \$1,169.10	Payee address; City; State; Zip Code 230 W Newcombe Ave. Pharr TX 78577	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description political signs
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 8/26/25	Payee name The Grafix Express, LLC	
Amount (\$) \$1,169.10	Payee address; City; State; Zip Code 230 W Newcombe Ave Pharr TX 78577	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description political signs
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19
2 FILER NAME: Rose Benavidez
3 Filer ID (Ethics Commission Filers)

4 Date: 10/11/25
5 Payee name: Decibel Communications

6 Amount (\$): \$3,241.00
7 Payee address; City; State; Zip Code
2016 Orchid Ave McAllen TX 78504

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): Advertising
(b) Description: Political video graphic design
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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: 9/9/25
Payee name: Acme Partnership, LP

Amount (\$): \$1,650
Payee address; City; State; Zip Code
3701 Bee Caves Rd. Austin TX 78746
Suite 101

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): Advertising
Description: billboard
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date: 9/13/25
Payee name: ACME Partnership, LP

Amount (\$): \$1,400
Payee address; City; State; Zip Code
3701 Bee Caves Rd. Austin TX 78746
Suite 101

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): Advertising
Description: billboard
☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19	2 FILER NAME Rose Benavidez	3 Filer ID (Ethics Commission Filers)
4 Date 11/3/25	5 Payee name Big Time Advertising	
6 Amount (\$) \$200	7 Payee address; City; State; Zip Code 512 E Main St. Rio Grande City TX 78582 Ste A	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description political ad
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 10/23/25	Payee name Barrera Ochoa Corp		
Amount (\$) \$1,000	Payee address; City; State; Zip Code 195 N Quince St. Rio Grande City TX 78582		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description event salon payment	
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 9/13/25	Payee name Signs 2 Go, LLC.		
Amount (\$) \$2,002.03 03	Payee address; City; State; Zip Code 304 E Pecan Blvd McAllen TX 78501		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description political signs	
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 F1If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 8(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card PaymentEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19	2 FILER NAME ROSE Benanidez	3 Filer ID (Ethics Commission Filers)
4 Date 10/28/25	5 Payee name Honorio Garza Jr.	
6 Amount (\$) \$2,235.30	7 Payee address; 41 Herrera St.	City; State; Zip Code Rio Grande TX 78582 city
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description political signs
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 10/20/25	Payee name HONORIO GARZA JR		
Amount (\$) \$1,017.55	Payee address; 41 Herrera St.	City; State; Zip Code Rio Grande TX 78582 city	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description political signs	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 12/1/25	Payee name Honorio Garza Jr.		
Amount (\$) \$1,134.62	Payee address; 41 Herrera St.	City; State; Zip Code Rio Grande TX 78582 city	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description political signs	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES
SCHEDULE F4:

10

2 FILER NAME

Rose Benavidez

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD
ISSUER

Name of financial institution

6 PAYMENT

(a) Amount Charged

\$ 102.53

(b) Date Expenditure Charged

7/3/25

(c) Date(s) Credit Card Issuer Paid

7 PAYEE

(a) Payee name

Meta Facebook

(b) Payee address;

City,

State, Zip Code

1 Meta Way, Menlo Park, CA 94025

8 PURPOSE OF
EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

(b) Description

Political Ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Rose Benavidez

Office Sought

Starr County Judge

Office Held

STC

Board Trustee

PAYMENT

(a) Amount Charged

\$ 200.05

(b) Date Expenditure Charged

8/2/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

Home Depot

(b) Payee address;

City,

State, Zip Code

120 S Shary Rd., Mission TX 78572

PURPOSE OF
EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

Other

(b) Description

Supplies

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Rose Benavidez

Office Sought

Starr County Judge

Office Held

STC

Board Trustee

PAYMENT

(a) Amount Charged

\$ 21.44

(b) Date Expenditure Charged

8/8/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

Meta Facebook

(b) Payee address;

City,

State, Zip Code

1 Meta Way, Menlo Park, CA 94025

PURPOSE OF
EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

(b) Description

Political Ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Rose Benavidez

Office Sought

Starr County Judge

Office Held

STC

Board Trustee

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 10	2 FILER NAME Rose Benavidez	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD
ISSUER

Name of financial institution

6 PAYMENT

(a) Amount Charged

\$ 21.44

(b) Date Expenditure Charged

9/8/25

(c) Date(s) Credit Card Issuer Paid

7 PAYEE

(a) Payee name

Meta Facebook

(b) Payee address;

