

# 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 0 <u>Rosario</u>	FIRST <u>Rose</u>	MI <u>Benavidez</u>
	NICKNAME <u>Rose</u>	LAST <u>Benavidez</u>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>P.O. Box 1117, Gm1a, TX 78548</u>		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(956) 370. 7768</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mr.</u>	FIRST <u>Manuel</u>	MI <u>IV</u>
	NICKNAME <u>Benavidez</u>	LAST <u>IV</u>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>3401 Palmas del Norte Lane Mission, TX 78512</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(956) 370. 7855</u>		
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 Day Year Month Day Year <u>7 / 1 / 2025</u> THROUGH <u>12 / 31 / 2025</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>3 / 2 / 24</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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> 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)

\$ — 0 —

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

\$ 132,436.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ — 0 —

4. TOTAL POLITICAL EXPENDITURES

\$ 46,587.50

CONTRIBUTION  
BALANCE

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

\$ 85,848.50

OUTSTANDING  
LOAN TOTALS

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

\$ 10,000

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

Signature of Candidate/Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP / SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

## (2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<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	\$ —
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	\$ —
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
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	\$ —
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **10**

2 FILER NAME

**Rose Benavidez**

3 Filer ID (Ethics Commission Filers)

4 Date

**8/4/25**

5 Full name of contributor

**Romed Lopez**

☐ out-of-state PAC ID#:

7 Amount of contribution (\$)

**\$ 100.00**

6 Contributor address;

**525 Barreta Ave Rio Grande City TX 78582**

City; State; Zip Code

8 Contributor's principal occupation

**Banker**

9 Contributor's job title

**Detired**

10 Contributor's employer/law firm

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

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

Date

**8/10/25**

Full name of contributor

**David Garcia**

☐ out-of-state PAC ID#:

Amount of contribution (\$)

**\$ 500.00**

Contributor address;

City;

State; Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

**8/13/25**

Full name of contributor

**Kyle Ruppert**

☐ out-of-state PAC ID#:

Amount of contribution (\$)

**\$ 2,500.00**

Contributor address;

City;

State; Zip Code

**PO Box 959 Edinburg TX 78540**

Contributor's principal occupation

**Developer**

Contributor's job title

**Owner**

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: 16

2 FILER NAME

Rose Benavidez

3 Filer ID (Ethics Commission Filers)

4 Date

8/15/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Joshua Caldwell

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State;

Zip Code

719 S. Flores St, San Antonio, Tx 78204

8 Contributor's principal occupation

Real Estate

9 Contributor's job title

10 Contributor's employer/law firm

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

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

Date

8/16/25

Full name of contributor

☐ out-of-state PAC ID#:

Jose Boyron

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

Contributor's principal occupation

Consultant

Contributor's job title

Sr. Policy Advisor

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

Full name of contributor

☐ out-of-state PAC ID#:

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Rose Benavidez

3 Filer ID (Ethics Commission Filers)

4 Date

8/22/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Dr. Adalberto Garza

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

City;

State;

Zip Code

PO Box 3246 Edinburg TX 78540

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

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

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

Date

8/29/25

Full name of contributor

☐ out-of-state PAC ID#:

DJ Chapman / Ringgold Farms  
partnership

Amount of contribution (\$)

\$5,000.00

Contributor address;

City;

State;

Zip Code

2400 N 10th St. McAllen TX 78501  
Suite C

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

9/4/25

Full name of contributor

☐ out-of-state PAC ID#:

Milda Elizondo

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

P.O BOX 591 Grulla TX 78548

Contributor's principal occupation

Contributor's job title

Executive

V.P.

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

16

2 FILER NAME

Rose Benavidez

3 Filer ID (Ethics Commission Filers)

4 Date

9/16/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Brian A. Godinez

7 Amount of contribution (\$)

\$2,500.00

6 Contributor address;

City;

State;

Zip Code

5007 N 9th St. McAllen TX 78504

8 Contributor's principal occupation

Architect

9 Contributor's job title

Owner

10 Contributor's employer/law firm

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

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

Date

9/17/25

Full name of contributor

Daniel Rios

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$5,000.00

Contributor address;

City;

State;

Zip Code

104 E Lank Ave McAllen TX 78504

Contributor's principal occupation

Engineer

Contributor's job title

Owner

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

9/18/25

Full name of contributor

Equipment Pros, LLC

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$2,000.00

Contributor address;

City;

State;

Zip Code

2542 Deer Trl Brownsville TX 78521

Contributor's principal occupation

Salesperson

Contributor's job title

VP of Sales

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

16

2 FILER NAME

Rose Benavidez

3 Filer ID (Ethics Commission Filers)

4 Date

9/22/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Massey Villarreal

7 Amount of contribution (\$)

\$5,000.00

6 Contributor address;

City;

State;

Zip Code

8 Contributor's principal occupation

Software Sales

9 Contributor's job title

Owner

10 Contributor's employer/law firm

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

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

Date

9/28/25

Full name of contributor

☐ out-of-state PAC ID#:

Heny Marland, LLC

Amount of contribution (\$)

\$1,000.00

Contributor address;

City;

State;

Zip Code

1301 S 10th St. McAllen TX 78501

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

9/29/25

Full name of contributor

☐ out-of-state PAC ID#:

Robert A. Vale

Amount of contribution (\$)

\$5,000.00

Contributor address;

City;

State;

Zip Code

1301 Wistenia Ave. McAllen TX 78504

Contributor's principal occupation

Broker

Contributor's job title

VP

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

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

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

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

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **10**

2 FILER NAME

**Rose Behavidez**

3 Filer ID (Ethics Commission Filers)

4 Date

**10/1/25**

5 Full name of contributor

☐ out-of-state PAC ID#:

**Esponjas Development, LTD**

7 Amount of contribution (\$)

**\$2,500.00**

6 Contributor address;

City;

State; Zip Code

**2912 S. JACKSON Rd. McAllen TX 78503**

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

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

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

Date

**10/2/25**

Full name of contributor

☐ out-of-state PAC ID#:

**Daniel Munendez**

Amount of contribution (\$)

**\$1,000.00**

Contributor address;

City;

State; Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

**10/2/25**

Full name of contributor

☐ out-of-state PAC ID#:

**Laura Nasshi Warren**

Amount of contribution (\$)

**\$5,000.00**

Contributor address;

City;

State; Zip Code

**804 S Main St. McAllen TX 78501**

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

10

2 FILER NAME

Rose Benavidez

3 Filer ID (Ethics Commission Filers)

4 Date

10/2/25

5 Full name of contributor

Dan Ogletree

☐ out-of-state PAC ID#:

7 Amount of contribution (\$)

\$2,500.00

6 Contributor address;

City;

State;

Zip Code

PO Box 2544 McAllen TX 78502

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

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

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

Date

10/2/25

Full name of contributor

Rigoberto Villarreal

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$2,000.00

Contributor address;

City;

State;

Zip Code

1405 Pamela Dr. Mission TX 78572

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

10/2/25

Full name of contributor

Carlos A. Canales Melhem

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$1,500.00

Contributor address;

City;

State;

Zip Code

100 Austin Dr. Ste B. Pharr TX 78577

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: 10

2 FILER NAME

Rose Benavidez

3 Filer ID (Ethics Commission Filers)

4 Date

10/2/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Man'a and Rafael A. Rego, Jr.

6 Contributor address;

City;

State;

Zip Code

2400 El Dorado Dr. Mission TX 78573

7 Amount of contribution (\$)

\$1,000.00

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

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

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

Date

10/2/25

Full name of contributor

Ricardo J. Sou's

☐ out-of-state PAC ID#:

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

\$1,000.00

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

10/3/25

Full name of contributor

Hauff Associates - State PAC

☐ out-of-state PAC ID#:

Contributor address;

City;

State;

Zip Code

1201 N Bowser Rd. Richardson TX 75081

Amount of contribution (\$)

\$2,500.00

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

16

2 FILER NAME

Rose Benavidez

3 Filer ID# (Ethics Commission Filers)

4 Date

10/6/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Hernandez Funerals, LLC.

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

City;

State;

Zip Code

701 E Eisenhower St. Rio Grande  
city TX 78582

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

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

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

Date

10/23/25

Full name of contributor

☐ out-of-state PAC ID#:

RGC HIX Hospitality, LLC.

Amount of contribution (\$)

\$5,001.00

Contributor address;

City;

State;

Zip Code

5274 E. US Hwy 83 Rio Grande  
city TX 78582

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

10/31/25

Full name of contributor

☐ out-of-state PAC ID#:

Jose Guerra

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: 16

2 FILER NAME

Rose Benavidez

3 Filer ID (Ethics Commission Filers)

4 Date

11/7/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Wyatt Ranches of Texas, LLC

7 Amount of contribution (\$)

\$25,000.00

6 Contributor address;

City;

State;

Zip Code

P.O. Drawer 10 Realitos TX 78376

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

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

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

Date

11/12/25

Full name of contributor

Gary Gurwitz

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

P.O. Box 3725 McAllen TX 78502

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

11/19/25

Full name of contributor

Thomas H. Bennett, Jr.

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$2,500.00

Contributor address;

City;

State;

Zip Code

113 Plumosa Ct. Harlingen TX 78552

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A(J)1: 10

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC ID#:

7 Amount of contribution (\$)

11/20/25

Humberto Garza, Jr.

6 Contributor address; City; State; Zip Code

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

\$2,000.00

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

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

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

Date

Full name of contributor

☐ out-of-state PAC ID#:

Amount of contribution (\$)

11/20/25

Corina and Hiram Gutierrez

Contributor address; City; State; Zip Code

701 N. Bentsen Rd. McAllen TX 78501

\$1,000.00

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

Full name of contributor

☐ out-of-state PAC ID#:

Amount of contribution (\$)

11/20/25

Jose Garcia III

Contributor address; City; State; Zip Code

1314 E 22nd St. Mission TX 78572

\$1,250.00

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: 10

2 FILER NAME

Rose Behavidez

3 Filer ID (Ethics Commission Filers)

4 Date

11/20/25

5 Full name of contributor

☐ out-of-state PAC ID#:

Luis Armando Figueroa

7 Amount of contribution (\$)

\$1,250.00

6 Contributor address;

City;

State;

Zip Code

1818 Northgate Ln. McAllen TX 78504

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

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

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

Date

11/22/25

Full name of contributor

☐ out-of-state PAC ID#:

Joaquin Spamer

Amount of contribution (\$)

\$2,500.00

Contributor address;

City;

State;

Zip Code

12800 S International PKWY Ste. 10 McAllen TX 78503

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

12/10/25

Full name of contributor

☐ out-of-state PAC ID#:

Manuel A. Villa

Amount of contribution (\$)

\$4,000.00

Contributor address;

City;

State;

Zip Code

1312 E. Helena Ave McAllen TX 78503

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 10
2 FILER NAME Rose Benavidez		3 Filer ID (Ethics Commission Filers)
4 Date 12/10/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Rigoberto Villarreal	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 1405 Pamela Dr. Mission TX 78572		
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Running E-cattle Co., LLC	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 100 Deer Run Rio Grande TX 78502		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <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 <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Yulissa Celedon</b>	8 Amount of Contribution \$ <b>\$900.00</b>	9 In-kind contribution description <b>Live music</b>
7 Contributor address; City; State; Zip Code <b>1413 E. Grant Roma TX 78584</b>		<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) <b>Management / Educator</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>E.T. Social events / 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Juan Escobar</b>	Amount of Contribution \$ <b>\$1,000.00</b>	In-kind contribution description <b>live music campaign event</b>
Contributor address; City; State; Zip Code <b>502 N. Dr. Mario Ramirez Ave. Roma TX 78548</b>		<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) <b>Educator</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: 5	
2 FILER NAME Rose Benavidez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/17/25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yolanda Escobar	8 Amount of Contribution \$ \$1,000.00	9 In-kind contribution description live music campaign event
7 Contributor address: _____ City: _____ State: _____ Zip Code _____ 502 N. Dr. Mand Ramirez Ave. Roma TX 78584		<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) retired		13 Contributor's job title (FOR JUDICIAL) (See Instructions) retired	
14 Contributor's employer/law firm (FOR JUDICIAL) retired		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaime Escobar, Jr.	Amount of Contribution \$ \$1,000.00	In-kind contribution description live music for campaign event
Contributor address: _____ City: _____ State: _____ Zip Code _____ 502 N. Dr. Mand Ramirez Ave. Roma TX 78584		<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) Educator		Contributor's job title (FOR JUDICIAL) (See Instructions) CTE Director	
Contributor's employer/law firm (FOR JUDICIAL) Roma ISD		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

**SCHEDULE A2**

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

Date 12/17/25	Full name of contributor Romeo Gonzalez	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$ \$150.00	In-kind contribution description bikes for campaign event
Contributor address; 1403 Garcia St. Roma TX 78584			<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) elected official			Contributor's job title (FOR JUDICIAL) (See Instructions) county treasurer	
Contributor's employer/law firm (FOR JUDICIAL) County of Starr			Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

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

## SCHEDULE A2

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A2:

5

Rose Benamidez

**3 Filer ID (Ethics Commission Filers)**

\$

**6** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

12/17/25

Gilberto Lozano

8 Amount of Contribution \$

\$100.00

**9 In-kind contribution description**

BIKE and  
TV for campaign  
event

☐ Check if travel outside of Texas. Complete Schedule T.

**11 Employer (FOR NON-JUDICIAL)(See Instructions)**

## Education

Transportation supervisor

Roma 1SD

**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)

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

12/17/25

Ameida Salinas

Contributor address; City; State; Zip Code  
Leo Bazan Street roma TX 7858

Amount of  
Contribution \$

\$75.00

**In-kind contribution description**

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Electoral official

Starr County Tax Assessor Collector

County of Starr

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

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



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>5</b>	
2 FILER NAME <b>Rose Benandez</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>12/1/25</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Ali Trevino</b>	8 Amount of Contribution \$ <b>\$1,000.00</b>	9 In-kind contribution description <b>Live music campaign event</b>
7 Contributor address; City; State; Zip Code <b>1413 E. Grant St. Roma TX 76864</b>		<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) <b>Business Owner</b>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <b>Business Owner</b>	
14 Contributor's employer/law firm (FOR JUDICIAL) <b>Self</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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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

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

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **processing/merchant fee** (b) Description **payment processing fee**  
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date **8/14/25** Payee name **paypal, Inc.**

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

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

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

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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

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

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

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

Date: 9/22/25 Payee name: Paypal, Inc.

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

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

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

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>19</b>	2 FILER NAME <b>ROSE Benavides</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/31/25</b>	5 Payee name <b>Paypal, Inc.</b>	
6 Amount (\$) <b>\$17.94</b>	7 Payee address; <b>2211 N First St.</b>	City; State; Zip Code <b>San Jose CA 95131</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>processing fee</b>	(b) Description <b>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>12/16/25</b>	Payee name <b>Five Below</b>		
Amount (\$) <b>\$479.81</b>	Payee address; <b>500 N Jackson Rd.</b>	City; State; Zip Code <b>Pharr, TX 78577</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>event expense</b>	Description <b>event supplies 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>12/16/25</b>	Payee name <b>Dollar Tree, Inc.</b>		
Amount (\$) <b>\$32.48</b>	Payee address; <b>500 Volvo Parkway Chesapeake</b>	City; State; Zip Code <b>VA 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	

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: <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>\$156.31</b>		7 Payee address; City; State; Zip Code <b>1400 E Jackson Ave McAllen TX 78503</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					
Date <b>12/17/25</b>		Payee name <b>Exxon</b>			
Amount (\$) <b>\$52.37</b>		Payee address; City; State; Zip Code <b>2277 Springwoods Village Parkway Spring TX 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					
Date <b>12/17/25</b>		Payee name <b>Dollar Tree, Inc.</b>			
Amount (\$) <b>\$284.14</b>		Payee address; City; State; Zip Code <b>500 Volvo Parkway Chesapeake VA 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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>19</b>	2 FILER NAME <b>Rose Benavidez</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/17/25</b>	5 Payee name <b>Walmart</b>	
6 Amount (\$) <b>\$139.95</b>	7 Payee address; City; State; Zip Code <b>4534 E US Hwy 83 Rio Grande TX 78582 City</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>campaign event prizes</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	Office sought Office held

Date <b>12/18/25</b>	Payee name <b>Border Hardware</b>		
Amount (\$) <b>\$33.51</b>	Payee address; City; State; Zip Code <b>1308 N Flores St Rio Grandecity TX 78582</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Ad expense</b>	Description <b>sign 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date <b>12/19/25</b>	Payee name <b>Avery Products Corporation</b>		
Amount (\$) <b>\$33.94</b>	Payee address; City; State; Zip Code <b>50 Pointe Dr Brea CA 92821</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>promotional materials</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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>12/19/25</b>	5 Payee name <b>Sam's Club</b>	
6 Amount (\$) <b>\$380.29</b>	7 Payee address; <b>1400 E Jackson Ave</b>	City; State; Zip Code <b>McAllen TX 78503</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>event expense</b>	(b) Description <b>food for campaign event</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>12/20/25</b>	Payee name <b>Sign Works, LLC.</b>		
Amount (\$) <b>\$102.84</b>	Payee address; <b>308 W Main St.</b>	City; State; Zip Code <b>Rio Grande TX 78582</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>promotional materials</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>12/20/25</b>	Payee name <b>Sign Works, LLC.</b>		
Amount (\$) <b>\$411.35</b>	Payee address; <b>308 W Main St.</b>	City; State; Zip Code <b>Rio Grande TX 78582</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Promotional materials</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  
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>12/20/25</b>		5 Payee name <b>Hinojosa Brothers Wholesale</b>			
6 Amount (\$) <b>\$133.12</b>		7 Payee address; City; State; Zip Code <b>PO BOX 901 Roma TX 78584</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>event expense</b>		(b) Description <b>food for campaign event</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					
Date <b>12/24/25</b>		Payee name <b>HEB</b>			
Amount (\$) <b>\$148.85</b>		Payee address; City; State; Zip Code <b>4031 E Hwy 83 Rio Grande City TX 78582</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					
Date <b>8/13/25</b>		Payee name <b>Signs 2 Go</b>			
Amount (\$) <b>\$2,381.50</b>		Payee address; City; State; Zip Code <b>304 E Pecan Blvd. McAllen TX 78501</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					

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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

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

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

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

Date: 9/10/25  
Payee name: La Reynera Bakery

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

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

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

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

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

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

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

4 Date: 10/8/25 5 Payee name: Carlos Restaurant

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

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

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

Date: 8/2/25 Payee name: Chick-fil-A

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

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

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

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

Amount (\$): \$100.03 Payee address; City; State; Zip Code  
307 N FM 3167 Rio Grande TX 78582  
Ste C City

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

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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

6 Amount (\$): \$421.19 7 Payee address; City; State; Zip Code  
4610 Newport Center Dr. Newport Beach CA 92240  
Suite 1100

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

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

Date: 8/30/25 Payee name: Barquito Oyster Bar

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

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

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

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

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

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

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>19</b>	2 FILER NAME <b>Rose Benavidez</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/14/25</b>	5 Payee name <b>Dollar General</b>	
6 Amount (\$) <b>\$17.32</b>	7 Payee address; <b>717 N FM 2360</b>	City; State; Zip Code <b>Rio Grande TX 78582</b> <b>city</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>event expense</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>12/14/25</b>	Payee name <b>Dollar General</b>		
Amount (\$) <b>\$48.71</b>	Payee address; <b>717 N FM 2360</b>	City; State; Zip Code <b>Rio Grande TX 78582</b> <b>city</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>12/14/25</b>	Payee name <del><b>Dollar General</b></del>		
Amount (\$)	Payee address; <del><b>717 N FM 2360</b></del>	City; State; Zip Code <del><b>Rio Grande TX 78582</b></del> <del><b>city</b></del>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <del><b>event expense</b></del>	Description <del><b>toys for children</b></del>	
	<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>12/14/25</b>	5 Payee name <b>Dollar General</b>	
6 Amount (\$) <b>\$51.96</b>	7 Payee address; City; State; Zip Code <b>717 N FM 23100 Rio Grande City TX 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>12/14/25</b>	Payee name <b>Dollar General</b>	
Amount (\$) <b>\$113.66</b>	Payee address; City; State; Zip Code <b>717 N FM 23100 Rio Grande City TX 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 ONLY 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; City; State; Zip Code <b>314 Highland Blvd. Austin TX 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**POLITICAL EXPENDITURES MADE FROM  
POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

Advertising Expense  
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>8/4/25</b>	5 Payee name <b>Go Daddy, Inc.</b>	
6 Amount (\$) <b>\$124.83</b>	7 Payee address; City; State; Zip Code <b>2155 E Go Daddy Way Tempe AZ 85284</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>advertising</b>	(b) Description <b>website domain plan</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>12/11/25</b>	Payee name <b>Camacho Media Solutions</b>		
Amount (\$) <b>\$1600.00</b>	Payee address; City; State; Zip Code <b>244 Old Casita Rd. Rio Grande TX 78502 City</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>advertising</b>	Description <b>ad package e-mo.</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>7/11/25</b>	Payee name <b>CS graphics commercial printing</b>		
Amount (\$) <b>\$1,948.50</b>	Payee address; City; State; Zip Code <b>1490 E 7th St. Roma, TX 78584</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>promotional materials</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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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

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

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) advertising (b) Description promotional materials  
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date: 11/04/25 Payee name: Pistolera Promotions, LLC

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

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

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

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

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

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

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

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: <b>19</b>		2 FILER NAME <b>ROSE Benavidez</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/18/25</b>		5 Payee name <b>Las Noticias</b>			
6 Amount (\$) <b>\$600</b>		7 Payee address; <b>P.O. BOX 1215</b>		City; <b>Roma</b>	State; Zip Code <b>TX 78584</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>advertising</b>		(b) Description <b>newspaper space</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>12/30/25</b>		Payee name <b>Las Noticias</b>			
Amount (\$) <b>\$600.00</b>		Payee address; <b>P.O. BOX 1215</b>		City; <b>Roma</b>	State; Zip Code <b>TX 78582</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>advertising</b>		Description <b>newspaper space</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>10/17/25</b>		Payee name <b>starr county town crier, LLC</b>			
Amount (\$) <b>\$1,550</b>		Payee address; <b>209 PO BOX</b>		City; <b>Rio Grande city</b>	State; Zip Code <b>TX 78582</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description <b>newspaper space</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.

<b>1</b> Total pages Schedule F1: <u>19</u>		<b>2</b> FILER NAME <u>Rose Benavidez</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>12/11/25</u>		<b>5</b> Payee name <u>Starr County Town Crier, LLC</u>			
<b>6</b> Amount (\$) <u>\$875.00</u>		<b>7</b> Payee address; City; State; Zip Code <u>209 PO BOX Rio Grande city TX 78582</u>			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising</u>		<b>(b)</b> Description <u>newspaper Ad</u>		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>8/06/25</u>		Payee name <u>The Grafix Express, LLC</u>			
Amount (\$) <u>\$1,169.10</u>		Payee address; City; State; Zip Code <u>230 W Newcombe Ave. Pharr TX 78577</u>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <u>political signs</u>		
	<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					
Date <u>8/26/25</u>		Payee name <u>The Grafix Express, LLC</u>			
Amount (\$) <u>\$1,169.10</u>		Payee address; City; State; Zip Code <u>230 W Newcombe Ave Pharr TX 78577</u>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <u>political signs</u>		
	<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					

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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: 19  
2 FILER NAME: Rose Benavidez  
3 Filer ID (Ethics Commission Filers)

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

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

8 PURPOSE OF EXPENDITURE  
(a) Category (See Categories listed at the top of this schedule): Advertising  
(b) Description: Political video graphic design  
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date: 9/9/25  
Payee name: Acme Partnership, LP

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

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

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

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

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

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

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

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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: <b>19</b>	2 FILER NAME <b>Rose Benavidez</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/3/25</b>	5 Payee name <b>Big Time Advertising</b>	
6 Amount (\$) <b>\$200</b>	7 Payee address; City; State; Zip Code <b>512 E Main St. Rio Grande City TX 78582</b> <b>Ste A</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 Office sought Office held		

Date <b>10/23/25</b>	Payee name <b>Barrera Ochoa Corp</b>		
Amount (\$) <b>\$1,000</b>	Payee address; City; State; Zip Code <b>195 N Quince St. Rio Grande City TX 78582</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event expense</b>	Description <b>event salon payment</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 Office sought Office held			

Date <b>9/13/25</b>	Payee name <b>Signs 2 Go, LLC.</b>		
Amount (\$) <b>\$2,002.03</b> <b>03</b>	Payee address; City; State; Zip Code <b>304 E Pecan Blvd McAllen TX 78501</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>advertising</b>	Description <b>political signs</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 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 PaymentEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: <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>102.53</b>	(b) Date Expenditure Charged <b>7/3/25</b>	(c) Date(s) Credit Card Issuer Paid
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7 PAYEE	(a) Payee name <b>Meta Facebook</b>	(b) Payee address; City, State, Zip Code <b>1 Meta Way, Menlo Park, CA 94025</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 Expense</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</b>	Office Sought <b>Starr County Judge</b>	Office Held <b>STC Board Trustee</b>
---	--	--	---

PAYMENT	(a) Amount Charged \$ <b>200.05</b>	(b) Date Expenditure Charged <b>8/2/25</b>	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name <b>Home Depot</b>	(b) Payee address; City, State, Zip Code <b>120 S Shary Rd., Mission TX 78572</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>Other</b>	(b) Description <b>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	

Complete ONLY 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>21.44</b>	(b) Date Expenditure Charged <b>8/8/25</b>	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name <b>Meta Facebook</b>	(b) Payee address; City, State, Zip Code <b>1 Meta Way, Menlo Park, CA 94025</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 Expense</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</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  
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: \$ 21.44 (b) Date Expenditure Charged: 9/8/25 (c) Date(s) Credit Card Issuer Paid

7 PAYEE (a) Payee name: Meta Facebook (b) Payee address; City, State, Zip Code: 1 Meta Way, Menlo Park, CA 94025

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule): Advertising Expense (b) Description: Political Ad (c) ☒ 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: Rose Benavidez Office Sought: Starr County Judge Office Held: STC Board Trustee

PAYMENT (a) Amount Charged: \$ 21.64 (b) Date Expenditure Charged: 10/8/25 (c) Date(s) Credit Card Issuer Paid

PAYEE (a) Payee name: Meta Facebook (b) Payee address; City, State, Zip Code: 1 Meta Way, Menlo Park, CA 94025

PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule): Advertising Expense (b) Description: Political Ad (c) ☒ 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: Rose Benavidez Office Sought: Starr County Judge Office Held: STC Board Trustee

PAYMENT (a) Amount Charged: \$ 21.64 (b) Date Expenditure Charged: 11/08/25 (c) Date(s) Credit Card Issuer Paid

PAYEE (a) Payee name: Meta Facebook (b) Payee address; City, State, Zip Code: 1 Meta Way, Menlo Park, CA 94025

PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule): Advertising Expense (b) Description: Political Ad (c) ☒ 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: Rose Benavidez Office Sought: Starr County Judge Office Held: STC Board Trustee

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

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

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

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES  
SCHEDULE F4: 10

2 FILER NAME

Rose Benavidez

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD  
ISSUER

Name of financial institution

6 PAYMENT

(a) Amount Charged

\$ 424.72

(b) Date Expenditure Charged

10/25/25

(c) Date(s) Credit Card Issuer Paid

7 PAYEE

(a) Payee name

Vista Print

(b) Payee address;

City,

State,

Zip Code

275 Wyman St., Waltham, MA  
02451

8 PURPOSE OF  
EXPENDITURE

☒ Political

☐ Non-Political

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

Advertising Expense

(b) Description

Promotional Materials

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

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

Rose Benavidez Starr County Judge Board Trustee

PAYMENT

(a) Amount Charged

\$ 1048.94

(b) Date Expenditure Charged

10/29/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

Vista Print

(b) Payee address;

City,

State,

Zip Code

275 Wyman St., Waltham, MA 02451

PURPOSE OF  
EXPENDITURE

☒ Political

☐ Non-Political

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

Advertising Expense

(b) Description

Promotional Materials

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

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

Rose Benavidez Starr County Judge Board Trustee

PAYMENT

(a) Amount Charged

\$ 1,756.54

(b) Date Expenditure Charged

11/15/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

HEB

(b) Payee address;

City,

State,

Zip Code

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

PURPOSE OF  
EXPENDITURE

☒ Political

☐ Non-Political

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

Gift Expense

(b) Description

Community Giveaway

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

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

Rose Benavidez Starr County Judge Board Trustee

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES  
SCHEDULE F4:

10

2 FILER NAME

Rose Benavidez

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD  
ISSUER

Name of financial institution

6 PAYMENT

(a) Amount Charged

\$ 28.28

(b) Date Expenditure Charged

09/18/25

(c) Date(s) Credit Card Issuer Paid

7 PAYEE

(a) Payee name

TikTok

(b) Payee address;

City,

State, Zip Code

5800 Bristol Parkway, Culver City  
Suite 100, CA 90230

8 PURPOSE OF  
EXPENDITURE



Political



Non-Political

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

Advertising

(b) Description

Political Ad

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

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Rose Benavidez

Office Sought

Starr County Judge

Office Held

STC Board Trustee

PAYMENT

(a) Amount Charged

\$ 28.28

(b) Date Expenditure Charged

09/21/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

TikTok

(b) Payee address;

City,

State, Zip Code

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

PURPOSE OF  
EXPENDITURE



Political



Non-Political

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

Advertising

(b) Description

Political Ad

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

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Rose Benavidez

Office Sought

Starr County Judge

Office Held

STC Board Trustee

PAYMENT

(a) Amount Charged

\$ 48.57

(b) Date Expenditure Charged

09/26/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

TikTok

(b) Payee address;

City,

State, Zip Code

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

PURPOSE OF  
EXPENDITURE



Political



Non-Political

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

Advertising

(b) Description

Political Ad

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

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Rose Benavidez

Office Sought

Starr County Judge

Office Held

STC Board Trustee

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES  
SCHEDULE F4:

10

2 FILER NAME

Rose Benavidez

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD  
ISSUER

Name of financial institution

6 PAYMENT

(a) Amount Charged

\$ 142.85

(b) Date Expenditure Charged

9/26/25

(c) Date(s) Credit Card Issuer Paid

7 PAYEE

(a) Payee name

Meta

(b) Payee address;

City,

State,

Zip Code

1 Meta Way, Menlo Park, CA 94025

8 PURPOSE OF  
EXPENDITURE



Political



Non-Political

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

Advertising

(b) Description

Political Ad

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

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Rose Benavidez

Office Sought

Starr County Judge

Office Held

STC Board Trustee

PAYMENT

(a) Amount Charged

\$ 428.57

(b) Date Expenditure Charged

10/2/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

Meta

(b) Payee address;

City,

State,

Zip Code

1 Meta Way, Menlo Park, CA 94025

PURPOSE OF  
EXPENDITURE



Political



Non-Political

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

Advertising

(b) Description

Political Ad

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

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Rose Benavidez

Office Sought

Starr County Judge

Office Held

STC Board Trustee

PAYMENT

(a) Amount Charged

\$ 43.98

(b) Date Expenditure Charged

10/11/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

Meta

(b) Payee address;

City,

State,

Zip Code

1 Meta Way, Menlo Park, CA 94025

PURPOSE OF  
EXPENDITURE



Political



Non-Political

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

Advertising

(b) Description

Political Ad

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

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Rose Benavidez

Office Sought

Starr County Judge

Office Held

STC Board Trustee

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: <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

\$

5 CREDIT CARD  
ISSUER

Name of financial institution

6 PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ **124.60**

**10/11/25**

7 PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

**TikTok**

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

8 PURPOSE OF  
EXPENDITURE

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

(b) Description

☒ Political

☐ Non-Political

**Advertising**

**Political Ad**

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

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

**Rose Benavidez Starr County Judge Board Trustee**

PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ **31.42**

**10/11/25**

PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

**TikTok**

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

PURPOSE OF  
EXPENDITURE

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

(b) Description

☒ Political

☐ Non-Political

**Advertising**

**Political Ad**

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

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

**Rose Benavidez Starr County Judge Board Trustee**

PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ **8.57**

**10/19/25**

PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

**TikTok**

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

PURPOSE OF  
EXPENDITURE

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

(b) Description

☒ Political

☐ Non-Political

**Advertising**

**Political Ad**

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

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

**Rose Benavidez Starr County Judge Board Trustee**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

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

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD  
ISSUER

Name of financial institution

6 PAYMENT

(a) Amount Charged

\$ 285.71

(b) Date Expenditure Charged

10/19/25

(c) Date(s) Credit Card Issuer Paid

7 PAYEE

(a) Payee name

Meta

(b) Payee address;

City,

State,

Zip Code

1 Meta Way, Menlo Park, CA 94025

8 PURPOSE OF  
EXPENDITURE

☒ Political

☐ Non-Political

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

Advertising

(b) Description

Political Ad

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

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

Rose Benavidez Starr County Judge

STC Board Trustee

PAYMENT

(a) Amount Charged

\$ 52.58

(b) Date Expenditure Charged

10/19/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

TikTok

(b) Payee address;

City,

State,

Zip Code

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

PURPOSE OF  
EXPENDITURE

☒ Political

☐ Non-Political

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

Advertising

(b) Description

Political Ad

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

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

Rose Benavidez Starr County Judge

STC Board Trustee

PAYMENT

(a) Amount Charged

\$ 142.85

(b) Date Expenditure Charged

11/2/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

Meta

(b) Payee address;

City,

State,

Zip Code

1 Meta Way, Menlo Park, CA 94025

PURPOSE OF  
EXPENDITURE

☒ Political

☐ Non-Political

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

Advertising

(b) Description

Political Ad

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

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

Rose Benavidez Starr County Judge

STC Board Trustee

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: <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

\$

5 CREDIT CARD  
ISSUER

Name of financial institution

6 PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ **54.13**

**12/7/25**

7 PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

**TikTok**

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

8 PURPOSE OF  
EXPENDITURE

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

(b) Description

☒ Political

☐ Non-Political

**Advertising**

**Political Ad**

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

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

**STC**

**Rose Benavidez Starr County Judge Board Trustee**

PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ **714.28**

**12/9/25**

PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

**Meta**

**1 Meta Way, Menlo Park, CA 94025**

PURPOSE OF  
EXPENDITURE

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

(b) Description

☒ Political

☐ Non-Political

**Advertising**

**Political Ad**

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

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

**STC**

**Rose Benavidez Starr County Judge Board Trustee**

PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ **140.15**

**12/15/25**

PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

**Meta**

**1 Meta Way, Menlo Park, CA 94025**

PURPOSE OF  
EXPENDITURE

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

(b) Description

☒ Political

☐ Non-Political

**Advertising**

**Political Ad**

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

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

**STC**

**Rose Benavidez Starr County Judge Board Trustee**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES  
SCHEDULE F4:

10

2 FILER NAME

Rose Benavidez

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD  
ISSUER

Name of financial institution

6 PAYMENT

(a) Amount Charged

\$ 428.57

(b) Date Expenditure Charged

12/18/25

(c) Date(s) Credit Card Issuer Paid

7 PAYEE

(a) Payee name

Meta Facebook

(b) Payee address;

City,

State,

Zip Code

1 Meta Way, Menlo Park, CA 94025

8 PURPOSE OF  
EXPENDITURE

☒ Political

☐ Non-Political

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

Advertising

(b) Description

Political Ad

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

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

Rose Benavidez Starr County Judge Board Trustee

PAYMENT

(a) Amount Charged

\$ 375.88

(b) Date Expenditure Charged

12/22/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

Meta Facebook

(b) Payee address;

City,

State,

Zip Code

1 Meta Way, Menlo Park, CA 94025

PURPOSE OF  
EXPENDITURE

☒ Political

☐ Non-Political

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

Advertising

(b) Description

Political Ad

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

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

Rose Benavidez Starr County Judge Board Trustee

PAYMENT

(a) Amount Charged

\$ 282.85

(b) Date Expenditure Charged

12/27/25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

Meta Facebook

(b) Payee address;

City,

State,

Zip Code

1 Meta Way, Menlo Park, CA 94025

PURPOSE OF  
EXPENDITURE

☒ Political

☐ Non-Political

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

Advertising

(b) Description

Political Ad

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

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

Rose Benavidez Starr County Judge Board Trustee

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES  
SCHEDULE F4:

10

2 FILER NAME

Rose Benavidez

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD  
ISSUER

Name of financial institution

6 PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

\$ 153.85

12/21/25

7 PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

TikTok

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

8 PURPOSE OF  
EXPENDITURE

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

(b) Description

☐ Political

☐ Non-Political

(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)

(b) Description

☐ 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)

(b) Description

☐ 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date	<b>5</b> Payee name		
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
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  
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: <b>3</b>		2 FILER NAME <b>Rose Benavidez</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10/23/25</b>		5 Payee name <b>Juan Garcia - Sample Community</b>			
6 Amount (\$) <b>1,522.00</b> <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) <b>Advertising</b>		(b) Description <b>Political sign</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>11/22/25</b>		Payee name <b>Juan Garcia - Sample Community</b>			
Amount (\$) <b>\$415.00</b> <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) <b>Advertising</b>		Description <b>Political sign</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>12/12/25</b>		Payee name <b>Jerem Garcia - Sample Community</b>			
Amount (\$) <b>\$140.00</b> <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) <b>Advertising</b>		Description <b>Political sign</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 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: <b>3</b>	2 FILER NAME <b>Rose Behavender</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>8/14/25</b>	5 Payee name <b>Print Runner</b>
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6 Amount (\$) <b>\$248.35</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>8000 Haskell Ave. Van Nuys, CA 91406</b>
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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>Promotional - Bumper Sticker</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
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Date <b>9/11/25</b>	Payee name <b>Print Runner</b>
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Amount (\$) <b>\$248.35</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>8000 Haskell Van Nuys, CA 91406</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Promotional - Bumper Sticker</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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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# OUTSTANDING LOANS

## SCHEDULE L

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:

2 FILER NAME

Rose Benavides

3 Filer ID (Ethics Commission Filers)

LENDER  
INFORMATION

4 Name of lender

Rose Benavides

5 Lender address;

City;

State;

Zip Code

PO Box 1117. Grulla TX

GUARANTOR  
INFORMATION

6 Name of guarantor

Rose Benavides

7 Guarantor address;

City;

State;

Zip Code

☐ not applicable

LENDER  
INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR  
INFORMATION

Name of guarantor

Guarantor address;

City;

State;

Zip Code

☐ not applicable

LENDER  
INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR  
INFORMATION

Name of guarantor

Guarantor address;

City;

State;

Zip Code

☐ not applicable

LENDER  
INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR  
INFORMATION

Name of guarantor

Guarantor address;

City;

State;

Zip Code

☐ not applicable

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