

FORM C/OH
COVER SHEET PG 1

Revised 1/1/2025

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	\$ 1005.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 696.18
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 854.14
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 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

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)

\$ 1,701.78

**EXPENDITURE
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 854.14

**CONTRIBUTION
BALANCE**

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

\$ 5,580.79

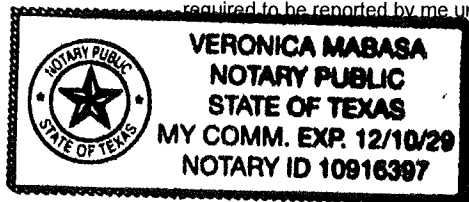
**OUTSTANDING
LOAN TOTALS**

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.



[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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: 5
2 FILER NAME Maria Benzon		3 Filer ID (Ethics Commission Filers)
4 Date 1/7/26	5 Full name of contributor Texas Cook out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) HISD
Date 2/3/26	Full name of contributor Texas Cook out-of-state PAC (ID#: Contributor address; City; State; Zip Code Houston, TX 77006	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) HISD
Date 2/23/26	Full name of contributor Ana McNaught out-of-state PAC (ID#: Contributor address; City; State; Zip Code Houston TX 77096	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) HIA
Date 3/3/26	Full name of contributor Texas Cook out-of-state PAC (ID#: Contributor address; City; State; Zip Code Houston, TX 77006	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) HISD
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

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 5	
2 FILER NAME Maria Benzon				3 Filer ID (Ethics Commission Filers)	
4 Date 3/4/26	5 Full name of contributor Tien San Lucas			7 Amount of contribution (\$) 100.00	
6 Contributor address; Houston TX 77055			out-of-state PAC (ID#)		
8 Principal occupation / Job title (See Instructions) Senior Analyst			9 Employer (See Instructions) Brasada Capital Management		
Date 3/6/26	Full name of contributor Alondra Romano			Amount of contribution (\$) 100.00	
Contributor address; Houston TX 77034			out-of-state PAC (ID#)		
Principal occupation / Job title (See Instructions) Analyst			Employer (See Instructions) TC Energy		
Date 3/7/26	Full name of contributor Jessica Catrett			Amount of contribution (\$) 50.00	
Contributor address; Houston TX 77092			out-of-state PAC (ID#)		
Principal occupation / Job title (See Instructions) RN			Employer (See Instructions) UT MD Anderson Cancer Center		
Date 3/7/26	Full name of contributor Mackenzie Boyer			Amount of contribution (\$) 65.00	
Contributor address; Houston Tx 77025			out-of-state PAC (ID#)		
Principal occupation / Job title (See Instructions) Self-employed			Employer (See Instructions) Mackenzie Boyer		
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

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 5	
2 FILER NAME Maria Benzon				3 Filer ID (Ethics Commission Filers)	
4 Date 3/7/26	5 Full name of contributor Annelise Eagleton			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 3/7/26	Full name of contributor Sarah Rivlin			Amount of contribution (\$) \$50.00	
	Contributor address; City; State; Zip Code Houston TX 77017				
Principal occupation / Job title (See Instructions) Teacher			Employer (See Instructions) Houston ISD		
Date 3/7/26	Full name of contributor Laura Henry			Amount of contribution (\$) \$100.00	
	Contributor address; City; State; Zip Code Houston TX 77019				
Principal occupation / Job title (See Instructions) Teacher			Employer (See Instructions) Galena Park ISD		
Date 3/7/26	Full name of contributor Joe Sun Lee			Amount of contribution (\$) \$20.00	
	Contributor address; City; State; Zip Code Houston TX 77030				
Principal occupation / Job title (See Instructions) Graduate Student			Employer (See Instructions) Rice University		
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

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 5	
2 FILER NAME Maria Benzon				3 Filer ID (Ethics Commission Filers)	
4 Date 3/7/26	5 Full name of contributor out-of-state PAC (ID# _____) Mary Anne Friedrich			7 Amount of contribution (\$) \$ 25.00	
6 Contributor address; City; State; Zip Code Houston, TX 77096					
8 Principal occupation / Job title (See Instructions) Not Employed			9 Employer (See Instructions) Not Employed		
Date 3/7/26	Full name of contributor out-of-state PAC (ID# _____) Diana Candida			Amount of contribution (\$) \$ 30.00	
Contributor address; City; State; Zip Code Houston TX 77008					
Principal occupation / Job title (See Instructions) Account Mgmt			Employer (See Instructions) Cumula 3 Group		
Date 3/7/26	Full name of contributor out-of-state PAC (ID# _____) James Robinson			Amount of contribution (\$) \$ 50.00	
Contributor address; City; State; Zip Code Houston TX 77025					
Principal occupation / Job title (See Instructions) Not Employed			Employer (See Instructions) Not Employed		
Date 3/7/26	Full name of contributor out-of-state PAC (ID# _____) Carolee Stevens			Amount of contribution (\$) \$ 25.00	
Contributor address; City; State; Zip Code Houston TX 77089					
Principal occupation / Job title (See Instructions) Analyst			Employer (See Instructions) JP Morgan Chase		
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

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 5	
2 FILER NAME Maria Benzon				3 Filer ID (Ethics Commission Filers)	
4 Date 3/7/26	5 Full name of contributor Lindsey Pollock		out-of-state PAC (ID#)		7 Amount of contribution (\$) \$100.00
6 Contributor address; Houston TX 77096		City; Houston TX		State; TX	Zip Code 77096
8 Principal occupation / Job title (See Instructions) Educator			9 Employer (See Instructions) Houston ISD		
Date 3/7/26	Full name of contributor Julissa Reyes		out-of-state PAC (ID#)		Amount of contribution (\$) \$10.00
Contributor address; Houston TX 77081		City; Houston TX		State; TX	Zip Code 77081
Principal occupation / Job title (See Instructions) Client Relations			Employer (See Instructions) Meneses Law		
Date 3/7/26	Full name of contributor Amy Hwan		out-of-state PAC (ID#)		Amount of contribution (\$) \$50.00
Contributor address; Houston TX 77005		City; Houston TX		State; TX	Zip Code 77005
Principal occupation / Job title (See Instructions) Not Employed			Employer (See Instructions) Not Employed		
Date 6/22/26	Full name of contributor Hany Khalil		out-of-state PAC (ID#)		Amount of contribution (\$) \$50.00
Contributor address; Houston TX 77025		City; Houston TX		State; TX	Zip Code 77025
Principal occupation / Job title (See Instructions) Executive Director			Employer (See Instructions) Texas Gulf Coast Area Labor Federation		
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 Maria Benzon		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>696.78</u>	
5 Date <u>3/7/26</u>	6 Full name of contributor ☐ out-of-state PAC (ID#: <u>Aymain Husain</u>	8 Amount of Contribution \$ <u>\$696.78</u>	9 In-kind contribution description <u>Food</u>
7 Contributor address: City: State: Zip Code <u>Houston TX 77001</u>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Managing Director VP</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>NTT Data, Inc</u>	
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	Full name of contributor ☐ out-of-state PAC (ID#:	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		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	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</u>		2 FILER NAME Maria Benzon		3 Filer ID (Ethics Commission Filers)	
4 Date <u>1/7/26</u>		5 Payee name <u>ActBlue</u>			
6 Amount (\$) <u>\$0.60</u>		7 Payee address; City; State; Zip Code <u>PO Box 441146</u> <u>Somerville</u> <u>MA</u> <u>02144</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Fees</u>		(b) Description <u>Fees from Contributions</u>		
	(c) Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date Payee name <u>1/26/26</u> <u>Thai Cafe</u>					
Amount (\$) Payee address; City; State; Zip Code <u>\$40.33</u> <u>917 Franklin St #101</u> <u>Houston</u> <u>TX</u> <u>77002</u>					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food / Beverage</u>		Description <u>Lunch Meeting</u>		
	Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date Payee name <u>1/26/26</u> <u>Campaign Partners</u>					
Amount (\$) Payee address; City; State; Zip Code <u>\$32.00</u> <u>P.O. Box 118</u> <u>Still River</u> <u>MA</u> <u>01467</u>					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <u>Website</u>		
	Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7		2 FILER NAME Maria Benzon		3 Filer ID (Ethics Commission Filers)	
4 Date 2/5/26		5 Payee name Act Blue			
6 Amount (\$) \$0.60		7 Payee address; City; State; Zip Code PO Box 441146 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					
Date 2/25/26		Payee name Act Blue			
Amount (\$) \$2.08		Payee address; City; State; Zip Code PO Box 441146 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					
Date 2/9/26		Payee name Asian Texans for Justice			
Amount (\$) \$52.06		Payee address; City; State; Zip Code 16107 Kensington Dr #266 Sugarland TX 77479			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Gala		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7		2 FILER NAME Maria Benzon		3 Filer ID (Ethics Commission Filers)	
4 Date 2/19/26		5 Payee name Dandelion Cafe			
6 Amount (\$) \$20.23		7 Payee address; City; State; Zip Code 5405 Bellaire Blvd. Bellaire TX 77401			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Beverages		(b) Description Lunch Meeting		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 2/26/26		Payee name Campaign Partners			
Amount (\$) \$32.00		Payee address; City; State; Zip Code PO Box 118 Still River MA 01467			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Website		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3/15/26		Payee name Act Blue			
Amount (\$) \$0.00		Payee address; City; State; Zip Code PO Box 441146 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

