

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Rogelio Benavides	OFFICE USE ONLY Date Received 2018 JUL 13 PM 3:11 CITY SECRETARIES OFFICE RECEIVED Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5116 Pirol Court Laredo TX 78046		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 913-9699 -		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Gilbert Aguilar Jr.		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1740 Patricia Lane Rio Bravo, Texas 78046		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 740-4390		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 2018 06 / 30 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 11 / 06 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council District 1	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Rogelio Benavides 15 Filer ID (Ethics Commission Filers)

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 9,500
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 606.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,816.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 76.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT

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



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rogelio Benavides, this the 13th day of Friday, 2018, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Noe Garcia

Printed name of officer administering oath

Notary Public

Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Rogelio Benavides</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>03/23/2018</i>		5 Payee name <i>Patty Signs</i>			
6 Amount (\$) <i>\$ 5,888</i>		7 Payee address; City; State; Zip Code <i>3008 Trinity Plaza Laredo TX 78046</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Political Signs</i>		(b) 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>03/28/2018</i>		Payee name <i>Walmart</i>			
Amount (\$) <i>\$ 980</i>		Payee address; City; State; Zip Code <i>4400 South Zapata Hwy Laredo TX 78046</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation "Bikes"</i>		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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>03/22/2018</i>		Payee name <i>The Sports Center of Laredo</i>			
Amount (\$) <i>\$ 1800</i>		Payee address; City; State; Zip Code <i>4520 San Bernardo Ave Ste 114 Laredo TX 78046</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>T-shirts, Decals</i>		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	
9 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

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			

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1 Total pages Schedule F1:	2 FILER NAME <i>Rogelio Berauides</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>05/24/2018</i>	5 Payee name <i>Janell Coe Gonzalez</i>	
6 Amount (\$) <i>\$ 150</i>	7 Payee address; City; State; Zip Code <i>202 N. Malinche Laredo TX 78046</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Bowling Tournament</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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: _____	

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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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