

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:

16

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Dr. Maria B
NICKNAME LAST SUFFIX
Benzon

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
5200 Palmetto St.
Bellaire, TX 77401

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(832) 384-5119

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mr Jack
NICKNAME LAST SUFFIX
Blanton III

OFFICE USE ONLY

Date Received

JAN 15 2026

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
5124 Mimosa
Bellaire, TX 77401

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 320-1290

9 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
10 / 26 / 25 THROUGH 12 / 31 / 25

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☐ Runoff ☐ Other Description
11 / 4 / 25 ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

Houston ISD Trustee District V

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

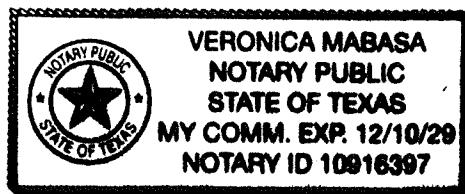
15 C/OH NAME Maria Benzon		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 31,426.02
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 2500.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 32,163.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,329.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Maria Benzon this the 15th day of January, 2024, to certify which, witness my hand and seal of office.

Veronica Mabasa Veronica Mabasa Team Lead
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Maria Benzon, and my date of birth is 03/07/1974.
My address is 5200 Palmetto St., Bellaire, TX, 77401, USA.
(street) (city) (state) (zip code) (country)
Executed in Harris County, State of Texas, on the _____ day of _____, 2025.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Maria Benzon

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 31,149.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 277.02
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 32,259.08
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 2500.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 (1)
2 FILER NAME Maria Benzon		3 Filer ID (Ethics Commission Filers)
4 Date 11/2/25	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Shubhra Ramineni	7 Amount of contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Houston TX 77005		
8 Principal occupation / Job title (See Instructions) Author		9 Employer (See Instructions) Self
Date 11/2/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hany Khalil	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code Houston TX 77025		
Principal occupation / Job title (See Instructions) E.D.		Employer (See Instructions) Texas Gulf Coast AFL-CIO
Date 11/3/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Melissa Yarborough	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code Houston TX 77023		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Learning Institute of Texas
Date 11/3/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Carl y. Padgett	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code Pearland TX 77581		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Bucees
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 (2)
2 FILER NAME Maria Benzon		3 Filer ID (Ethics Commission Filers)
4 Date 11/3/25	5 Full name of contributor ☐ out-of-state PAC (ID#: Briana Mohan	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Houston TX		
8 Principal occupation / Job title (See Instructions) Program Director		9 Employer (See Instructions) MD Anderson
Date 11/3/25	Full name of contributor ☐ out-of-state PAC (ID#: Texas Cook	Amount of contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston TX 77006		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Houston ISD
Date 11/5/25	Full name of contributor ☐ out-of-state PAC (ID#: Cathryn Estes	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston TX 77009		
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions) Arcadia eFuels
Date 11/17/25	Full name of contributor ☐ out-of-state PAC (ID#: Lea Keifer	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code Houston TX 77007		
Principal occupation / Job title (See Instructions) Public Health		Employer (See Instructions) Veterans Affairs
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 (3)
2 FILER NAME Maria Benzon		3 Filer ID (Ethics Commission Filers)
4 Date 12/3/25	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Texas Cook	7 Amount of contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Houston, TX 77006		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Houston ISD
Date 11/18/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Erin Parekh	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston TX 77030		
Principal occupation / Job title (See Instructions) Publisher		Employer (See Instructions) Self
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 C4
2 FILER NAME Maria Benzon		3 Filer ID (Ethics Commission Filers)
4 Date 10/27/25	5 Full name of contributor ☐ out-of-state PAC (ID#: Karina Quesada	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Houston TX 77007		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/29/25	Full name of contributor ☐ out-of-state PAC (ID#: SherryEMead	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston TX 77007		
Principal occupation / Job title (See Instructions) UX Analytics		Employer (See Instructions) HPE
Date 10/27/25	Full name of contributor ☐ out-of-state PAC (ID#: End the Takeover PAC	Amount of contribution (\$) \$30,424.00
Contributor address; City; State; Zip Code Houston TX 77206		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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: <u>1</u>	
2 FILER NAME <u>Maria Benzon</u>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date <u>10/28/25</u>	6 Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Texas State Teachers Assoc. - PAC</u>			8 Amount of Contribution \$ <u>\$201.45</u>	9 In-kind contribution description <u>Printing and Post cards</u>
7 Contributor address; City; State; Zip Code <u>8716 North MoPac Expressway Austin TX 78759</u>				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)			13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			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 <u>10/28/25</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>The Houston LG BTQ+ Political Caucus PAC</u>			Amount of Contribution \$ <u>\$75.57</u>	In-kind contribution description <u>Beverages</u>
Contributor address; City; State; Zip Code <u>P.O. Box 66664 Houston TX 77266</u>				Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			Employer (FOR NON-JUDICIAL) (See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

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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: 7 (1)		2 FILER NAME Maria Benzon		3 Filer ID (Ethics Commission Filers)	
4 Date 10/27/25		5 Payee name Campaign Partners			
6 Amount (\$) \$32.00		7 Payee address; P.O. Box 118		City; Still River	State; Zip Code MA 01467
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Website	
		(c) ☐ Check if individual's residence address.		☐ Check if travel outside of Texas. Complete Schedule T.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11/26/25		Payee name Campaign Partners			
Amount (\$) \$32.00		Payee address; P.O. Box 118		City; Still River	State; Zip Code MA 01467
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description Website	
		☐ Check if individual's residence address.		☐ Check if travel outside of Texas. Complete Schedule T.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/26/25		Payee name Campaign Partners			
Amount (\$) \$32.00		Payee address; P.O. Box 118		City; Still River	State; Zip Code MA 01467
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description Website	
		☐ Check if individual's residence address.		☐ Check if travel outside of Texas. Complete Schedule T.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>7 (2)</u>		2 FILER NAME <u>Maria Benzon</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>11/6/25</u>		5 Payee name <u>La Tapatia Mexican Cantina</u>			
6 Amount (\$) <u>\$97.15</u>		7 Payee address; <u>5591 Richmond Ave.</u>		City; <u>Houston</u>	State; <u>TX</u>
				Zip Code <u>77056</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food</u>		(b) Description <u>Election Watch with Volunteers</u>		
	(c) Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>11/7/25</u>		Payee name <u>Asian American Democrats of Texas PAC</u>			
Amount (\$) <u>\$35.00</u>		Payee address; <u>6015 Piney Knoll Ct.</u>		City; <u>Katy</u>	State; <u>TX</u>
				Zip Code <u>77449</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Contribution to Political Committee</u>		Description <u>Ticket to "35th Anniversary Virtual Toast"</u>		
	Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>11/17/25</u>		Payee name <u>P. King Authentic Chinese Restaurant</u>			
Amount (\$) <u>\$118.58</u>		Payee address; <u>5409 S. Rice Ave Ste 110</u>		City; <u>Houston</u>	State; <u>TX</u>
				Zip Code <u>77081</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food</u>		Description <u>Volunteer Appreciation</u>		
	Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address;		City;	State;
				Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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: 7 (3)		2 FILER NAME Maria Benzon		3 Filer ID (Ethics Commission Filers)	
4 Date 11/24/25		5 Payee name Tapester's Grill			
6 Amount (\$) \$20.24		7 Payee address; City; State; Zip Code 4520 Beechnut St. Houston TX 77096			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food		(b) Description Breakfast with Sue Deigaard		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11/24/25		Payee name Royal Sonesta Hotel			
Amount (\$) \$27.06		Payee address; City; State; Zip Code 2222 W. Loop S. Houston TX 77027			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Parking for the Texas Dem Party's Johnson-Jordan Dinner		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11/24/25		Payee name P King Authentic Chinese Restaurant			
Amount (\$) \$45.47		Payee address; City; State; Zip Code 5409 S. Rice Ave. Ste 110 Houston TX 77081			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food		Description Volunteer Appreciation		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7(4)	2 FILER NAME Maria Benzón	3 Filer ID (Ethics Commission Filers)			
4 Date 11/4/25	5 Payee name Jesus Romero				
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 23450 Stargazer Pt. Spring TX 77373				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description Consulting and Votebuilder Services			
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 12/17/25	Payee name Gina Hinojosa for Texas Governor				
Amount (\$) \$10.00	Payee address; City; State; Zip Code P.O. Box 1447 Austin TX 78767				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution to Candidate	Description Donation			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 11/14/25	Payee name Comerica Bank				
Amount (\$) \$96.00	Payee address; City; State; Zip Code PO Box 75000 Detroit MI 48275				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Wire Transfers in Oct. 2025			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 (5)	2 FILER NAME Maria Benzon	3 Filer ID (Ethics Commission Filers)
4 Date 10/27/25	5 Payee name Act Blue	
6 Amount (\$) \$1.50	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville MA 02144 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees from Contributions
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 10/29/25	Payee name Act Blue	
Amount (\$) \$0.75	Payee address; City; State; Zip Code P.O. Box 441146 Somerville MA 02144 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees from Contributions
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 11/2/25	Payee name Act Blue	
Amount (\$) \$2.40	Payee address; City; State; Zip Code P.O. Box 441146 Somerville MA 02144 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees from Contributions
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 (w)		2 FILER NAME Maria BENZON		3 Filer ID (Ethics Commission Filers)	
4 Date 11/3/25		5 Payee name Act Blue			
6 Amount (\$) \$4.65		7 Payee address; P.O. BOX 441146 ☐ Check if individual's residence address.		City; State; Zip Code Somerville MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Fees from Contributions		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/5/25		Payee name Act Blue			
Amount (\$) \$0.75		Payee address; P.O. BOX 441146 ☐ Check if individual's residence address.		City; State; Zip Code Somerville MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Fees from Contributions		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/17/25		Payee name Act Blue			
Amount (\$) \$0.30		Payee address; P.O. Box 441146 ☐ Check if individual's residence address.		City; State; Zip Code Somerville MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Fees from Contributions		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 (7)		2 FILER NAME Maria Benzon		3 Filer ID (Ethics Commission Filers)	
4 Date 11/18/25		5 Payee name Act Blue			
6 Amount (\$) \$ 0.38		7 Payee address; P.O. Box 441146		City; Somerville	State; MA
				Zip Code 02144	
		☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Fees from Contributions		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/13/25		Payee name Act Blue			
Amount (\$) \$ 0.15		Payee address; P.O. Box 441146		City; Somerville	State; MA
				Zip Code 02144	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Fees from Contributions		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/28/25		Payee name Texas Democratic Party			
Amount (\$) \$ 31,453		Payee address; 314 E. Highland Mall Blvd		City; Austin	State; TX
		Ste. 508		Zip Code 78752	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donation		Description Contribution to a Political Committee		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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.

1 Total pages Schedule F2: 1	2 FILER NAME Maria Benzon	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$

5 Date	6 Payee name Ruth Kravetz		
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7 Amount (\$) \$2500. ⁰⁰	8 Payee address;	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	☒ Political	☐ Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Political Consultation
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	

11 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 (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	☐ Political	☐ Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	

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