City,

State, Zip Code

1 Meta Way, Menlo Park, CA 94025

8 PURPOSE OF
EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

(b) Description

Political Ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Rose Benavidez

Office Sought

Starr County Judge

Office Held

STC Board Trustee

PAYMENT

(a) Amount Charged

\$ 21.64

(b) Date Expenditure Charged

10/8/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

Meta Facebook

(b) Payee address;

City,

State, Zip Code

1 Meta Way, Menlo Park, CA 94025

PURPOSE OF
EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

(b) Description

Political Ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Rose Benavidez

Office Sought

Starr County Judge

Office Held

STC Board Trustee

PAYMENT

(a) Amount Charged

\$ 21.64

(b) Date Expenditure Charged

11/08/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

Meta Facebook

(b) Payee address;

City,

State, Zip Code

1 Meta Way, Menlo Park, CA 94025

PURPOSE OF
EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

(b) Description

Political Ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Rose Benavidez

Office Sought

Starr County Judge

Office Held

STC Board Trustee

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES
SCHEDULE F4: 10

2 FILER NAME

Rose Benavidez

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD
ISSUER

Name of financial institution

6 PAYMENT

(a) Amount Charged

\$ 424.72

(b) Date Expenditure Charged

10/25/25

(c) Date(s) Credit Card Issuer Paid

7 PAYEE

(a) Payee name

Vista Print

(b) Payee address;

City,

State,

Zip Code

275 Wyman St., Waltham, MA 02451

8 PURPOSE OF
EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

(b) Description

Promotional Materials

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

Rose Benavidez Starr County Judge Board Trustee

PAYMENT

(a) Amount Charged

\$ 1048.94

(b) Date Expenditure Charged

10/29/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

Vista Print

(b) Payee address;

City,

State,

Zip Code

275 Wyman St., Waltham, MA 02451

PURPOSE OF
EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

(b) Description

Promotional Materials

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

Rose Benavidez Starr County Judge Board Trustee

PAYMENT

(a) Amount Charged

\$ 1,756.54

(b) Date Expenditure Charged

11/15/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

HEB

(b) Payee address;

City,

State,

Zip Code

4031 E US HWY 83, Rio Grande City, TX 78582

PURPOSE OF
EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

Gift Expense

(b) Description

Community Giveaway

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

Rose Benavidez Starr County Judge Board Trustee

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES
SCHEDULE F4:

10

2 FILER NAME

Rose Benavidez

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD
ISSUER

Name of financial institution

6 PAYMENT

(a) Amount Charged

\$ 28.28

(b) Date Expenditure Charged

09/18/25

(c) Date(s) Credit Card Issuer Paid

7 PAYEE

(a) Payee name

TikTok

(b) Payee address;

5800 Bristol Parkway, Suite 100,
Culver City, CA 90230

City,

State, Zip Code

8 PURPOSE OF
EXPENDITURE



Political



Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising

(b) Description

Political Ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Rose Benavidez

Office Sought

Starr County Judge

Office Held

STC Board Trustee

PAYMENT

(a) Amount Charged

\$ 28.28

(b) Date Expenditure Charged

09/21/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

TikTok

(b) Payee address;

5800 Bristol Parkway, Suite 100,
Culver City, CA, 90230

City,

State, Zip Code

PURPOSE OF
EXPENDITURE



Political



Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising

(b) Description

Political Ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Rose Benavidez

Office Sought

Starr County Judge

Office Held

STC Board Trustee

PAYMENT

(a) Amount Charged

\$ 48.57

(b) Date Expenditure Charged

09/26/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

TikTok

(b) Payee address;

5800 Bristol Parkway, Suite 100,
Culver City, CA, 90230

City,

State, Zip Code

PURPOSE OF
EXPENDITURE



Political



Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising

(b) Description

Political Ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Rose Benavidez

Office Sought

Starr County Judge

Office Held

STC Board Trustee

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES
SCHEDULE F4:

10

2 FILER NAME

Rose Benavidez

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD
ISSUER

Name of financial institution

6 PAYMENT

(a) Amount Charged

\$ 142.85

(b) Date Expenditure Charged

9/26/25

(c) Date(s) Credit Card Issuer Paid

7 PAYEE

(a) Payee name

Meta

(b) Payee address;

City,

State,

Zip Code

1 Meta Way, Menlo Park, CA 94025

8 PURPOSE OF
EXPENDITURE



Political



Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising

(b) Description

Political Ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Rose Benavidez

Office Sought

Starr County Judge

Office Held

STC Board Trustee

PAYMENT

(a) Amount Charged

\$ 428.57

(b) Date Expenditure Charged

10/2/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

Meta

(b) Payee address;

City,

State,

Zip Code

1 Meta Way, Menlo Park, CA 94025

PURPOSE OF
EXPENDITURE



Political



Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising

(b) Description

Political Ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Rose Benavidez

Office Sought

Starr County Judge

Office Held

STC Board Trustee

PAYMENT

(a) Amount Charged

\$ 43.98

(b) Date Expenditure Charged

10/11/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

Meta

(b) Payee address;

City,

State,

Zip Code

1 Meta Way, Menlo Park, CA 94025

PURPOSE OF
EXPENDITURE



Political



Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising

(b) Description

Political Ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Rose Benavidez

Office Sought

Starr County Judge

Office Held

STC Board Trustee

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 10	2 FILER NAME: Rose Benavidez	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD ISSUER

Name of financial institution

6 PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ 124.60

10/11/25

7 PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

TikTok

5800 Bristol Parkway, Suite 100,
Culver City, CA 90230

8 PURPOSE OF EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising

(b) Description

Political Ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

Rose Benavidez Starr County Judge Board Trustee

PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ 31.42

10/11/25

PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

TikTok

5800 Bristol Parkway, Suite 100, Culver City, CA 90230

PURPOSE OF EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising

(b) Description

Political Ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

Rose Benavidez Starr County Judge Board Trustee

PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ 8.57

10/19/25

PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

TikTok

5800 Bristol Parkway, Suite 100, Culver City, CA 90230

PURPOSE OF EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising

(b) Description

Political Ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

Rose Benavidez Starr County Judge Board Trustee

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 10 2 FILER NAME Rose Benavidez 3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD
ISSUER

Name of financial institution

6 PAYMENT

(a) Amount Charged

\$ 285.71

(b) Date Expenditure Charged

10/19/25

(c) Date(s) Credit Card Issuer Paid

7 PAYEE

(a) Payee name

Meta

(b) Payee address;

City,

State,

Zip Code

1 Meta Way, Menlo Park, CA 94025

8 PURPOSE OF
EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising

(b) Description

Political Ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

Rose Benavidez Starr County Judge

STC Board Trustee

PAYMENT

(a) Amount Charged

\$ 52.58

(b) Date Expenditure Charged

10/19/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

TikTok

(b) Payee address;

City,

State,

Zip Code

5800 Bristol Parkway, Suite 100,
Culver City, CA 90230

PURPOSE OF
EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising

(b) Description

Political Ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

Rose Benavidez Starr County Judge

STC Board Trustee

PAYMENT

(a) Amount Charged

\$ 142.85

(b) Date Expenditure Charged

11/2/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

Meta

(b) Payee address;

City,

State,

Zip Code

1 Meta Way, Menlo Park, CA 94025

PURPOSE OF
EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising

(b) Description

Political Ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

Rose Benavidez Starr County Judge

STC Board Trustee

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 10	2 FILER NAME Rose Benavidez	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD
ISSUER

Name of financial institution

6 PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ **54.13**

12/7/25

7 PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

TikTok

**5800 Bristol Parkway, Suite 100,
Culver City, CA 90230**

8 PURPOSE OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☒ Political

☐ Non-Political

Advertising

Political Ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

STC

Rose Benavidez Starr County Judge Board Trustee

PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ **714.28**

12/9/25

PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

Meta

1 Meta Way, Menlo Park, CA 94025

PURPOSE OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☒ Political

☐ Non-Political

Advertising

Political Ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

STC

Rose Benavidez Starr County Judge Board Trustee

PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ **140.15**

12/15/25

PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

Meta

1 Meta Way, Menlo Park, CA 94025

PURPOSE OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

☒ Political

☐ Non-Political

Advertising

Political Ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

STC

Rose Benavidez Starr County Judge Board Trustee

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES
SCHEDULE F4:

10

2 FILER NAME

Rose Benavidez

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD
ISSUER

Name of financial institution

6 PAYMENT

(a) Amount Charged

\$ 428.57

(b) Date Expenditure Charged

12/18/25

(c) Date(s) Credit Card Issuer Paid

7 PAYEE

(a) Payee name

Meta Facebook

(b) Payee address;

City,

State,

Zip Code

1 Meta Way, Menlo Park, CA 94025

8 PURPOSE OF
EXPENDITURE



Political



Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising

(b) Description

Political Ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Rose Benavidez

Office Sought

Starr County Judge

Office Held

STC Board Trustee

PAYMENT

(a) Amount Charged

\$ 375.88

(b) Date Expenditure Charged

12/22/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

Meta Facebook

(b) Payee address;

City,

State,

Zip Code

1 Meta Way, Menlo Park, CA 94025

PURPOSE OF
EXPENDITURE



Political



Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising

(b) Description

Political Ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Rose Benavidez

Office Sought

Starr County Judge

Office Held

STC Board Trustee

PAYMENT

(a) Amount Charged

\$ 282.85

(b) Date Expenditure Charged

12/27/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

Meta Facebook

(b) Payee address;

City,

State,

Zip Code

1 Meta Way, Menlo Park, CA 94025

PURPOSE OF
EXPENDITURE



Political



Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising

(b) Description

Political Ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Rose Benavidez

Office Sought

Starr County Judge

Office Held

STC Board Trustee

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES
SCHEDULE F4:

10

2 FILER NAME

Rose Benavidez

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD
ISSUER

Name of financial institution

6 PAYMENT

(a) Amount Charged

\$ 153.85

(b) Date Expenditure Charged

12/21/25

(c) Date(s) Credit Card Issuer Paid

7 PAYEE

(a) Payee name

TikTok

(b) Payee address;

5800 Bristol Parkway, Suite 100,
Culver City, CA, 90230

City, State, Zip Code

8 PURPOSE OF
EXPENDITURE

☐

Political

☐

Non-Political

(a) Category (See Categories listed at the top of this schedule)

(b) Description

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐

Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

PAYMENT

(a) Amount Charged

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City, State, Zip Code

PURPOSE OF
EXPENDITURE

☐

Political

☐

Non-Political

(a) Category (See Categories listed at the top of this schedule)

(b) Description

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐

Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

PAYMENT

(a) Amount Charged

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City, State, Zip Code

PURPOSE OF
EXPENDITURE

☐

Political

☐

Non-Political

(a) Category (See Categories listed at the top of this schedule)

(b) Description

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐

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 PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
☐ Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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		
☐ Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
☐ Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
☐ Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3		2 FILER NAME Rose Benavidez		3 Filer ID (Ethics Commission Filers)	
4 Date 10/23/25		5 Payee name Juan Garcia - Sample Community			
6 Amount (\$) 1,522.00 ☐ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Political sign		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11/22/25		Payee name Juan Garcia - Sample Community			
Amount (\$) \$415.00 ☐ Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Political sign		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/12/25		Payee name Jerem Garcia - Sample Community			
Amount (\$) \$140.00 ☐ Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Political sign		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME Rose Behavender	3 Filer ID (Ethics Commission Filers)
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4 Date 8/4/25	5 Payee name Print Runner
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6 Amount (\$) \$248.35 ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 8000 Haskell Ave. Van Nuys, CA 91406
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Promotional - Bumper Sticker
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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 9/11/25	Payee name Print Runner
------------------------	-----------------------------------

Amount (\$) \$248.35 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8000 Haskell Van Nuys, CA 91406
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Promotional - Bumper Sticker
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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	Payee name
------	------------

Amount (\$) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

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 L:

2 FILER NAME

Rose Benavides

3 Filer ID (Ethics Commission Filers)

LENDER
INFORMATION

4 Name of lender

Rose Benavides

5 Lender address;

City;

State;

Zip Code

PO Box 1117. Grulla TX

GUARANTOR
INFORMATION

6 Name of guarantor

Rose Benavides

7 Guarantor address;

City;

State;

Zip Code

☐ not applicable

LENDER
INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR
INFORMATION

Name of guarantor

Guarantor address;

City;

State;

Zip Code

☐ not applicable

LENDER
INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR
INFORMATION

Name of guarantor

Guarantor address;

City;

State;

Zip Code

☐ not applicable

LENDER
INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR
INFORMATION

Name of guarantor

Guarantor address;

City;

State;

Zip Code

☐ not applicable

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED