

# 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 <u>ROSARIO</u> FIRST NICKNAME <u>ROSE</u> LAST SUFFIX			OFFICE USE ONLY				
				Date Received: <u>26/11/2023</u>				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>P.O. Box 1117, Grulla, TX 78548</u>			Date Hand-delivered or Date Postmarked				
<input type="checkbox"/> Change of Address								
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <u>(956)</u>	PHONE NUMBER <u>370.7768</u>	EXTENSION	Receipt #   Amount \$				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mr. Marvel</u> FIRST NICKNAME <u>Benavidez</u> LAST SUFFIX <u>IV</u>			Date Processed				
				Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <u>3401 Palmas del Norte Lane</u> CITY; <u>Mission, TX 78572</u> STATE; ZIP CODE							
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(956)</u>	PHONE NUMBER <u>370.7855</u>	EXTENSION					
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)							
10 PERIOD COVERED	Month <u>7</u>	Day <u>1</u>	Year <u>2025</u>	Month <u>12</u>	Day <u>31</u>	Year <u>2025</u>		
11 ELECTION	Month <u>3</u>	Day <u>2</u>	Year <u>2024</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) <u>STC Board Trustee</u>			13 OFFICE SOUGHT (if known) <u>Starr County Judge</u>				
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.							
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE				COMMITTEE NAME		
						GENERAL		COMMITTEE ADDRESS
						SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME
								COMMITTEE CAMPAIGN TREASURER ADDRESS

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) 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. <b>TOTAL POLITICAL EXPENDITURES</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
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 Benavidez, and my date of birth is 16/10/75.  
 My address is PO Box 117, Grulla, TX 78548.

Executed in Starr County, State of Texas, on the 10 day of January, 2026

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - JC/OH****FORM JC/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 117,061.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5435.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 10,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 34,316.81
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 7321.99
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4948.70
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12. <input type="checkbox"/> 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: <b>14</b>
2 FILER NAME <b>Rose Benavidez</b>			3 Filer ID (Ethics Commission Filers)
4 Date <b>7/15/25</b>	5 Full name of contributor <b>Alfonso Ramirez, Jr.</b>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <b>\$1,000.00</b>
6 Contributor address; City; State; Zip Code <b>1801 N Estrella St. Roma TX 78584</b>			
8 Contributor's principal occupation <b>Asst City Manager</b>		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 <b>7/25/25</b>	Full name of contributor <b>Josue Reyes</b>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <b>\$2,500.00</b>
Contributor address; City; State; Zip Code <b>1210 S Hwy 2 W Mercedes TX 78570</b>			
Contributor's principal occupation <b>Contractor</b>		Contributor's job title <b>CEO</b>	
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 <b>7/31/25</b>	Full name of contributor <b>Pete Diaz</b>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>1410 Shay Lane Edinburg TX 78539</b>			
Contributor's principal occupation <b>Broker</b>		Contributor's job title <b>Owner</b>	
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: <i>10</i>
2 FILER NAME <i>Rose Benavidez</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>8/4/25</i>	5 Full name of contributor <i>Romed Lopez</i>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <i>\$ 100.00</i>
6 Contributor address; <i>525 Barreta Ave Rio Grande City</i>			City: <i>Rio Grande City</i> State: <i>TX</i> Zip Code: <i>78582</i>
8 Contributor's principal occupation <i>Banker</i>			9 Contributor's job title <i>Detrived</i>
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 <i>8/10/25</i>			Full name of contributor <i>David Garcia</i>
<input type="checkbox"/> out-of-state PAC ID#:			Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address; City: <i>City</i> State: <i>State</i> Zip Code: <i>Zip Code</i>			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 <i>8/13/25</i>			Full name of contributor <i>Kyle Ruppert</i>
<input type="checkbox"/> out-of-state PAC ID#:			Amount of contribution (\$) <i>\$ 2,500.00</i>
Contributor address; <i>PO Box 959</i> City: <i>Edinburg</i> State: <i>TX</i> Zip Code: <i>78540</i>			Contributor's job title <i>Owner</i>
Contributor's principal occupation <i>Developer</i>			Law firm of contributor's spouse (if any)
Contributor's employer/law firm			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

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: <i>14</i>
2 FILER NAME <i>Rose Benavidez</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>9/15/25</i>	5 Full name of contributor <i>Joshua Cabwell</i>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; <i>719 S. Flores St, San Antonio, TX 78201</i>	City; <i></i>	State; <i></i>	Zip Code
8 Contributor's principal occupation <i>Real Estate</i>	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 <i>8/16/25</i>	Full name of contributor <i>Jose Boxjon</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; <i></i>	City; <i></i>	State; <i></i>	Zip Code
Contributor's principal occupation <i>Consultant</i>	Contributor's job title <i>Sr. Policy Advisor</i>		
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 <i></i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$)
	Contributor address; <i></i>	City; <i></i>	State; <i></i>
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**

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1:
2 FILER NAME <i>Rose Benavidez</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>8/22/25</i>	5 Full name of contributor <i>Dr. Adalberto Garza</i>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <i>\$1,000.00</i>
6 Contributor address; <i>PO Box 32440 Edinburg TX 78540</i>		City; State; Zip Code	
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 <i>8/29/25</i>		Full name of contributor <i>DJ Chapman / Ringgold Farms partnership</i>	<input type="checkbox"/> out-of-state PAC ID#: <i>\$5,000.00</i>
Contributor address; <i>2400 N 10th St. Suite E. McAllen TX 78501</i>		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)			
Date <i>9/4/25</i>		Full name of contributor <i>Milda Elizondo</i>	<input type="checkbox"/> out-of-state PAC ID#: <i>\$100.00</i>
Contributor address; <i>P.O Box 591 Grulla TX 78546</i>		City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation <i>Executive</i>		Contributor's job title <i>V.P.</i>	
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)			

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**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: <i>16</i>
2 FILER NAME <i>Rose Behavidez</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>9/17/25</i>	5 Full name of contributor <i>Brian A. Godinez</i>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <i>\$2,500.00</i>
6 Contributor address; <i>5007 N 9th st. McAllen TX 78504</i>		City; State; Zip Code	
8 Contributor's principal occupation <i>Architect</i>		9 Contributor's job title <i>Owner</i>	
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 <i>9/17/25</i>		Full name of contributor. <i>Daniel Rios</i>	<input type="checkbox"/> out-of-state PAC ID#:
Contributor address; <i>104 E Lark Ave McAllen TX 78504</i>		City; State; Zip Code	Amount of contribution (\$) <i>\$5,000.00</i>
Contributor's principal occupation <i>Engineer</i>		Contributor's job title <i>Owner</i>	
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 <i>9/18/25</i>		Full name of contributor <i>Equipment Pros, LLC</i>	<input type="checkbox"/> out-of-state PAC ID#:
Contributor address; <i>2542 Deer TRL Brownsville TX 78521</i>		City; State; Zip Code	Amount of contribution (\$) <i>\$2,000.00</i>
Contributor's principal occupation <i>Salesperson</i>		Contributor's job title <i>VP of Sales</i>	
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)			

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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2 FILER NAME <i>Rose Benavidez</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>9/22/25</i>	5 Full name of contributor <i>Massey Villarreal</i>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <i>\$5,000.00</i>
6 Contributor address; <i>Software Sales</i>		City; State; Zip Code	
8 Contributor's principal occupation <i>Owner</i>		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 <i>9/28/25</i>	Full name of contributor <i>Henry Marland, LLC</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; <i>1301 S 10th St. McAllen TX 78501</i>		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 <i>9/29/25</i>	Full name of contributor <i>Robert A. Vale</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$5,000.00</i>
Contributor address; <i>1301 Mistenia Ave. McAllen TX 78504</i>		City; State; Zip Code	
Contributor's principal occupation <i>Broker</i>		Contributor's job title <i>VP</i>	
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: <i>16</i>
2 FILER NAME <i>Rose Benavidez</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>9/29/25</i>	5 Full name of contributor <i>Sam F. Valle</i>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <i>\$5,000.00</i>
6 Contributor address; <i>P.O. BOX 1546 Rio Grande City TX 78582</i>			City; State; Zip Code
8 Contributor's principal occupation <i>Bridge Owner</i>		9 Contributor's job title <i>Owner</i>	
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 <i>9/30/25</i>	Full name of contributor <i>Jennifer Valle-Ortiz</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$5,000.00</i>
Contributor address; <i>7903 N 2nd Ln McAllen TX 78504</i>			City; State; Zip Code
Contributor's principal occupation <i>marketing</i>		Contributor's job title <i>VP</i>	
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 <i>9/30/25</i>	Full name of contributor <i>Omar and Rutchebeth Contreras</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; <i>5121 N. Jasmine Ct. McAllen TX 78501</i>			City; State; Zip Code
Contributor's principal occupation <i>I</i>		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)			

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**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: <i>10</i>
2 FILER NAME <i>Rose Benavidez</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>10/1/25</i>	5 Full name of contributor <i>Esponsas Development, LTD</i>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <i>\$2,500.00</i>
	6 Contributor address; <i>2912 S. Jackson Rd.</i>	City: <i>MCALLEN TX</i> State: <i>TX</i> Zip Code: <i>78503</i>	
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 <i>10/2/25</i>	Full name of contributor <i>Daniel Munendez</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$1,000.00</i>
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 <i>10/2/25</i>	Full name of contributor <i>Laura Nassi Warren</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$5,000.00</i>
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)			

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**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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2 FILER NAME <i>Rose Benavidez</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>10/2/25</i>	5 Full name of contributor <i>Dan Ogletree</i>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <i>\$2,500.00</i>
6 Contributor address; <i>PO Box 2544</i>	City; <i>McAllen</i>	State; Zip Code <i>TX 78502</i>	
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 <i>10/2/25</i>	Full name of contributor <i>Rigoberto Villarreal</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$2,000.00</i>
Contributor address; <i>1405 Pamela Dr. Mission</i>	City; <i>TX 78572</i>	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 <i>10/2/25</i>	Full name of contributor <i>Carlos A. Canales Melhem</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$1,500.00</i>
Contributor address; <i>100 Austin Dr. Ste B. Pharr</i>	City; <i>TX 78577</i>	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)			

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: <i>10</i>
2 FILER NAME <i>Rose Benavidez</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>10/2/25</i>	5 Full name of contributor <i>Maria and Rafael A. Rego, Jr.</i>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <i>\$1,000.00</i>
6 Contributor address; <i>2400 El Dorado Dr. Mission TX 78573</i>		City; State; Zip Code	
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 <i>10/2/25</i>	Full name of contributor <i>Ricardo J. Souis</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; <i></i>		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 <i>10/3/25</i>	Full name of contributor <i>Halff Associates - State PAC</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$2,500.00</i>
Contributor address; <i>1201 N Bowser Rd. Richardson TX 75081</i>		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: <i>16</i>
2 FILER NAME <i>Rose Behavidez</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>10/25/25</i>	5 Full name of contributor <i>Hernandez Funerals, LLC.</i>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <i>\$1,000.00</i>
6 Contributor address; <i>701 E Eisenhower St. Rio Grande City</i>	City; <i>TX 78582</i>	State; Zip Code	
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 <i>10/23/25</i>	Full name of contributor <i>RGC HIX Hospitality, LLC.</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$5,001.00</i>
Contributor address; <i>5274 E. US Hwy 83 Rio Grande City</i>	City; <i>TX 78582</i>	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 <i>10/31/25</i>	Full name of contributor <i>Jose Guevara</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$500.00</i>
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: <i>10</i>
2 FILER NAME <i>Rose Benavidez</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>11/17/25</i>	5 Full name of contributor <i>Wyatt Ranches of Texas, LLC</i>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <i>\$25,000.00</i>
6 Contributor address; <i>P.O. Drawer 10 Realitos TX 78376</i>	City;	State;	Zip Code
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 <i>11/12/25</i>	Full name of contributor <i>Gary Gurmitz</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; <i>P.O. Box 3725</i>	City;	State;	Zip Code <i>McAllen TX 78502</i>
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 <i>11/19/25</i>	Full name of contributor <i>Thomas H. Bennett, Jr.</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$2,500.00</i>
Contributor address; <i>113 Plumas Ct. Hanihah TX 78552</i>	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: <i>10</i>
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date <i>11/19/25</i>	5 Full name of contributor <i>Jorge Gonzalez</i>	<input type="checkbox"/> out-of-state PAC ID#: _____)	7 Amount of contribution (\$) <i>\$1,000.00</i>
6 Contributor address; <i>2900 N Texas Blvd. Ste. 201</i>	City; <i>Weslaco TX</i>	State; Zip Code <i>78599</i>	
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 <i>11/20/25</i>		Full name of contributor <i>Gilbert Enriquez</i>	<input type="checkbox"/> out-of-state PAC ID#: _____)
Contributor address; <i>P.O. Box 2999</i>		City; <i>Edinburg TX</i>	Amount of contribution (\$) <i>\$2,500.00</i>
State; Zip Code <i>78540</i>			
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 <i>11/20/25</i>		Full name of contributor <i>Carlos M. Marin</i>	<input type="checkbox"/> out-of-state PAC ID#: _____)
Contributor address; <i>1803 Palm Blvd.</i>		City; <i>Brownsville TX</i>	Amount of contribution (\$) <i>\$2,500.00</i>
State; Zip Code <i>78520</i>			
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: <i>10</i>
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date <i>11/20/25</i>	5 Full name of contributor <i>Humberto Barza, Jr.</i>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <i>\$2,000.00</i>
6 Contributor address; <i>318 E. 18th St. Apt. 17</i>	City; <i>Weslaco</i>	State; Zip Code <i>TX 78596</i>	
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 <i>11/20/25</i>	Full name of contributor <i>Corina and Hiram Gutierrez</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; <i>701 N. Bentsen Rd. McAllen TX 78501</i>	City; <i></i>	State; Zip Code <i></i>	
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 <i>11/20/25</i>	Full name of contributor <i>Jose Garcia III</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$1,250.00</i>
Contributor address; <i>1314 E 22nd St. Mission TX 78572</i>	City; <i></i>	State; Zip Code <i></i>	
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: <i>10</i>
2 FILER NAME <i>Rose Benavidez</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>11/20/25</i>	5 Full name of contributor <i>Luis Armando Figueroa</i>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <i>\$1,250.00</i>
6 Contributor address; <i>1818 Northgate Ln.</i>	City; <i>McAllen TX</i>	State; Zip Code <i>78504</i>	
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 <i>11/22/25</i>	Full name of contributor <i>Joaquin Spamer</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$2,500.00</i>
Contributor address; <i>4800 S International PKwy Ste. 10</i>	City; <i>McAllen TX</i>	State; Zip Code <i>78503</i>	
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 <i>12/10/25</i>	Full name of contributor <i>Manuel A. Villa</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$4,000.00</i>
Contributor address; <i>1312 E. Helena Ave</i>	City; <i>McAllen TX</i>	State; Zip Code <i>78503</i>	
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: <i>14</i>
2 FILER NAME <i>Rose Benavidez</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>12/10/25</i>	5 Full name of contributor <i>Rigobelto Villarreal</i>	<input type="checkbox"/> out-of-state PAC ID#: _____)	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; <i>1405 Pamela Dr. Mission TX 78572</i>			City; State; Zip Code
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 <i>12/31/25</i>			Full name of contributor <i>Running E-cattle Co., LLC</i>
Contributor address; <i>100 Deer Run City</i>			<input type="checkbox"/> out-of-state PAC ID#: _____)
Contributor's principal occupation			Amount of contribution (\$) <i>\$1,000.00</i>
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 <input type="checkbox"/> 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.

# 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: <b>5</b>
2 FILER NAME <b>Rose Benavidez</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date <b>12/17/23</b>	6 Full name of contributor <b>Yulissa Celedon</b>	7 Contributor address; City; State; Zip Code <b>1413 E. Grant Roma TX 78584</b>
8 Amount of Contribution \$ <b>\$900.00</b>	9 In-kind contribution description <b>Live music</b>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Management / Educator</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>Events Manager / sped aid</b>
12 Contributor's principal occupation (FOR JUDICIAL) <b>E.T. SOCIAL events / Roma ISD</b>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <b>Events Manager / sped aid</b>
14 Contributor's employer/law firm (FOR JUDICIAL) <b>Roma ISD</b>		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 <b>12/17/23</b>		Full name of contributor <b>Juan Escobar</b>
Contributor address; City; State; Zip Code <b>502 N. Dr. Mario Ramirez Ave. Roma TX 78548</b>		Amount of Contribution \$ <b>\$1,000.00</b>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Educator</b>		Employer (FOR NON-JUDICIAL) (See Instructions) <b>Teacher / coach</b>
Contributor's principal occupation (FOR JUDICIAL) <b>Roma ISD</b>		Contributor's job title (FOR JUDICIAL) (See Instructions) <b>Teacher / coach</b>
Contributor's employer/law firm (FOR JUDICIAL) <b>Roma ISD</b>		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: <i>5</i>
2 FILER NAME <i>Rose Benavidez</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date <i>12/17/25</i>	6 Full name of contributor <i>Yolanda Escobar</i>	8 Amount of Contribution \$ <i>\$1,000.00</i>
	7 Contributor address: <i>502 N. Dr. Mand Ramirez Ave.</i>	9 In-kind contribution description <i>live music campaign event</i>
	City; State; Zip Code <i>Roma TX 78584</i>	<input type="checkbox"/> 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) <i>retired</i>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <i>retired</i>
14 Contributor's employer/law firm (FOR JUDICIAL) <i>retired</i>		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 <i>12/17/25</i>	Full name of contributor <i>Jaime Escobar, Jr.</i>	Amount of Contribution \$ <i>\$1,000.00</i>
	Contributor address: <i>502 N. Dr. Mand Ramirez Ave.</i>	In-kind contribution description <i>live music for campaign event</i>
	City; State; Zip Code <i>Roma TX 78584</i>	<input type="checkbox"/> 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) <i>Educator</i>		Contributor's job title (FOR JUDICIAL) (See Instructions) <i>CTE Director</i>
Contributor's employer/law firm (FOR JUDICIAL) <i>Roma ISD</i>		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: <i>5</i>
2 FILER NAME <i>Rose Benavidez</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date <i>12/17/25</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ivan Garza</i> )	8 Amount of Contribution \$ <i>\$150.00</i>
	7 Contributor address; City; State; Zip Code <i>2548 N HWY 83 Roma TX 78584</i>	9 In-kind contribution description <i>Bikes for campaign event</i>
<input type="checkbox"/> 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) <i>law enforcement</i>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <i>constable</i>
14 Contributor's employer/law firm (FOR JUDICIAL) <i>Starr County &amp; City of Roma</i>		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 <i>12/17/25</i> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Romero Gonzalez</i> ) Contributor address; City; State; Zip Code <i>1403 Garcia St. Roma TX 78584</i>		Amount of Contribution \$ <i>\$150.00</i> In-kind contribution description <i>bikes for campaign event</i> <input type="checkbox"/> 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) <i>elected official</i>		Contributor's job title (FOR JUDICIAL) (See Instructions) <i>county treasurer</i>
Contributor's employer/law firm (FOR JUDICIAL) <i>County of Starr</i>		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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:  <i>5</i>
2 FILER NAME  <i>Rose Benavidez</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date  <i>12/17/25</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:  <i>Gilberto Lozano</i>	8 Amount of Contribution \$  <i>\$100.00</i>
	7 Contributor address; City; State; Zip Code  <i>1800 N Estrella St. Roma TX 78584</i>	9 In-kind contribution description  <i>Bike and TV for campaign event</i>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  <i>Education</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions)  <i>Transportation supervisor</i>
12 Contributor's principal occupation (FOR JUDICIAL)  <i>Elected official</i>		13 Contributor's job title (FOR JUDICIAL) (See Instructions)  <i>Starr County Tax Assessor collector</i>
14 Contributor's employer/law firm (FOR JUDICIAL)  <i>Roma ISD</i>		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  <i>12/17/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:  <i>Ameida Salinas</i>	Amount of Contribution \$  <i>\$75.00</i>
	Contributor address; City; State; Zip Code  <i>Leo Baran Street Roma TX 78584</i>	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)  <i>Elected official</i>		Contributor's job title (FOR JUDICIAL) (See Instructions)  <i>Starr County Tax Assessor collector</i>
Contributor's employer/law firm (FOR JUDICIAL)  <i>County of Starr</i>		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 <i>Schedule A2: 5</i>
2 FILER NAME <i>Rose Behandez</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date <i>2/20/25</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Al Trenho</i> )	8 Amount of Contribution \$ <i>\$1,000.00</i>
7 Contributor address; <i>1413 E. Grant Roma TX 78584</i>	City; State; Zip Code	9 In-kind contribution description <i>Live music campaign event</i>
<input type="checkbox"/> 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) <i>Business Owner</i>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <i>Business Owner</i>
14 Contributor's employer/law firm (FOR JUDICIAL) <i>Self</i>		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 <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$  <input type="checkbox"/> 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)		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: <b>19</b>	2 FILER NAME <b>Rose Benavidez</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>8/10/25</b>	5 Payee name <b>PayPal, Inc.</b>		
6 Amount (\$) <b>\$15.44</b>	7 Payee address; <b>2211 N. First St.</b>	City; <b>San Jose</b> State; <b>CA</b> Zip Code <b>95131</b>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>processing/merchant fee</b>	(b) Description <b>payment processing fee</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>8/14/25</b>	Payee name <b>paypal, Inc.</b>		
Amount (\$) <b>\$17.94</b>	Payee address; <b>2211 N First St.</b>	City; <b>San Jose</b> State; <b>CA</b> Zip Code <b>95131</b>	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Processing fee</b>	Description <b>processing fee</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>8/17/25</b>	Payee name <b>paypal, Inc.</b>		
Amount (\$) <b>\$0.52</b>	Payee address; <b>2211 N. First St.</b>	City; <b>San Jose</b> State; <b>CA</b> Zip Code <b>95131</b>	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>processing fee</b>	Description <b>processing fee</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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 FILER NAME	3 Filer ID (Ethics Commission Filers)	
19	Rose Behavidez		
4 Date	5 Payee name		
9/4/25	Paypal, Inc.		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$3.48	2211 N First ST	San Jose CA 95131	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	processing fee	processing fee	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/22/25	Paypal, Inc.		
Amount (\$)	Payee address;	City; State; Zip Code	
\$149.99	2211 N First St.	San Jose CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	processing fee	processing fee	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/2/25	Paypal, Inc.		
Amount (\$)	Payee address;	City; State; Zip Code	
\$30.39	2211 N First St.	San Jose CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	processing fee	processing fee	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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**POLITICAL EXPENDITURES MADE FROM  
POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
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 FILER NAME	3 Filer ID (Ethics Commission Filers)	
19	Rose Benavidez		
4 Date	5 Payee name		
10/31/25	paypal, Inc.		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$17.94	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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/10/25	Five Below		
Amount (\$)	Payee address;	City; State; Zip Code	
\$479.81	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	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/10/25	Dollar Tree, Inc.		
Amount (\$)	Payee address;	City; State; Zip Code	
\$32.48	500 Volvo Parkway Chesapeake VA 23320		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  event expense	Description  event supplies	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>19</b>	2 FILER NAME <b>Rose Benavidez</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/16/25</b>	5 Payee name <b>Sam's Club</b>		
6 Amount (\$) <b>\$154.31</b>	7 Payee address; <b>1400 E Jackson Ave</b>	City; <b>McAllen</b> State; <b>TX</b> Zip Code <b>78803</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>event expense</b>	(b) Description <b>event supplies</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>12/17/25</b>	Payee name <b>Exxon</b>		
Amount (\$) <b>\$52.37</b>	Payee address; <b>2277 Springwoods Village Parkway</b>	City; <b>Spring</b> State; <b>TX</b> Zip Code <b>77389</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>travel in district</b>	Description <b>fuel for campaign travel</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>12/17/25</b>	Payee name <b>Dollar Tree, Inc.</b>		
Amount (\$) <b>\$284.14</b>	Payee address; <b>500 Volvo Parkway</b>	City; <b>Chesapeake</b> State; <b>VA</b> Zip Code <b>23320</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>event expense</b>	Description <b>event supplies</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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**POLITICAL EXPENDITURES MADE FROM  
POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
19	Rose Benavidez			
4 Date	5 Payee name			
12/17/25	Walmart			
6 Amount (\$)	7 Payee address:	City; State; Zip Code		
\$139.95	4534 E US HWY 83	Rio Grande City TX 78582		
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Advertising	campaign event prizes		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date	Payee name			
12/18/25	Border Hardware			
Amount (\$)	Payee address;	City; State; Zip Code		
\$33.51	1308 N Flores St	Rio Grandecity TX 78582		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Ad expense	sign supplies		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date	Payee name			
12/19/25	Avery Products Corporation			
Amount (\$)	Payee address;	City; State; Zip Code		
\$33.94	50 Pointe Dr	Brea CA 92821		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising	promotional materials		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held

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**POLITICAL EXPENDITURES MADE FROM  
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**SCHEDULE F1**

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**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
19	Rose Benavidez		
4 Date	5 Payee name		
12/19/25	Sam's Club		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
\$380.29	1400 E Jackson Ave	McAllen TX 78503	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	event expense	food for campaign event	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/20/25	Sign Works, LLC.		
Amount (\$)	Payee address;	City; State; Zip Code	
\$102.84	308 W Main st.	Rio Grande City	TX 78582
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	promotional materials	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/20/25	Sign Works, LLC.		
Amount (\$)	Payee address;	City; State; Zip Code	
\$411.35	308 W Main st.	Rio Grande City	TX 78582
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	Promotional materials	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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**POLITICAL EXPENDITURES MADE FROM  
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**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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
19	Rose Benavidez		
4 Date	5 Payee name		
12/20/25	Hinojosa Brothers Wholesale		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
\$133.12	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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/24/25	HEB		
Amount (\$)	Payee address:	City;	State; Zip Code
\$148.85	4031 E Hwy 83	Rio Grande City	TX 78882
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  event expense	Description  event supplies	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/13/25	Signs 2 Go		
Amount (\$)	Payee address:	City;	State; Zip Code
\$2,381.50	304 E Pecan Blvd.	McAllen	TX 78801
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  advertising	Description  political signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
19	Rose Benavidez			
4 Date	5 Payee name			
10/28/25	Chick-fil-A			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
\$31.02	4505 E. US Hwy 83	Rio Grande TX 78582 CITY		
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	food/beverage expense	campaign trail meal		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date	Payee name			
9/10/25	La Reynera Bakery			
Amount (\$)	Payee address;	City; State; Zip Code		
\$20.80	4742 E US Hwy 83	RIO Grande city TX 78582		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	food/beverage expense	meal for community outreach		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date	Payee name			
7/30/25	Dollar General			
Amount (\$)	Payee address;	City; State; Zip Code		
\$10.75	1514 W Hwy 83	RIO Grande city TX 78582		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	food/beverage expense	Campaign trail		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held

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**POLITICAL EXPENDITURES MADE FROM  
POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
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 FILER NAME	3 Filer ID (Ethics Commission Filers)		
19	Rose Benavidez			
4 Date	5 Payee name			
10/8/25	carlos Restaurant			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
\$112.79	1007 W second St. Rio Grande City	TX 78582		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	food/beverage expense	Campaign trail meal		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date	Payee name			
8/21/25	chick-fil-A			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$19.90	4505 E US Hwy 83	Rio Grande city	TX	78582
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	food/beverage expense	campaign trail meal		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date	Payee name			
8/12/25	Los Compadres Restaurant			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$100.03	307 N FM 3167 Ste C.	Rio Grande city	TX	78582
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	food/beverage expense	campaign trail meal		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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 FILER NAME	3 Filer ID (Ethics Commission Filers)	
19	Rose Benavidez		
4 Date	5 Payee name		
8/22/25	Chipotle Mexican Grill		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$21.19	110 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 8/30/25	Payee name Barquito Oyster Bar		
Amount (\$) \$333.10	Payee address; 2042 E Grant St. Roma TX 78584	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food/beverage expenses	Description Campaign meal trail	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 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	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

**POLITICAL EXPENDITURES MADE FROM  
POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
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 FILER NAME	3 Filer ID (Ethics Commission Filers)		
19	Rose Benavidez			
4 Date	5 Payee name			
12/16/25	Dollar General			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
\$17.32	717 NFM 2340	Rio Grande City TX 78582		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	event expense	toys for children		
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date	Payee name			
12/16/25	Dollar General			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$48.71	717 NFM 2340	Rio Grande City	TX	78582
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	event expense	toys for children		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date	Payee name			
12/16/25	Dollar General			
Amount (\$)	Payee address;	City;	State;	Zip Code
	717 NFM 2340	Rio Grande City	TX	78582
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	event expense	toys for children		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM  
POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>19</b>	2 FILER NAME <b>Rose Benavidez</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/16/25</b>	5 Payee name <b>Dollar General</b>		
6 Amount (\$) <b>\$51.96</b>	7 Payee address; <b>717 N FM 2360</b>	City; <b>Rio Grande City</b> State; <b>TX</b> Zip Code <b>78582</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>event expenses</b>	(b) Description <b>toys for children</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>12/16/25</b>	Payee name <b>Dollar General</b>		
Amount (\$) <b>\$113.66</b>	Payee address; <b>717 N FM 2360</b>	City; <b>Rio Grande city</b> State; <b>TX</b> Zip Code <b>78582</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>event expense</b>	Description <b>toys for children</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>9/25/25</b>	Payee name <b>Texas Democratic Party</b>		
Amount (\$) <b>\$530.00</b>	Payee address; <b>314 Highland Blvd.</b>	City; <b>Austin</b> State; <b>TX</b> Zip Code <b>78752</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>VAN access</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

**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)

The Instruction Guide explains how to complete this form.

1 Total pages	Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
19		Rose Benavidez	
4 Date	8/4/25	5 Payee name	6 Go Daddy, Inc.
6 Amount (\$)	\$124.83	7 Payee address:	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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/11/25	Camacho Media Solutions		
Amount (\$)	Payee address:	City:	State: Zip Code
\$1600.00	244 Old Casita Rd. Rio Grande City	TX	78582
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description ad package 4. mo.	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/11/25	CS graphics Commercial Printing		
Amount (\$)	Payee address:	City:	State: Zip Code
\$1,948.50	1490 E 7th St. Roma, TX		78584
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Promotional materials	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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**POLITICAL EXPENDITURES MADE FROM  
POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>19</b>	2 FILER NAME <b>Rose Benavidez</b>	3 Filer ID (Ethics Commission Filers)			
4 Date <b>11/1/25</b>	5 Payee name <b>CS Graphics Commercial Printing</b>	6 Amount (\$) <b>\$1,217.81</b>	7 Payee address; <b>1490 E 7th St Roma TX 78584</b>	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>advertising</b>	(b) Description <b>promotional materials</b>			
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name			Office sought	Office held
Date <b>11/04/25</b>	Payee name <b>Pistolera Promotions, LLC</b>				
Amount (\$) <b>\$1,920</b>	Payee address; <b>602 N Grant St. Roma TX 78584</b>				
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>ads social media</b>			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name			Office sought	Office held
Date <b>12/14/25</b>	Payee name <b>Pistolera Promotions, LLC</b>				
Amount (\$) <b>\$1,920</b>	Payee address; <b>602 N Grant St. Roma TX 78584</b>				
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>social media ads</b>			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name			Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

**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 FILER NAME	3 Filer ID (Ethics Commission Filers)	
19	ROSE Benavidez		
4 Date	5 Payee name		
11/18/25	Las Noticias		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$1600	P.O. Box 1215	Roma TX 78584	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	advertising	newspaper space	
(c) <input type="checkbox"/>	Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/30/25	Las Noticias		
Amount (\$)	Payee address;	City; State; Zip Code	
\$1600.00	P.O. Box 1215	Roma TX 78582	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	advertising	newspaper space	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/17/25	Starr County Town Crier, LLC		
Amount (\$)	Payee address;	City; State; Zip Code	
\$1,550	209 PO Box	Rio Grande City TX	78582
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	newspaper space	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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**POLITICAL EXPENDITURES MADE FROM  
POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
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: <b>19</b>	2 FILER NAME <b>Rose Benavidez</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/11/25</b>	5 Payee name <b>Starr County Town Chir, LLC</b>		
6 Amount (\$) <b>\$875.00</b>	7 Payee address: <b>209 PO Box</b>	City: <b>Rio Grandecity</b> State: <b>TX</b> Zip Code <b>78582</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>newspaper Ad</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>8/06/25</b>	Payee name <b>The Grafix Express, LLC</b>		
Amount (\$) <b>\$1,169.10</b>	Payee address; <b>230 W Newcombe Ave.</b>	City: <b>Pharr</b> State: <b>TX</b> Zip Code <b>78577</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>political signs</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>8/26/25</b>	Payee name <b>The Grafix Express, LLC</b>		
Amount (\$) <b>\$1,169.10</b>	Payee address; <b>230 W Newcombe Ave</b>	City: <b>Pharr</b> State: <b>TX</b> Zip Code <b>78577</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>political signs</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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**POLITICAL EXPENDITURES MADE FROM  
POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>19</b>	2 FILER NAME <b>Rose Benavidez</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>10/11/25</b>	5 Payee name <b>Decibel Communications</b>		
6 Amount (\$) <b>\$3,241.00</b>	7 Payee address; <b>2016 Orchid Ave</b>	City; <b>McAllen</b> State; <b>TX</b> Zip Code <b>78504</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Political video graphic design</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>9/9/25</b>	Payee name <b>Acme Partnership, LP</b>		
Amount (\$) <b>\$1,450</b>	Payee address; <b>3701 Bee Caves Rd. Suite 101</b>	City; <b>Austin</b> State; <b>TX</b> Zip Code <b>78746</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>billboard</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>9/13/25</b>	Payee name <b>ACME Partnership, LP</b>		
Amount (\$) <b>\$1,400</b>	Payee address; <b>3701 Bee Caves Rd. Suite 101</b>	City; <b>Austin</b> State; <b>TX</b> Zip Code <b>78746</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>billboard</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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**POLITICAL EXPENDITURES MADE FROM  
POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages on schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
19	Rose Benavidez		
4 Date	5 Payee name		
11/3/25	Big Time Advertising		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$200	512 E Main St. Rio Grande City TX 78582		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising	political ad	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/23/25	Barrera Ochoa Corp		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000	195 N Quince St. Rio Grande City TX 78582		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Event expense	event salon payment	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/3/25	Signs 2 Go, LLC.		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,002.43 u3	304 E Pecan Blvd McAllen TX 78501		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	political signs	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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**POLITICAL EXPENDITURES MADE FROM  
POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
19	ROSE BENAVIDEZ		
4 Date	5 Payee name		
10/28/25	HONORIO GARZA JR.		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
\$2,235.30	41 Herrera St.	RIO GRANDE CITY TX 78582	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising	political signs	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/20/25	HONORIO GARZA JR		
Amount (\$)	Payee address:	City; State; Zip Code	
\$1,017.55	41 Herrera St.	RIO GRANDE CITY TX 78582	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	political signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/1/25	HONORIO GARZA JR.		
Amount (\$)	Payee address:	City; State; Zip Code	
\$1,134.62	41 Herrera St.	RIO GRANDE CITY TX 78582	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	political signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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

(b) Description

Political Ad

8 PURPOSE OF  
EXPENDITURE

Political  
 Non-Political

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

Advertising Expense

(b) Description

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

\$ 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

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

\$ 21.44

(b) Date Expenditure Charged

8/18/25

(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

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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	\$
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5 CREDIT CARD ISSUER	Name of financial institution		
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6 PAYMENT	(a) Amount Charged \$ 21.44	(b) Date Expenditure Charged 9/8/25	(c) Date(s) Credit Card Issuer Paid
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7 PAYEE	(a) Payee name Meta Facebook	(b) Payee address; 1 Meta Way, Menlo Park, CA 94025	City, State, Zip Code
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Political Ad
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(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rose Benavidez Starr County Judge Board Trustee	

PAYMENT	(a) Amount Charged \$ 21.64	(b) Date Expenditure Charged 10/8/25	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name Meta Facebook	(b) Payee address; 1 Meta Way, Menlo Park, CA 94025	City, State, Zip Code
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Political Ad
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rose Benavidez Starr County Judge Board Trustee	
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PAYMENT	(a) Amount Charged \$ 21.64	(b) Date Expenditure Charged 11/08/25	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name Meta Facebook	(b) Payee address; 1 Meta Way, Menlo Park, CA 94025	City, State, Zip Code
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Political Ad
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rose Benavidez Starr County Judge Board Trustee	
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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>10</b>	2 FILER NAME <b>Rose Benavidez</b>		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 <b>\$ 424.72</b>	(b) Date Expenditure Charged <b>10/25/25</b>	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name <b>Vista Print</b>	(b) Payee address; City, State, Zip Code <b>275 Wyman St., Waltham, MA 02451</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Promotional Materials</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/>	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Rose Benavidez Starr County Judge Board Trustee</b>		Office Sought Office Held <b>STC</b>
PAYMENT	(a) Amount Charged <b>\$ 1048.94</b>	(b) Date Expenditure Charged <b>10/29/25</b>	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name <b>Vista Print</b>	(b) Payee address; City, State, Zip Code <b>275 Wyman St., Waltham, MA 02451</b>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Promotional Materials</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/>	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Rose Benavidez Starr County Judge Board Trustee</b>		Office Sought Office Held <b>STC</b>
PAYMENT	(a) Amount Charged <b>\$ 1,756.54</b>	(b) Date Expenditure Charged <b>11/15/25</b>	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name <b>HEB</b>	(b) Payee address; City, State, Zip Code <b>4031 E US Hwy 83, Rio Grande City, TX 78582</b>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Gift Expense</b>	(b) Description <b>Community Giveaway</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/>	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Rose Benavidez Starr County Judge Board Trustee</b>		Office Sought Office Held <b>STC</b>

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# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>(D)</b>	2 FILER NAME <b>Rose Benavidez</b>	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 CREDIT CARD ISSUER	Name of financial institution		
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6 PAYMENT	(a) Amount Charged <b>\$ 28.28</b>	(b) Date Expenditure Charged <b>09/18/25</b>	(c) Date(s) Credit Card Issuer Paid
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7 PAYEE	(a) Payee name <b>TikTok</b>	(b) Payee address; City, State, Zip Code <b>5800 Bristol Parkway, Culver City, CA 90230</b>
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Political Ad</b>
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(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 <b>Rose Benavidez</b>	Office Sought <b>Starr County Judge</b>	Office Held <b>STC Board Trustee</b>
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PAYMENT	(a) Amount Charged <b>\$ 28.28</b>	(b) Date Expenditure Charged <b>09/21/25</b>	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name <b>TikTok</b>	(b) Payee address; City, State, Zip Code <b>5800 Bristol Parkway, Suite 100, Culver City, CA, 90230</b>
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Political Ad</b>
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(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 <b>Rose Benavidez</b>	Office Sought <b>Starr County Judge</b>	Office Held <b>STC Board Trustee</b>
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PAYMENT	(a) Amount Charged <b>\$ 48.57</b>	(b) Date Expenditure Charged <b>09/26/25</b>	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name <b>TikTok</b>	(b) Payee address; City, State, Zip Code <b>5800 Bristol Parkway, Suite 100, Culver City, CA, 90230</b>
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Political Ad</b>
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(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 <b>Rose Benavidez</b>	Office Sought <b>Starr County Judge</b>	Office Held <b>STC Board Trustee</b>
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# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <i>10</i>	2 FILER NAME <i>Rose Benavidez</i>		3 FILER ID (Ethics Commission Fliers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$
5 CREDIT CARD ISSUER	Name of financial institution		
6 PAYMENT	(a) Amount Charged <i>\$ 142.85</i>	(b) Date Expenditure Charged <i>9/26/25</i>	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name <i>Meta</i>	(b) Payee address; City, State, Zip Code <i>1 Meta Way, Menlo Park, CA 94025</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Political Ad</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/>	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Rose Benavidez Starr County Judge</i>		Office Sought <i>STC</i> Office Held <i>Board Trustee</i>
PAYMENT	(a) Amount Charged <i>\$ 428.57</i>	(b) Date Expenditure Charged <i>10/21/25</i>	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name <i>Meta</i>	(b) Payee address; City, State, Zip Code <i>1 Meta Way, Menlo Park, CA 94025</i>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Political Ad</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/>	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Rose Benavidez Starr County Judge</i>		Office Sought <i>STC</i> Office Held <i>Board Trustee</i>
PAYMENT	(a) Amount Charged <i>\$ 43.98</i>	(b) Date Expenditure Charged <i>10/11/25</i>	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name <i>Meta</i>	(b) Payee address; City, State, Zip Code <i>1 Meta Way, Menlo Park, CA 94025</i>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Political Ad</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/>	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Rose Benavidez Starr County Judge</i>		Office Sought <i>STC</i> Office Held <i>Board Trustee</i>
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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>10</b>	2 FILER NAME <b>Rose Benavidez</b>	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 <b>\$ 124.60</b>	(b) Date Expenditure Charged <b>10/11/25</b>
7 PAYEE	(a) Payee name <b>TikTok</b>	(b) Payee address; City, State, Zip Code <b>5800 Bristol Parkway, Suite 100, Culver City, CA 90230</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Political Ad</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Rose Benavidez Starr County Judge Board Trustee</b>	
PAYMENT	(a) Amount Charged <b>\$ 31.42</b>	(b) Date Expenditure Charged <b>10/11/25</b>
PAYEE	(a) Payee name <b>TikTok</b>	(b) Payee address; City, State, Zip Code <b>5800 Bristol Parkway, Suite 100, Culver City, CA 90230</b>
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Political Ad</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Rose Benavidez Starr County Judge Board Trustee</b>	
PAYMENT	(a) Amount Charged <b>\$ 8.57</b>	(b) Date Expenditure Charged <b>10/19/25</b>
PAYEE	(a) Payee name <b>TikTok</b>	(b) Payee address; City, State, Zip Code <b>5800 Bristol Parkway, Suite 100, Culver City, CA 90230</b>
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Political Ad</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Rose Benavidez Starr County Judge Board Trustee</b>	

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# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>10</b>	2 FILER NAME <b>Rose Benavidez</b>		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 <b>\$ 285.71</b>	(b) Date Expenditure Charged <b>10/19/25</b>	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name <b>Meta</b>	(b) Payee address; <b>1 Meta Way, Menlo Park, CA 94025</b>	City, State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Political Ad</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/>	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Rose Benavidez Starr County Judge</b>		Office Sought Office Held <b>STC</b> <b>Board Trustee</b>
PAYMENT	(a) Amount Charged <b>\$ 52.58</b>	(b) Date Expenditure Charged <b>10/19/25</b>	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name <b>TikTok</b>	(b) Payee address; <b>5800 Bristol Parkway, Suite 100, Culver City, CA 90230</b>	City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Political Ad</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/>	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Rose Benavidez Starr County Judge Board Trustee</b>		Office Sought Office Held <b>STC</b>
PAYMENT	(a) Amount Charged <b>\$ 142.85</b>	(b) Date Expenditure Charged <b>11/2/25</b>	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name <b>Meta</b>	(b) Payee address; <b>1 Meta Way, Menlo Park, CA 94025</b>	City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Political Ad</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/>	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Rose Benavidez Starr County Judge Board Trustee</b>		Office Sought Office Held <b>STC</b>

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# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>10</b>	2 FILER NAME <b>Rose Benavidez</b>		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 <b>\$ 54.13</b>	(b) Date Expenditure Charged <b>12/7/25</b>	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name <b>TIKTOK</b>	(b) Payee address; <b>5800 Bristol Parkway, Suite 100, Culver City, CA 90230</b>	City, State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Political Ad</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/>	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Rose Benavidez Starr County Judge</b>		Office Sought <b>STC</b> Office Held <b>STC</b>
PAYMENT	(a) Amount Charged <b>\$ 714.28</b>	(b) Date Expenditure Charged <b>12/9/25</b>	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name <b>Meta</b>	(b) Payee address; <b>1 Meta Way, Menlo Park, CA 94025</b>	City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Political Ad</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/>	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Rose Benavidez Starr County Judge</b>		Office Sought <b>STC</b> Office Held <b>STC</b>
PAYMENT	(a) Amount Charged <b>\$ 140.15</b>	(b) Date Expenditure Charged <b>12/15/25</b>	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name <b>Meta</b>	(b) Payee address; <b>1 Meta Way, Menlo Park, CA 94025</b>	City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Political Ad</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/>	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Rose Benavidez Starr County Judge</b>		Office Sought <b>STC</b> Office Held <b>STC</b>

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>10</b>	2 FILER NAME <b>Rose Benavidez</b>	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 CREDIT CARD ISSUER	Name of financial institution		
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6 PAYMENT	(a) Amount Charged <b>\$ 428.57</b>	(b) Date Expenditure Charged <b>12/18/25</b>	(c) Date(s) Credit Card Issuer Paid
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7 PAYEE	(a) Payee name <b>Meta Facebook</b>	(b) Payee address; <b>1 Meta Way, Menlo Park, CA 94025</b>	City, State, Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Political Ad</b>
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(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 <b>Rose Benavidez Starr County Judge Board Trustee</b>		Office Sought	Office Held <b>STC</b>
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PAYMENT	(a) Amount Charged <b>\$ 375.88</b>	(b) Date Expenditure Charged <b>12/22/25</b>	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name <b>Meta Facebook</b>	(b) Payee address; <b>1 Meta Way, Menlo Park, CA 94025</b>	City, State, Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Political Ad</b>
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(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 <b>Rose Benavidez Starr County Judge Board Trustee</b>		Office Sought	Office Held <b>STC</b>
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PAYMENT	(a) Amount Charged <b>\$ 282.85</b>	(b) Date Expenditure Charged <b>12/27/25</b>	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name <b>Meta Facebook</b>	(b) Payee address; <b>1 Meta Way, Menlo Park, CA 94025</b>	City, State, Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Political Ad</b>
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(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 <b>Rose Benavidez Starr County Judge Board Trustee</b>		Office Sought	Office Held <b>STC</b>
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# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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)

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

\$ **153.85**

**12/21/25**

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

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

(b) Description

Political  
 Non-Political

(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

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

Political  
 Non-Political

(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

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

Political  
 Non-Political

(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 (\$)	
7/14/25	Juan Garcia - Simple Committee	\$130.00	
6 Amount (\$) <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 7/30/25	Payee name Juan Garcia - Simple Committee		
Amount (\$) \$500.00 <input type="checkbox"/> 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	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 8/24/25	Payee name Juan Garcia - Simple Committee		
Amount (\$) \$1705.00 <input type="checkbox"/> 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	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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			

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# 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	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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
3	Rose Benavouz		
4 Date	5 Payee name	Juan Garcia - Simple Community	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
1,522.00			
<input type="checkbox"/> Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising	Political sign	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
10/22/25	Juan Garcia - Simple Community		
Amount (\$)	Payee address;	City;	State; Zip Code
\$415.00			
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	Political sign	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought	Office held	
Date	Payee name		
12/12/25	Juan Garcia - Simple Community		
Amount (\$)	Payee address;	City;	State; Zip Code
\$140.00			
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	Political signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought	Office held	
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# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3	Rose Behauior	
4 Date	5 Payee name	
8/4/28	Print Runner	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$268.35	8000 Haskell Ave. Van Nuys, CA 91406	
<input type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	
	(b) Description	
	Advertising Promotional - Bumper Sticker	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
9/11/25	Print Runner	
Amount (\$)	Payee address;	City; State; Zip Code
\$268.35	8000 Haskell Van Nuys, CA 91406	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	Advertising Promotional - Bumper sticker	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought	Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought	Office held
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 <i>Rose Bernaude</i>		3 Filer ID (Ethics Commission Filers)
LENDER INFORMATION <input type="checkbox"/> not applicable	4 Name of lender <i>Rose Bernaude</i> 5 Lender address; <i>PO Box 1117. Ghillie Twp</i>	City;      State;      Zip Code
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	6 Name of guarantor <i>Rose Bernaude</i> 7 Guarantor address;	City;      State;      Zip Code
LENDER INFORMATION <input type="checkbox"/> not applicable	Name of lender Lender address;	City;      State;      Zip Code
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address;	City;      State;      Zip Code
LENDER INFORMATION <input type="checkbox"/> not applicable	Name of lender Lender address;	City;      State;      Zip Code
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address;	City;      State;      Zip Code
LENDER INFORMATION <input type="checkbox"/> not applicable	Name of lender Lender address;	City;      State;      Zip Code
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address;	City;      State;      Zip Code

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