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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: 7		2 FILER NAME Maria Benzon		3 Filer ID (Ethics Commission Filers)	
4 Date 3/6/26		5 Payee name Act Blue			
6 Amount (\$) \$3.93		7 Payee address; City; State; Zip Code P.O. Box 441146 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					
Date 3/10/26		Payee name Act Blue			
Amount (\$) \$3.93		Payee address; City; State; Zip Code P.O. Box 441146 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					
Date 3/10/26		Payee name Act Blue			
Amount (\$) \$27.98		Payee address; City; State; Zip Code PO Box 441146 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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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: 7		2 FILER NAME Maria Benzon		3 Filer ID (Ethics Commission Filers)	
4 Date 3/7/26		5 Payee name OCA - Greater Houston			
6 Amount (\$) \$1000.00		7 Payee address; City; State; Zip Code 9800 Town Park Dr. #142 Houston TX 77036			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Sponsorship at "They Serve with Honor" event		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3/26/26		Payee name Campaign Partner			
Amount (\$) \$32.00		Payee address; City; State; Zip Code PO Box 118 Still River MA 01467			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Website		
	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 4/9/26		Payee name Buc-ee's			
Amount (\$) \$10.80		Payee address; City; State; Zip Code 1700 State Hwy 71 East Bastrop TX 78602			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage		Description Lunch Before SBOE Mtg.		
	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

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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: 7		2 FILER NAME Maria Benzon		3 Filer ID (Ethics Commission Filers)	
4 Date 4/27/26		5 Payee name Campaign Partners			
6 Amount (\$) \$32.00		7 Payee address; PO Box 118		City; Still River	State; MA Zip Code 01467
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Website		
	(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 5/4/26		Payee name NPEACTION.ORG			
Amount (\$) \$199.00		Payee address; PO Box 227		City; New York	State; NY Zip Code 10156
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Registration 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 5/26/26		Payee name Campaign Partners			
Amount (\$) \$32.00		Payee address; PO Box 118		City; Still River	State; MA Zip Code 01467
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Website		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
7	Maria Benzon		
4 Date	5 Payee name		
10/24/26	CVPE Educational Forum		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$200.00	619 E 11 th 1/2 St	Houston	TX 77008
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	Event Expense		Registration & Sponsorship
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought Office held
Date	Payee name		
6/26/26	Campaign Partners		
Amount (\$)	Payee address;	City;	State; Zip Code
\$32.00	PO Box 118	Still River	MA 01467
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Advertising		Website
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED