#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 68 3 CANDIDATE / MS / MRS / MR FIRST М OFFICE USE ONLY **OFFICEHOLDER** Dr. Maria В NAME Date Received NICKNAME LAST SUFFIX Benzon 4 CANDIDATE ADDRESS / PO BOX: APT / SUITE #; STATE; ZIP CODE OCT 0.6 2025 **OFFICEHOLDER** 5200 Palmetto St. MAILING Bellaire, TX 77401 **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (832)384-5119 PHONE Amount \$ Receipt # MS / MRS / MR FIRST 6 CAMPAIGN M TREASURER Jack Mr Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Blanton Ш STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE 7 CAMPAIGN CITY TREASURER 5124 Mimosa **ADDRESS** Bellaire, TX 77401 (Residence or Business) AREA CODE CAMPAIGN PHONE NUMBER EXTENSION TREASURER **PHONE** 320-1290 <sub>(</sub> 713 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) July 15 Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Year Month Year Month COVERED THROUGH ELECTION DATE 11 ELECTION **ELECTION TYPE** Runoff Primary Other Description Special 25 General OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) 14 NOTICE FROM 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. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **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		ITICAL CONTRIBUTIONS (OTHER TH JARANTEES OF LOANS, OR ELECTRONICALLY)	AN \$	0.00
	2. TOTAL POLITICAL CON (OTHER THAN PLEDGES,	TRIBUTIONS LOANS, OR GUARANTEES OF LOAN	(S)	14,204.04
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLI	TICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPI	ENDITURES	\$	3,586.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTR OF REPORTING PERIOD	IBUTIONS MAINTAINED AS OF THE L	AST DAY \$	10,936.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	NT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE \$	0.00
(1) Affidavit  NOTARY STAMP/SEA		sgnature of	Candidate or O	fficeholder
Sworn to and subscribed	before me by	this the	ne da	ay of,
20, to certify	which, witness my hand and seal of offic	ce.		
Signature of officer administe	ring oath Printed name o	of officer administering oath	Titl	e of officer administering oath
		OR		
(2) Unsworn Declaration	on			
<sub>My name is</sub> Maria Be		, and my date of birth	ois <u>03/07/19</u>	974
My address is 5200 Pa	lmetto St.	, <u>Bellaire</u>	TX , 774	01 , USA
Executed in Harris	(street)County, State of Texas	on the 6th day of Octors, on the Signature of Car	ober , 2	code) (country) 20 25 (year) - der (Declarant)

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

l	FILER NAME  aria Benzon  20 Filer ID (Ethics Co	mmis	sion Filers)			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	42.05			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00			
4.	SCHEDULE E: LOANS	\$	0.00			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	3,257.74			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00			
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	329.00			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0.00			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00			

#### 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:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Maria Ber	nzon			
4 Date	5 Full name of contributor		C (ID#:)	7 Amount of contribution (\$)
7-3-25	Ruth Kravetz			\$72.00
1 0 24	6 Contributor address;	City;	State; Zip Code	4/2/01
		Hou	TX 77008	X
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instru	ictions)
01	ganizer		Community	Voices for Public Ed
Date	Full name of contributor	out-of-state PA	,	Amount of contribution (\$)
1-2-75	Daniel Morales			1.
1 3 23	Contributor address;	City;	State; Zip Code	\$ 25.00
		HOU	TX 77098	
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
La	w Professor		DePaul	University
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
1-3-25	Jeremy Eugen	City;	State; Zip Code	\$10.00
		Cypres	s TX 77433	
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
	Teacher		Cy-Fai	r ISD
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
7-3-25	'Yamela Jae Boi	veland		\$10000
,	Contributor address;	City;	State; Zip Code	\$ 25.00
	J.	(A)	1× 7 1004	
Principal occup	pallon / Job title (See Instructions)		Employer (See Instru	ctions)
	not employed		not e	employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE A1

II the reques	sted information is not applicable	, DO NOT II	iclude this page in the	report.
The	Instruction Guide explains how to	complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Maria Ber	nzon			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		C (ID#:)	7 Amount of contribution (\$)
7-3-25	Melissa Yarboro 6 Contributor address;	Ugly;	State; Zip Code	\$150.00
		HOU	TX 77023	
8 Principal occu	pation / Job title (See Instructions)	-	9 Employer (See Instruc	
Tea	cher		Learning =	Institute of Texas
Date	Full name of contributor  Dovcus Hand	out-of-state PA	C (ID#:)	Amount of contribution (\$)
7-3-25	Contributor address;	City;	State; Zlp Code	\$100.00
		HOU.	TX 77023	
_	nation / Job title (See Instructions)		Employer (See Instruct	
Date	Full name of contributor	out-of-state PAC	3 (ID#:)	Amount of contribution (\$)
7-3-25	Greg Kehrier Contributor address;	City;	State; Zip Code	\$500.00
	·	Hou	TX 77008	
Principal occup	eation / Job title (See Instructions)	-	Employer (See Instruct	ions)
	Engineer		Shell	oil
Date	Eull name of contributor Davya Serraro	out-of-state PAC	7 (ID#:)	Amount of contribution (\$)
7-3-25	Contributor address;	City;	State; Zip Code	\$ 50.00
		Gal	viston TX 7755	
Principal occup	eation / Joh title (See Instructions)		Employer (See Instructi	
		,		
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#### SCHEDULE A1

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

The	Instruction Guide explains how to	complete thi	s form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Maria Ber	izon			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
7-3-25	Lindsey Pollock 6 Contributor address;	city: Hov	State; Zip Code	\$ 100.00
	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor Mayra Ferrel	out-of-state PA	C (ID#:)	Amount of contribution (\$)
7-3-25	Contributor address;	CHA:	State; Zip Code	\$ 50.00
13.5.		1100.	1 / 1 /02	
Principal occup	ation / Job title (See Instructions) Teacher		Employer (See Instruc	*
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
7-3-25	Maria Fernand Contributor address:	City;	State; Zip Code	25.00 \$ 50.00
		Briarch	SE MY 10510	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	lions)
Dep.	Sec. of Educat	700	NYS	)
Date	Full name of contributor		: (lo#:)	Amount of contribution (\$)
7-3-25	Mackinzic 30	Gity;	State; Zip Code	\$150.00
•	,		OUTX MOZS	
	ation / Job title (See Instructions)	d	Employer (See Instruct	ions)
	not employe	<u>u</u>	l hot em	played
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### SCHEDULE A1

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The	Instruction Guide explains how to co	1 Total pages Schedule A1:		
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Maria Ber	izon			
4 Date	i	ul-of-state PAC	C (ID#;)	7 Amount of contribution (\$)
7-3-25	6 Contributor address;	City;	State; Zip Code	\$100.00
		+	tou TX 77084	<i></i>
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
no	ot employed			
Date			C (ID#:)	Amount of contribution (\$)
7-3-25	Sarah Rivlin Contributor address;	 Olfy;	State; Zip Code	\$ 100.00
	Ho.	uston	TX 77017	
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	ions)
Te	acher		Houston	ISD
Date	Full name of contributor ou Physics Charpin	it-of-state PAC	(lo#:)	Amount of contribution (\$)
1/3/25	***************************************	ity;	State; Zip Code	\$100.00
		. +	tow, TX 7044	4.
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	ions)
(	Srganizer		TEXAS	AFT
Date	Full name of contributor TESSICA Catrett	rt-of-state PAC	(ID#:)	Amount of contribution (\$)
7-3-25		ity;	State; Zip Code	\$75.00
			HOUTX 770	7
Principal occup	eation / Job title (See Instructions)		Employer (See Instructi	lons)
h	ict employed			
l				

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

# SCHEDULE A1

If the reques	sted information is not applicable	e, DO NOT in	iclude this page in the	report.
The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	al and the second section of the second section of the second section section section sections and the section section sections are sections as the section se			3 Filer ID (Ethics Commission Filers)
Maria Ber	izon			
4 Date	5 Full name of contributor		C (ID#:)	7 Amount of contribution (\$)
7-2-75	Stacy Hunter 6 Contributor address;			
1.7 2	6 Contributor address;	City;	State; Zlp Code	\$ 25,00
		Hou	TX 77021	•
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Chief	- Utility Coordin	nator	Harris	County
Dale			O (ID#:)	
	Kendra Cam			Amount of contribution (\$)
1-3-25	Contributor address:	City;	State; Zlp Code	\$ 50.00
,	Commodor address,	City,		4-1
			HOUTX 7709	7
Principal occur	pation / Job title (See Instructions)		Employer (See Instruct	lons)
	Teacher		HISD	
Date	Full name of contributor	out-of-state PAC	> (ID#:)	Amount of contribution (\$)
1-3-25	Tommy Wa	4		
1/2 63	Contributor address	City:	State; Zip Code	00.01 de
			HOUTX 7745	3
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	
2	Student		UT A.	ustin
Duis				Amount of contribution (C)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
7-3-25	Christina Acos	City;	State; Zip Code	\$10.00
I	Controller address;	Hou	7× 77087	44.0
Principal occur	pation / Job title (See Instructions) ,	1100	Employer (See Instruct	ions)
	Not employed		Zampioyan (doublings and	
	is or omproved			

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#### SCHEDULE A1

ir trie reques	sted information is not applicable,	, 00 101 11	page in the	report.
The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Maria Ber	nzon			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Tee Sun Lee	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
-1-5	6 Contributor address;	City;	State; Zip Code Hou TX 77030	\$ 25.00
	pellon / Job tille (See Instructions) advate Student		9 Employer (See Instruc	
Date	Full name of contributor Rachel Nash	out-of-state PAG	C (ID#:)	Amount of contribution (S)
1-3-25	Contributor adcress;	City;	State; Zip Code	\$5.00
	:	Hou	TX 7709日	
	eatlon / Job title (See Instructions)		Employer (See Instruct	lions)
Date 1-3-25	Full name of contributor  Sarah Mali		C (ID#r;)	Amount of contribution (\$)
1-1-3	Contributor address:	City;	State; Zip Code	\$ 100.00
	ind Farmer		Employer (See Instruct	· ·
Date	Full name of contributor Michelle Colu		C (ID#:)	Amount of contribution (\$)
7-3-25	Contributor address;	City;	State; Zip Code	\$10.,00
	<u></u>			
~	or Research Adm	nin,	Employer (See Instruct	nderson

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### SCHEDULE A1

The	Instruction Guide explains how t	o complete this form.		1 Total pages Schedule A1:
2 FILER NAME		B. W.		3 Filor ID (Ethics Commission Filers)
Maria Ber	nzon			
4 Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7 Amount of contribution (\$)
5	Lauren Zent	2		
7-3-25	Lauren Zent 6 Contributor address;	City; State; Zi	ip Code	\$ 25.00
	. 111.1	How tx	77473	HEV
B Principal occu	mation / lab title /Con Instructions)			
	upation / Job title (See Instructions)		er (See Instructi	
710	ofessor		versity	y of Houston
Date	Full name of contributor	out-of-state PAC (IDIF:		Amount of contribution (\$)
- 2-25	Duniel Day	ver		
7-5-6	Contributor address;		lp Code	\$ 50.00
		Austin TX	78757	44
Principal occur	pation / Job title (See Instructions)		r (See Instruction	ons)
	Student	1 ' '	IT A	•
Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of contribution (\$)
7-3-25	Kathy Blueford	LUhicis		\$100.00
1 -	Contributor address;	City; State; Zig	p Code	1100.00
		HOU TX	77251	
· · · · · · · · · · · · · · · · · · ·		,	r (See Instruction	ons)
Principal occup	pation / Job title (See Instructions)	) Employed		
		Епрюуе		
<u> </u>	sot employed	Епроуе		
	ot employed Full name of contributor	out-of-state PAC (IDII:		Amount of contribution (\$)
Date	Full name of contributor	out-of-state PAC (IDII:		
Date	Full name of contributor	out-of-state PAC (ID#:	p Code	Amount of contribution (\$)
<u> </u>	Full name of contributor  Traci Rile	out-of-state PAC (IDII:		
Date 7-3-25	Full name of contributor  Traci Rile	out-of-state PAC (IDII:	p Code	\$750.00
Date  1-3-25  Principal occur	Full name of contributor  TYACI Rile  Contributor address;	out-of-state PAC (IDII:	o Code	\$750.00
Date  1-3-25  Principal occur	Full name of contributor  TYACI Rile  Contributor address;	out-of-state PAC (IDII:	o Code	\$750.00
Date  1-3-25  Principal occur	Full name of contributor  TYACI Rile  Contributor address;	out-of-state PAC (IDII:	o Code	\$750.00
Date  1-3-25  Principal occur	Full name of contributor  TYACI Rile  Contributor address;	out-of-state PAC (IDII:	o Code	\$750.00
Date  1-3-25  Principal occur	Full name of contributor  TYACI Rile  Contributor address;	out-of-state PAC (IDII:	o Code	\$750.00
Date  1-3-25  Principal occur	Full name of contributor  TYACI Rile  Contributor address;	out-of-state PAC (IDII:	o Code	\$750.00

## SCHEDULE A1

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	TV VINETURE ALL ALL ALL AND A STATE AND A			
The	Instruction Guide explains how to	complete thi	s form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Maria Ber	izon			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		C (ID#:)	7 Amount of contribution (\$)
1-3-25	5-facy Lind 6 Contributor address;	(1e)	State; Zlp Code	#300.00
,		<del> </del>	W TX 77091	710
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	otlons)
	irector		1	ealthcare
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
7-3-7025	- TEXAS COOK Contributor address;	City;	State; Zip Code	\$10.00
		1-1	00 TX 77006	* 1
Principal occup	pation / Job title (See Instructions)	1 ~ 17	Employer (See Instruc	
	eacher		HIST	· ·
Date	Full name of contributor	out-of-state PAI	C (ID#:)	Amount of contribution (\$)
7-3-25	1 1			
1-70	Contributor address;	City;	State; Zlp Code	\$ 25.00
		Hoc	TX 77098	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	lions)
Pa	ject Manager		Harris	County Precinct 4
Date	Full name of contributor		C (10#:)	Amount of contribution (\$)
-1/2/	Carly Padget	+		
1/3/25	Contributor address;	City;	State; Zip Code	\$50.00
		Peur	land TX 77581	
Principal occup	oation / Job title (See Instructions)		Employer (See Instruct	tions)
M	anager		Buc	ce5
	J			
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#### SCHEDULE A1

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The	Instruction Guido evaleine hourte	a complete thi	form	1 Total pages Schedule A1:
	Instruction Guide explains how to	Combiete fui	s 101111.	39
2 FILER NAME Maria Ber	170n			3 Filler ID (Ethics Commission Fillers)
4 Date	1		All States	7 Amount of applichation (C)
	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
7-3-25	Tas Wwanki	City;	State; Zip Code	\$ 50.00
,	Contributor address,		1.1	
9 Dringing aggr	notion / John Mile (Con June Arrestings)		Hau, TX 7707	]
o Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	\ Cacile		School	
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
7-5-25	Leslie Santan	ratia		
1-5	Contributor address;	City;	State; Zip Code	\$50.00
		HOU	TX 77035	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	HR Advisor		Cheuro	n
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
0 10-75	Josephine Le	e		
1-10	Contributor address;		State; Zip Code	\$ 25.00
		Pearlo	nd TX 77584	Tr Co.
Principal occup	pation / Job title (See Instructions)		Emoloyer (See Instruc	tions)
\	witer		Texas (	observer
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
7-75	Anita Wadhu			(4)
1-100	Contributor address;	City;	State; Zip Code	\$25.00
	1	Houston	1800 XT	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Ī	<del>S</del> D		RH	
			The state of the s	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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#### SCHEDULE A1

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The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Maria Ber	zon		
4 Date	5 Full name of contributor out-of-state PAC (IDII:	)	7 Amount of contribution (\$)
-a 10-75	Audrey Wath		hets are a sta
7-10-63	Audrey Wath  6 Contributor address; City; State;	Zip Code	\$50.00
	Howton To	x 77019	
8 Principal occu		oloyer (See Instructi	ons)
P	thy siciary	LITMB	
Date	Full name of contributor out-of-state PAC (ID#:	`	Amount of contribution (\$)
7-10-25	Virginia Stogner McI	Divid	\$ 25.00
7-10	Contributor address; City; State;	Zlp Code	JX 23 , 00
	Houston	1, TX 7709;	2
Principal occup		loyer (See Instructi	
FI	9ht Attendant	United	Airlines
Dale	Full name of contributor out-of-state PAC (ID#:		
	Prople Language	,	Amount of contribution (\$)
7-10-25	Brooke Longonia	71- 0-1-	31
•	Contributor address; City; State;	Zip Code	\$ 100.00
	' Houston Tx	17009	
	-	loyer (See Instruction	
	vil Servant	Dept. Ho	omeland Security
Date	Full name of contributor out-of-state PAC (lDtt:		Amount of contribution (\$)
11-75	Kathryn Danas		
7-11-55	Contributor address; City; State;	Zip Code	\$15.01
	Kay-	TY TOLNA	T. 1
	, rary,	17 1717	
Principal occup		loyer (See Instruction	
	Ourier	CK2 De	livery Co.

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## SCHEDULE A1

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ir the reques	sted information is not applicable	e, DO NOT II	nclude this page in the	report.
The	Instruction Guide explains how to	complete thi	s form,	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Maria Ber	nzon	<u> </u>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PA	.C (ID#:)	7 Amount of contribution (\$)
1-11-55	Tara Webb 6 Contributor address;	City;	State; Zip Code	\$ 100.00
		14	NOTX 77021	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Teacher		HISD	de grange naggyddioleidd 1996 f. e e sk p. awn i .
Date	Full name of contributor	1.	C (ID#:)	Amount of contribution (\$)
7-11-25	Sarah Tahe Bu Contributor address;	City;	State; Zip Code	\$50.00
	•	Suga	V HILL, NH 03581	0
Principal occup	nation / Job title (See Instructions)  NOT - Employe	d	Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
7-11-25	Briana Moha Contributor address:	City;	State; Zlp Code	\$ 30.00
		Houston	1, TX 77096	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	lons)
Prog	ram Director	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	MD Ande	rson Cancer Center
Date	Full name of contributor  Ahne. Sung	out-of-state PAG	C (ID#:)	Amount of contribution (S)
7-11-75	Contributor address;	City;	State; Zip Code	\$ 200.00
		-ts us	ton, TX 77063	
Principal occur	ation / Job title (See Instructions)		Employer (See Instruct	lons)
	Nont			
		****		

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#### SCHEDULE A1

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		,		
The	Instruction Guide explains how to	complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	At the second se			3 Filer ID (Ethics Commission Filers)
Maria Ber	izon			
4 Date	5 Full name of contributor	out-of-state PA	\C (\D#:)	7 Amount of contribution (\$)
	Michael Szcz	erbar	١	
7-11-25	6 Contributor address;	City;	State; Zlp Code	出10.00
		N.O	range, NJ 0705	2
	pation / Job title (See Instructions)	111	9 Employer (See Instruc	
Roo	ik editor		)+achette	Book Group
Date	Full name of contributor	out-of-state PA	.C (ID#:)	Amount of contribution (\$)
10 75	Brandee Kart			
7-12-25	Contributor address;	Cily;	State; Zlp Code	\$10.00
			How, TX 77006	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	lons)
	Teacher		HISD	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Helia For Ouza	$\sim$		
7-12-25	Contributor address;	City;	State; Zip Code	\$50.00
	•	tou	TX 77074	the or
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
	Teacher		HISD	
Date	Full name of contributor	out-of-state PA	C (ID#;	Amount of contribution (\$)
- 10 75	- Tien San Lu	(us	, , , , , , , , , , , , , , , , , , , ,	,
7-12-63	Contributor address;	City;	State; Zlp Code	\$ 100.00
		rto	U,TX 77055	
Principal occup	ation / Job titlo (See Instructions)	-84	Employer (See Instructi	ions)
5	enior Analyst		Brasada	Capital Management
			•	

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#### SCHEDULE A1

ii iiie reques	sted information is not applicable	, DO NOT III	clude this page in the	report.
The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Maria Ber	nzon			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
7-13-25	Mikk Millwat 6 Contributor address;		State; Zip Code	\$50.00
		Hou	TX 77096	
^	pation / Job title (See Instructions) hem 'S		9 Employer (See Instruct MD And	ions) CVSOM
Dale	Full name of contributor		; (ID#:)	Amount of contribution (S)
7-13-25	Contributor address;		State; Zip Code	\$ 250.06
	,		on,7×77092	,
2	pation / Job title (See Instructions)		Employer (See Instruct	11
<i>D</i>	igital Organiz	ev	TEXAS	HET
Date	Full name of contributor		: (ID#:)	Amount of contribution (\$)
7-13-25	Patrick Hay	City;	State; Zlp Code	\$500.00
		Round Ro	XK,TX 78681	,, -
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
ho	t employed			
Date	Full name of contributor	`	(ID#:)	Amount of contribution (\$)
7-14-25	Shagun Sac Contributor address;	oity;	State; Zip Code	\$ 100.00
		Bellai	re, TX 77401	
Principal occup	Doctor		Employer (See Instructi HOU	ions)
			**************************************	

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#### SCHEDULE A1

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ii iile reques	sted information is not applicable, DO N	O I moldde tills page til the	Teport.
The	Instruction Guide explains how to comple	te this form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Maria Ben	izon		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-st	late PAC (ID#:)	7 Amount of contribution (\$)
7-14-25	David Mercante 6 Contributor address; City:	State; Zip Code	\$ 10.00
		avertord PA 19041	
	pation / Job title (See Instructions)	9 Employer (See Instruc	
, 1	eacher	Z DISCO Pa	1 Academy
Date	Full name of contributor out-of-st	ate PAC (ID#:)	Amount of contribution (\$)
7-15-25	Michelle William	·S	A
1.13	Contributor address; City;	State; Zlp Code	\$50.00
	Spr	ing TX 77383	,
,	eation / Job title (See Instructions)	Employer (See Instruc	tions)
	Educator	touston	エシク
Date		ete PAC (ID#:)	Amount of contribution (\$)
7-16-25	Jennifer Dewhin	'ST	\$ 25.00
( "	Contributor address; City;	State; Zip Code	4 25.00
		Hou TX 77031	
· · · · · · · · · · · · · · · ·	valion / Job title (See Instructions)	Employer (See Instruc	tions)
***************************************			
Date		ate PAC (ID#:)	Amount of contribution (\$)
7-16-25	Contributor address; City;	State; Zip Code	\$ 100.00
	1 .	HOU TX 77008	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	
· · · · · · · · · · · · · · · · · · ·	hysician	Next L	evel Urgant Care

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#### SCHEDULE A1

ii iiie reques	sted information is not applicable, t		ictude this page in the	report.
The	Instruction Guide explains how to co	omplete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Maria Ber	nzon			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
7-17-25	Chidalo OK	City;	State; Zlp Code	\$ 55.00
		Hou	TX 77071	
8 Principal occu	pation / Job title (See Instructions)  TALL EV		9 Employer (See Instruc	lions)
Date	Full name of contributor Mi Chelle Palme		C (104:)	Amount of contribution (\$)
7-19-25		City;	State; Zip Code	\$ 25.00
			HOUTX 7706	3
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	
	Teacher		Houston	T 2D
Date	Full name of contributor o	ut-of-state PA	C ( D#:)	Amount of contribution (\$)
7+19-25	Contributor address;	City;	State; Zlp Code	\$ 1000,00
		House	iton TX 77030	
	ot employed		Employer (See Instruct	ions)
Date	Full name of contributor o		3 (ID#:)	Amount of contribution (S)
7-20-25		NEVI	State; Zip Code	\$ 100.00
		Hi	JU TX 77004	
Principal occup	Rea Ho		Employer (See Instruct	ions)
		- 10 - 11 - 10 - 10 - 10 - 10 - 10 - 10		

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#### SCHEDULE A1

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The	Instruction Guide explains how to	complete thi	s form.	1 Total pages Schedule A1: 39
FILER NAME Maria Ber	nzon			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	out-of-state ⊃A	C (ID#:)	7 Amount of contribution (\$)
7-20-25	6 Contributor address;	City;	State; Zlp Code	\$50.00
	LUS I WIYUU	1400	TX 17030	
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	
	KN -		1-exas C	hildren's Hospital
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
7-20-25	Contributor address:	City;	Stato; Zlp Code	\$25,00
		1	touston, TX 7704	to
Principal occup	pation / Job title (See Instructions)	P	Employer (See Instruct	ilons)
V	lot employed			
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Deborah 5	ilber		
7-20-25	Contributor address;	City;	State; Zip Code	\$55.00
		Houston	1, TX 77019	
Principal occur	pation / Job title (See Instructions)		Employer (See Instruct	ions)
<u>Co</u>	nsultant		Lovescopi	ing
Date	Full name of contributor	out-of-state PAI	C (ID#:)	Amount of contribution (\$)
7-20-25	Contributor address;	, <b>:J</b>	State: Zip Code	\$55.00
		Pear	land TX 77581	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
	urtender		Zingerman	5 Community of Bus

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### SCHEDULE A1

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The	Instruction Guide explains how to c	omplete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Maria Ber	ızon			3 Filer ID (Ethics Commission Filers)
4 Date		out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
-7/21/25	Kuth Hoffman La	Ch.	State; Zip Code	£500.00
'/ / -	ì		TX 77098	J 5 00.00
8 Principal occu	pation / Job title (See Instructions)	10	9 Employer (See Instruction	tione)
	1 Psychologist			Assessment 3 Consultin
Date		out-of-state PAC		Amount of contribution (\$)
7-21-25	Jessica Duga	<u>د</u>		\$ 100 00
, 0, 0	Contributor address;		State; Zip Code	\$100.00
		ttouston	TX 77008	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	lons)
	Designer		Self en	UDIOXED
Date	Full name of contributor		; (ID#:)	Amount of contribution (\$)
171-70-	Rene Solo Ri	bas		hi
7-21-25	Contributor address;	City;	State; Zip Code	\$52.00
		House	1004 TOOY	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
	Teacher		Houston	ISD
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
- 01 27	Allison Wew	port	}	1.
7-21-25	Contributor address;		State; Zip Code	\$100.00
		Hous	ton, TX 77008	
Principal occup	pation / Job title (See instructions)		Employer (See Instruct	ons)
	not employed			
	1			
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Maria Benzon	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
7-22-25 Christopher Miller 6 Contributor address; City; State; Zip Code	\$25.00
Houston TX 77019	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Teacher SWPS	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
7-22-25 Camille Breaux Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	\$ 25.00
Hw TX 77092	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	llons)
Project manager NA	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
22-25 Kathryn Pidcock	
Contributor address; City; State; Zip Code	\$ 100.00
Bellaire TX 77401	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Pharmacist Houston	Methodist Hospital
Date Full name of contributor out-of-state FAC (IDIF	Amount of contribution (\$)
7-75-25 Cathryn Estes City; State; Zip Code	\$ 150,00
$1 \cdot 1 \cdot$	4150,00
HOU, TX 77009	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Business Manager Arcadia	etuels
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If contributor is out-of-state PAC, please see instruction guide for additional r	

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2 FILER NAME Maria Ber	nzon		3 Filer ID (Ethics Commission Filors)
4 Date	5 Full name of contributor out-of-state PAG	(ID#:)	7 Amount of contribution (\$)
7-26-25	Catherine Del Pagg 6 Contributor address; City;	State; Zlp Code	\$50.00
	Hou	TX 77006	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	
- Non	oralit tundraiser	Houston M	rethodist Hospital
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
7-26-25	Tamad Nguyen Contributor address; Gity;	State; Zip Code	\$ 100.00
	Hos	TX 77032	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	itans)
	not employed	Not t	employed
Jate	Full name of contributor pul-of-state PAC	(ID#:)	Amount of contribution (\$)
7-27-25	Danette Maldonac	10	(1)
1 21 23	Contributor address; City;	Slate; Zip Codo	\$100.00
	to	OU, TX 77023	
	pation / Job title (See Instructions)	Employer (See Instruct	_
BeV	vaulor Analyst	Action '	Behavior Centers
Date	Full name of contributor out-of-state PAC	(100)	Amount of contribution (\$)
1-29-25	Illiana Romel Contributor address; City;	State; Zip Code	\$ 50.00
		1U, TX 7.7057	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ounselor.	CY Fair	ISD
			k,
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n the reques	sted information is not applicable	e, DO NOT III	reduce this page in the	report.
The	Instruction Guide explains how to	o complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Maria Ber	izon	y		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		> (10#:)	7 Amount of contribution (\$)
7-30-75	Christine Tapi	City;	State; Zip Code	\$50.00
		How	Stanta 77018	
8 Principal occu	pation / Job title (See Instructions)	,	9 Employer (See Instruc	tions)
<u>Pd</u>	ministrator		Houston	ISD
Date	Full name of contributor	oul-of-state PAC	(iD#:)	Amount of contribution (\$)
7-31-25	Gina Blanco			
(-2)( 0	Contributor address;	Clty;	State; Zip Code	\$75.00
		Ho	1,TX 77041	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ilons)
To	acher		Spring B	ranch ISD
Date	Full name of contributor	oul-of-stata PAC	(ID#:)	Amount of contribution (\$)
8-2-25	Pamela Jae Contributor address;	- Bove	land State; Zip Code	\$50.00
		He	400TX 77,004	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	lons)
	+ employed		not er	nployed
Date	Full name of contributor	out-of-state PAC	(10#:	Amount of contribution (\$)
4-3-25	Carly Padge	tt		41
0	Contributor address;	City;	State; Zip Code	\$50.00
		Pear	lund TX 7758	
	ation / Job title (See Instructions)		Employer (See Instruct	
	anager		Bucee	Ś
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## SCHEDULE A1

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The	Instruction Guide explains how to	complete thi	is form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Maria Ber				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		AC (ID#:)	7 Amount of contribution (\$)
8-3-75	6 Contributor address;	City;	Stato; Zip Code	00.01 th
		<u> </u>	tou, TX 77006	
	upation / Job title (See Instructions)		9 Émployer (See Instruc	
Date	Full name of contributor		AC (ID#:)	Amount of contribution (S)
8-3-25	Meli'SSa Varbo	orough	State; Zlp Code	\$150.00
		Houst	on, TX 77023	
	pation / Job title (See Instructions)		Employer (See Instruct	Institute Texas
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
8-3-25	Babak Far Contributor address;	City;	State; Zip Code	\$ 75.00
			HOU.TX 77077	
Principal occur	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	1		C ()D#:)	Amount of contribution (\$)
8-3-25	Sarah Miller Contributor address;		State; Zip Code	\$50.00
		H	tou, TX 77057	İ
Principal occup	pation / Job title (See Instructions)	1	Employer (See Instructi	tions)
	not employe	<sup>3</sup> C		
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## SCHEDULE A1

The	Instruction Guide explains how to	complete th	is form.	1 Total pages Schedule A1:
z filer name Maria Ber	nzon			3 Filer ID (Ethles Commission Filers)
4 Date	5 Full name of contributor  Kelly Bilkre  6 Contributor address;		AC (ID#:)	7 Amount of contribution (\$)
8-3-25	6 Contributor address;	City;	State; Zip Code Hou,TX 17077	\$ 55.00
	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor  Magan Avel		AC (ID#:)	Amount of contribution (\$)
8-3-75	Contributor address;	City;	State; ZIp Code	\$5.00
Principal occup	Teache (	1871	Employer (See Instruct	·
Date \$7-5-25	Full name of contributor Elizabeth Ch		AC (ID#:)	Amount of contribution (\$)
X, 2 52	Contributor address;	Olty;	State; Zlp Code	\$50,00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Dale	Full name of contributor	out-of-state P/	40 (ID#:)	Amount of contribution (\$)
8-6-25	Contributor address;	City;	State; Zip Code	\$ 300,00
	pation / Job little (See Instructions)		Employer (See Instruct	ions)
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## 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:					
<sup>2</sup> FILER NAME Maria Ber	nzon		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)		
8-6-25	Typine Martine Z 6 Contributor address; City;	State; Zlp Code	\$100,00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	•		
	-T Consultant	Kinder r	lurgan		
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)		
8-7-25	Coenevieve Kobins  Contributor address; City;	Slate; Zlp Code	\$ 10.00		
		Hou, TX 7702	<b>5</b>		
	ation / Job title (See Instructions) Administrator	Employer (See Instruct	, ·		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
8-7-25	Contributor address; City;	State; Zip Code	\$50.00		
	How	TX 77096			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	lons)		
	Musician	Self			
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)		
8-7-25	Jean Koshy-Hertzl	State; Zip Code	\$50.00		
		Hou, TX 7702			
	pation / Job title (See Instructions)	Employer (See Instructi	' 1		
	Yoga Instructor	Self-	- employed		
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#### SCHEDULE A1

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The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Maria Ber				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
8-11-25	6 Contributor address;	)anas city; }	State: Zip Code	\$ 15,01
8 Principal occu	ipation / Job title (See Instructions)	•	9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (S)
8-13-25	Philip UKlej Contributor address;	a ciry: Houster	State; Zip Code	\$250.00
. 1	pation / Job title (See Instructions)		Employer (See Instruc	·
	Iman Kesour	ces	America	n International Grou
Date	Full name of contributor	out-of-state PAC	(10#:)	Amount of contribution (\$)
8-14-25	Carneron Ad	dams	State; Zip Code	\$50.00
		Houston	1,7X 77091	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
	srqanizer .		Texas	Rising
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
8-14-25	Contributor address;	Clty;	State; Zip Code	\$ 100.00
			HOU,TX 7704	4
Principal occup	Palion / Job title (See Instructions) Education		Employer (See instruct	
		Y 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		

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The	Instruction Guide explains how to	complete thi	s form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Maria Ber	zon			3 Filer ID (Ethics Comm/ssion Filers)
4 Date	5 Full name of contributor	out-of-state PA	C (10#:)	7 Amount of contribution (\$)
8-17-25	Lea Kiefer  6 Contributor address;	City;	State; Zlp Code	\$ 70.00
		Housto	n, TX 77007	
	pation / Job title (See Instructions)		9 Employer (See Instruc	and the second s
- Pul	olic Health		Veteran	aftairs
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
8-18-25	Marlyn Comp contributor address;	کیان) City;	State; Zip Code	\$ 50.00
		Ri	chand TX 7740	lo
	ation / Job title (See Instructions)  of employed		Employer (See Instruct	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
8-19-25	Lovinna P. H		State; Zip Code	\$ 100.00
		Houston	1, TX 77005	
Principal occup	nation / Job title (See Instructions)		Employer (See Instruct	lions)
Date	Full name of contributor	out-of-state PA	C (10#)	Amount of contribution (\$)
8-21-25	Tevri Percz Contributor address;	City;	State; Zip Code	\$25.00
		House	ton. TX 77009	
Principal occup	pation / Job title (See instructions)		Employer (See Instruct	lions)
	not employed			
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#### SCHEDULE A1

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The Instruction Guide explains how to complete this form.				
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Maria Ber	zon			
4 Date	5 Full name of contributor out-	of-state PAG	C (ID#:)	7 Amount of contribution (\$)
_	Tane Tallan-	-		
8-21-25	Jane Tallant 6 Contributor address; Cit		State; Zip Code	\$50.00
			on TX 77069	7.
		(4007		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	
	Educator		Harmony	Public Schools
Date	Full name of contributor put-	of-state PAC	) (ID#:)	Amount of contribution (\$)
	Ruth Kravetz		}	
8-21-25	Contributor address: Off		State; Zip Code	J 18.00
	\c-	tausta	1 TX 77008	
Principal occup	allon / Job title (See Instructions)		Employer (See Instructi	ions)
	educator		HISD	
***************************************	Carocaror		11104	
Date			(ID#:)	Amount of contribution (\$)
01-17-75	- Sandra billespir	<u>م</u>		11
8 LLC	Contributor address; City	<b>/</b> ;	State; Zip Code	\$50.00
		Pe	arland, TX 77581	4
Principal occup	ation / Job title (See Instructions)	,	Employer (See Instructi	ions)
Confidential Scif-employed			-employed	
Date	Full name of contributor out-	if-state PAC	(ID#:)	Amount of contribution (S)
	Valerie Hudson	$\cap$		
8-24-25	Contributor address; City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State; Zip Code	\$ 50.00
	Cr	lleyvi	11e, TX 76034	-
Principal occup	ation / Job title (See Instructions)		Employer (See Instructi	ons)
	not employed			
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#### 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.  2 FILER NAME Maria Benzon  4 Date 5 Full name of contributor 9-25-25 6 Contributor address; City; State; Zip Code  Derver, CO 8022  8 Principal occupation / Job title (See Instructions) Date Full name of contributor  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	# 10.00
Maria Benzon  4 Date 5 Full name of contributor out-of-state PAC (IDIF:	7 Amount of contribution (\$)
8-25-25 Alpa Siridharan 6 Contributor address; City; State; Zip Code  Derver, CO 8022 8 Principal occupation / Job title (See Instructions)  Not employed  Date Full name of contributor  Briana Shay  Contributor address; City; State; Zip Code  Wew Orleans, (A 70)	\$10.00 ctions)
8 Principal occupation / Job title (See Instructions)  Derver, CO 8022  8 Principal occupation / Job title (See Instructions)  Date  Full name of contributor  BY: AMA Shay  Contributor address;  City; State; Zip Code  Wew Orleans, CA 701	tions)
Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  10 Full name of contributor  9 Out-of-state PAC (ID#:	ctions)
Date Full name of contributor out-of-state PAC (ID4:)  8-28-25 B.Y. i atria Shay Contributor address: City; State; Zip Code  Well Orleans, LA 701	
8-28-75 Briana Shay Contributor address; City; State; Zip Code Well Orleans, (A70)	Amount of contribution (\$)
Wew Orleans, (A70)	Tarista of Statement (4)
	\$ 20.00
	15
Graduate 3 Post Doctorate Career Advisor Tula	otions)
Date Full name of contributor out-of-state PAC (ID#: )	Amount of contribution (\$)
S-28-25 Contributor address; City; State; Zip Code	\$50.00
Principal occupation / Job title (See Instructions)  Employer (See Instruc	etions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
8-30-25 Danielle Frederick Contributor address; City; State; Zip Code	\$50.00
Bellaire, TX 77	1401
Principal occupation / Job title (See Instructions) Employer (See Instruc	ctions)

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#### SCHEDULE A1

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Maria Ber			3 Filer ID (Ethics Commission Filers)
4 Date			7 Amount of contribution (F)
		C (ID#:)	7 Amount of contribution (\$)
9-3-25	Carly Padgett  6 Contributor address; City:	State; Zlp Code	\$50.00
	Peo	rland, TX 7758	·/
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instruc	ilons)
	Manager	Buce	es
·Date	Full name of contributor out-of-state PA	C (104:)	Amount of contribution (S)
9-3-25	Texas Cook  Contributor address; City;	State; Zlp Code	\$10.00
•			THE TOTAL OF THE T
	ראט טאר	in, TX 77006	
Principal occup	pallon / Job title (See Instructions)	Employer (See Instruct	tions)
	Tracher	14127	
Date		C (ID#:)	Amount of contribution (\$)
9-3-25	Meli'ssa Yarborough	State; Zip Code	\$150.00
•		TX 77023	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	·
	Teacher	Learning	Institute of Texas
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
9-3-25	James Mayowy Contributor address; City;	State; Zip Code	\$ 50.00
	Bellal	e, TX 77401	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	Attorney	Stlf-e	mployed
	. /		

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### 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	s form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Maria Ber		No. 201. 201. 201. 201. 201. 201. 201. 201	3 Flier ID (Ethics Commission Filors)
4 Date	5 Full name of contributor out-of-state PA	C ()D#:)	7 Amount of contribution (\$)
9-3-25		State; Zip Code	\$ 500.00
	Houst	on, TX 77096	
8 Principal occu	not employed	9 Employer (See Instruc	alions)
Date		C (ID#:)	Amount of contribution (\$)
9-4-25	Brenda Rajan Contributor address; City;	State; Zip Code	\$100.00
	Be	llaire TX7740	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	
	Bookkeeper	thouston	Patient Advocacy
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
9-4-25	Oominator sideress, Oity,	State; Zip Code	\$50.00
	Hou	Stan, TX 77035	
	gistured nurse 35 N	Employer (See Instruc	
Date	J	C (ID#:)	Amount of contribution (\$)
9-4-25	Sister Mama. Sohya Contributor acdress; City;	State: Zip Code	\$10.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES (		
	If contributor is out-of-state PAC, please see Instr	uction guide for additional a	eporting requirements.

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#### SCHEDULE A1

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The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:				
<sup>2</sup> FILER NAME Maria Ber	izon			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state P/	AC (ID#:	) 7 Amount of contribution (\$)
9-4-25	Wil Teudy 6 Contributor address;	City;	State; Zip Code	\$125.00
8 Principal occu	pation / Job title (See Instructions)	-	9 Employer (See Ins	
Ph	ysician		Wext L	evel Vigent Care
Date	Full name of contributor	out-of-state PA	AC (ID#:	Amount of contribution (\$)
9-7-25	Contributor address;	City;	State; Zip Code	₹ 50.00
		the	1U,TX 7709	6
Principal occup	ation / Job title (See Instructions)		Employer (See Ins	
	Chemist		MDK	inclerson
Date	Full name of contributor	out-of-state PA	C (ID#:	) Amount of contribution (\$)
9-11-25	Contributor address;		State; Zip Code	# 15.01
			Katy TX 774	1461
Principal occup	ation / Job title (See Instructions)		Employer (See Ins	tructions)
	Courier		CKS	Delivery Co.
Date	Full name of contributor	out-of-state PA		Amount of contribution (\$)
9-11-25	Carol Seli's	City;	State; Zip Code	\$ 25.00
	1	H	N, TX 7709	6
Principal occup	eation / Job title (See Instructions)		Employer (See Ins	
not employed				
			1	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## SCHEDULE A1

***-	Instruction Guide explains how to complete th	ls form.	1 Total pages Schedule A1:
FILER NAME Maria Ber	nzon		3 Filer ID (Ethics Commission Filers)
4 Date		AC (ID#:)	7 Amount of contribution (\$)
a 11-75	A dem Ekmekci 6 Contributor address; City;		1.
4-11-63	6 Contributor address; City;	State; Zip Code	\$25.00
		Sugar land IX	` ≥10
~	ipation / Job title (See Instructions)	9 Employer (See Instruc	
<u> </u>	ctor of Research	Rice U	niversity
Date		AC (ID#:)	Amount of contribution (\$)
4 11-75	James Wang		
9-11-25	Contributor address; City;	State; Zip Code	\$55.00
	6	Sellaire, TX774	(
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruct	lions)
	Engineer	1 Sundis	sk
Date	Full name of contributor out-di-state P/		Amount of contribution (\$)
9-11-25	Brighna Van Bors Contributor address; City;	State; Zip Code	\$ 20.00
	<i>t</i> -1	tou TX 77077	
Principal occup	pation / Job title (See Instructions)  Not Employed	Employer (See Instruct	lons)
Date	5.11	AC (ID#:)	Amount of contribution (\$)
a 1 75-	Mary Atos		
9-14-25	Contributor address; City;	State; Zip Code	\$50.00
	Ric	hmond, TX T14de	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	not employed		
	,	The second section is a second section of the second section of the second section is a second section of the second section of the second section is a second section of the section of the	

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### SCHEDULE A1

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The	Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1:
2 FILER NAME Maria Ben	nzon		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state P	AC (ID#:)	7 Amount of contribution (\$)
	Isha Archer		
9-15-25	6 Contributor address; City;	State; Zip Code	\$100.00
	1	tov, TX 77025	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tlons)
(	not employed		
Date		PAC (ID#:)	Amount of contribution (\$)
- 15-25	Aubrey Francis co  Contributor address; City;		4 102
9-15-25	Contributor address; City;	State; Zip Code	\$ 50.00
	Oakla	nd CA 94602	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	•
	non-Profit leader	1 HER	VF
Date	Full name of contributor out-of-state P	PAC (ID#:)	Amount of contribution (\$)
	Lea Kiefer		
9-17-25	Contributor address; City;	State; Zip Code	\$20.00
	House	ston, TX 77007	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
***************************************	Public Health	Veterani	s Affairs
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)
	Jane Tallant		t .
9-17-25	Contributor address; City;	State; Zip Code	\$ 50.00
	Flo	wood MS 3923	2_
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
N6	+ employed		
	<b>\</b>		
ł			

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 $\label{lem:contributor} \textbf{If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.}$ 

#### 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:
<sup>2</sup> FILER NAME Maria Ber	nzon	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
9-18-25	Kelli Soʻrka 6 Contributor address; City; State; Zlp Code	\$ 100.00
,	Houston, TX 77006	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	Anna and the second second second second second second second second second second second second second second
	not employed	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
~ <del></del> .	Erin Pavekh	tr on
9-18-25		\$25.00
	Howston, TX. 77030	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	· · · · · · · · · · · · · · · · · · · ·
	Publisher Self e	mployed
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
\$100.00	Kathi Beasley  Contributor address; City; Stato; Zip Code	\$ 100.00
9-18-28	HOU, TX 77064	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
10	acher Spring	Branch ISD
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
0.2.25	Carol Sclig Contributor address; City; State; Zip Code	\$25.00
9-20-25	How TX 77096	
Principal occur	pation / Job title (See Instructions) Employer (See Instruc	tions)
	not employed	
ι		
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### 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:
2 FILER NAME		Andrew Committee of the	3 Filer ID (Ethics Commission Filers)
Maria Ber	izon		
4 Date		: (ID#:)	7 Amount of contribution (\$)
	Wil Jeudy		
9-20-25	6 Contributor address; City;	State; Zlp Code	\$ 100,00
	· · · · · · · · · · · · · · · · · · ·	istin, TX 77008	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
	ysician	Next Levi	
			d Orgini Care
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
9-21-25	Deborah Hall		4 2 5 2 6
7 6	Contributor address; City;	State; Zlp Code	\$52.00
	Houston	POOP XT,	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
· ·	ist employed		
Date		(ID#:)	Amount of contribution (\$)
			, 41104112 07 0071112411211 (47)
9-21-25	Contributor address; City;	State; Zip Code	\$ 1000.00
1 0.			4
		TX 77027	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Bruce Howard		
9-21-25	Contributor address; City;	State; Zip Code	\$250,00
	Have	ton, TX 72096	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	stor	Genod	

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# SCHEDULE A1

FILER NAME  Maria Benzon  Date 5 Full name of contributor out-of-state PAC (IDII:	3 Filer ID (Ethics Commission Filers)
O I di l'idilità di collitibate) Dut-bi-state PAC (IDI):	l l
1-21-25 Nimesh Bhakta 6 Contributor address; City; State; Zip Coo Bellaire, TX 77	\$100.00
Principal occupation / Job title (See Instructions)  9 Employer (See Hatel Management Vi	mesh Bhakta
Date Full name of contributor out-of-state PAC (ID#:	l l
-21-25 Lisa Hawker  Contributor address; City; State; Zip Contributor address; Ty 7	de \$ 50.00
Principal occupation / Job title (See Instructions)  Employer (See	Pe Instructions)
Manager Ch	neuron
Date Full name of contributor Out-of-state PAC (ID#:	
	Employed
Date Full name of contributor  Andrey Nath  Contributor address;  City; State; Zip Cod  Tx1701	Amount of contribution (\$)  de
Principal occupation / Job title (See Instructions)  Entplayer (See	ee/Instructions)

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# SCHEDULE A1

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

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
<sup>2</sup> FILER NAME Maria Ben	zon	3 Filer D (Ethics Commission Filers)		
4 Date 8 27 25	5 Full name of contributor out-of-state PAC (IDII:)  Deborah Worring 6 Contributor address; City; State; Zip Code  + Touch TX 77035	5 \ 00 . OO		
, ,	pation / Job title (See Instructions)  9 Employer (See Instructions)  WE Difector  UNUSON U	tions) U Church		
Date 8/210/25	Full name of contributor  VINCENT SanderS  Contributor address:  City: State: Zip Code  Howston TX 7707	Amount of contribution (\$)		
Principal occup	ation / Job title (See Instructions)  Employer (See Instruct  LTO HT	rris County		
Date 8/27/25	Full name of contributor out-of-state PAC (10#:)  IVDNNE MoutineZ  Contributor address: City; State; Zip Codo Houston TX 77009	Amount of contribution (\$)		
Principal occup Retired	ation / Job title (See Instructions)  Employer (See Instruct Refrect	lons)		
0/3/25	Full name of contributor Cut-of-state PAC (ID#)  Windred Mazier  Contributor address: City: State: Zip Code  Bellaute TX 7740)	Amount of contribution (\$)		
Principal occup	ation / Job title (See Instructions)  Employer (See Instruct  ME Law Finn	n of Paris & Assoc.		

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### 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	s form.	1 Total pages Schedule A1;
<sup>2</sup> FILER NAME Maria Ber	nzon		75. 40. 20. 20. 20. 20. 20. 20. 20. 20. 20. 2	3 Filer ID (Ethics Commission Filers)
4 Date 7/2/25	5 Full name of contributor LUCAS Howell 6 Contributor address;	Clty;	state; Zip Code	7 Amount of contribution (\$)
8 Principal occu Sales Di	pation / Job title (See Instructions)	ctions) CS		
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State: Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				tions)
Date	Full name of contributor	out-of-state PAG	(10#)	Amount of contribution (\$)
	Contributor address;	Clty;	State; Zlp Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; ZIp Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
	If contributor is out-of-state PAC,		OF THIS SCHEDULE AS N uction guide for additional r	

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Revised 1/1/2025

# SCHEDULE A1

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	sted mornation is not applicable,	, 50 801 111	cidde this page in the	report.
The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Maria Ben	ızon			3 Filer ID (Ethics Commission Filers)
4 Date 1/1/25	5 Full name of contributor Jacqueline Bradley	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
11100	6 Contributor address;	ss; City; State; Zip Code Houston TX 77071		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru HISD				ions)
Date	Full name of contributor  Diana Candida  Contributor address;	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
7/28/25	Contributor address;	city: Houston	State: Zlp Code	\$ 175,00
Principal occupation / Job title (See Instructions)  ACCOUNT MANAGEV  Employer (See Instructions)  CWNULL 3 (		ions)		
Date	Brian Tucker		Amount of contribution (\$)	
8/4/25	Contributor address;	ciiy; Hõust	State; Zip Code	\$ 500,00
Principal occup Teach	pation / Job title (See Instructions)		Employer (See Instruction Howston (S	,
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
8/4/25	Contributor address:	city: Honson	State: Zip Code	\$ 150.00
Principal occupation / Job title (See Instructions) Rehred			Employer (See Instructi Rehired	ons)

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# 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: 39
<sup>2</sup> FILER NAME Maria Ben	zon			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Claude Bitner	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
07/01/2025	6 Contributor address;		State; Zip Code TX 77401	17.50
	pation / Job title (See Instructions)		9 Employer (See Instruc	itions)
Computer Co	riouitant		Self-Employed	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	itions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal occup	Dation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this for	n.	1 Total pages Sched	lule A2:
2 FILER NAME			3 Filer ID (Ethics Co	ommission Filers)
Maria Benzon				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor	)	8 Amount of Contribution \$	9 In-kind contribution description
8-20-25	M-e h'ssa Yarborough 7 Contributor address; City; State;	Zip Code	\$27.05	Supplies
	4440 Clay Houston, TX	77023	Check if travel outsl	de of Texas, Complete Schedule T.
10 Principal occi	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
TP	acher	Learn	ina Institu	te of Texas
	principal occupation (FOR JUDICIAL)			DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	ls a child, law firm of parent(s) (if any) (FOR JUDICIAL)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution
7-12-25	Melissa Varborough Contributor address; City; State;	7 Consta	\$15.00	description M&P
,	4440 Clay Houston, To	Zip Code	Chack if traval outside	le of Texas. Complete Schedule 1.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		r (FOR NON-JUDICIA	·
· 	Teacher	, ,	•	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's Job IIIIo (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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# 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lega! Services

Loan Repayment/Reimbursement Office Overhead/Rontal Expense Polling Expense Printing Expense

Salarles/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Maria Benzon	3 Filer ID (Ethics Commission Filers)			
4 Date 8-8-25	5 Payoo name Allied Printing	Services	١.		
6 Amount (\$)	7 Payor address; Enchantedgate	Spring TX 77373	3		
	Dr.	<u> </u>			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing Expense	(b) Description  Walk literature			
	(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/OI	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
8-11-25	Sprint 2 Print				
Amount (\$)	Payee address;	City; State; Zip Code			
\$ 2078.40	8748 Clay Rd. Ste. 300	Houston TX 77080	1		
	Category (See Categories issted at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Printing expense	yard signs			
	Check if travel outs de of Texas. Complete Schedule T.	Check If Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
8-12-25	Greater Houston Progr	ressives			
Amount (\$)	Payee address;	City; State; Zip Code			
\$100.00	406 Arlington St	Howson 700,	7		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Contribution broade	membership fee			
	Check if travel oulside of Texas. Complete Schedule T.	Chock 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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### SCHEDULE F1

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

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

Event Expense Fces Food/Beverage Expense Cift/Awards/Memorials Expense Legal Services

Loan Repayment/Relmbursement 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)

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) Maria Benzon 5 Payee name 6 Amount (\$) Zip Code \$ 180.00 Houston 7003 (a) Category (See Categories listed at the top of this schedule)

Contr. butions / Donations (b) Description 8 PURPOSE EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name LGBTO Political Caucus Payee address; City: Amount (\$) Zip Code PO BOX 66664 77266-6666 Houston \$40.00 Category (See Categories listed at the top of this schedule) Description Contributions made membership freg PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule 7. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Braeswood Democrats Amount (\$) State: Z'p Code \$20.00 Category (See Categories listed at the top of this schedule) Contriboution PURPOSE membership EXPENDITURE Check if travel outside of Taxas, Complete Schedule T. Check if Austin, TX, officeholder flying expense Complete ONLY if direct Candidate / Officeholder name Office held Office sought expanditure to benefit C/OH

### SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense G!ft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salar es/Wages/Contract Labor

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

Credit Card Payment	The Instruction Gulde explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Maria Benzon		3 Filer ID (Ethics	Commission Filers)	
8 2 to 125	Campaign Partner				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$ 32.00	P.O. BOX 118	StillRiver	MA	01467	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	•		
PURPOSE OF EXPENDITURE	Advertising	Website			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	er living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payoe address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)	Description			
	Check if travel cutside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/Ol	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, off ceholder living	expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

### 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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other terrier a carego	ory not hister above)
1 Total pages Schedule F1:	2 FILER NAME Maria Benzon		3 Filer ID (Ethics	s Commission Filers)
4 Date 08/04/2025	5 Payee name ROADWomen			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
50.00	13527 N. Tracewood Bend	Houston	TX	77077
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contribution made by candidate	Membership F	ee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living	3 expense
Complete ONLY if direct Candidate / Officeholder name Officeponditure to benefit C/OH		Office sought		Office held
Date	Payee name			
07/29/2025	PayPal			
Amount (\$)	Payee address;	City;	State;	Zip Code
14.94	2211 N 1st St	San Jose	CA	95131
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Fees	Transfer Fee		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	or name Office sought Office held		Office held
Date	Payee name			
08/13/2025	Campaign Partner			
Amount (\$)	Payee address;	City;	State;	Zip Code
1.16	PO Box 118	Still River	MA	01467
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Website		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	EDED	

### 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/N The Instruction Guide explains how to	Vages/Contract Labor	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1:	2 FILER NAME Maria Benzon		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
07/08/2025	Act Blue			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
102.98	P.O. Box 441146	Somerville	MA	02144
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fee	Fees from contributions		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Ausi	tin, TX, officeholder living	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name		***************************************	10-1-00-00-00-00-00-00-00-00-00-00-00-00
07/09/2025	Act Blue			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.40	P.O. Box 441146	Somerville	MA	02144
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Fees	Fees from contributions		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held		
Date	Payee name		THE RESIDENCE OF THE RE	
07/14/2025	Act Blue			
Amount (\$)	Payee address;	City;	State;	Zip Code
7.17	P.O. Box 441146	Somerville	MA	02144
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Fees from cor	ntributions	
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

# 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (expense or second not listed above)

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a catego	ry not listed above)	
1 Total page Schedule F1:	2 FILER NAME Maria Benzon		3 Filer ID (Ethics	Commission Filers)	
4 Date 07/15/2025	5 Payee name Act Blue				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
16.37	P.O. Box 441146	Somerville	MA	02144	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fee	Fees from contributions			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
07/16/2025	Act Blue				
Amount (\$)	Payee address;	City;	State;	Zip Code	
41.43	P.O. Box 441146	Somerville	MA	02144	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	Fees from contributions			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	ce sought Office held		
Date	Payee name				
07/17/2025	Act Blue				
Amount (\$)	Payee address;	City;	State;	Zip Code	
2.08	P.O. Box 441146	Somerville	MA	02144	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	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/OI	Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED		

# 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (split a category not listed shove)

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries A	Vages/Contract Labor	Other (enter a catego		
orodicodrov dyment	The Instruction Guide explains how to	complete this form.	1		
1 Total pages Schedule F1:	2 FILER NAME Maria Benzon		3 Filer ID (Ethics	Commission Filers)	
4 Date 07/18/2025	5 Payee name Act Blue				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
5.09	P.O. Box 441146	Somerville	MA	02144	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fee	Fees from contributions			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
07/21/2025	Act Blue				
Amount (\$)	Payee address;	City;	State;	Zip Code	
1.16	P.O. Box 441146	Somerville	MA	02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Fees from contributions			
	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	Payee name				
07/23/2025	Act Blue				
Amount (\$)	Payee address;	City;	State;	Zip Code	
75.63	P.O. Box 441146	Somerville	MA	02144	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	Fees from con	tributions		
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/OI	Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	5-14-11-12-12-12-12-12-12-12-12-12-12-12-12-	

### 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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
Others on Expense and International States and Intern

Other (enter a category not listed above) Legal Services 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) Maria Benzon 4 Date 5 Payee name 07/24/2025 Act Blue **6** Amount (\$) 7 Pavee address; City; State: Zip Code P.O. Box 441146 Somerville MA 02144 2.32 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Fee Fees from contributions PURPOSE EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Act Blue 07/25/2025 Amount (\$) Payee address; City; State; Zip Code P.O. Box 441146 Somerville MA 02144 3.93 Description Category (See Categories listed at the top of this schedule) Fees Fees from contributions PURPOSE **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 07/29/2025 Act Blue Amount (\$) Payee address; City; Zip Code State; Somerville 02144 P.O. Box 441146 MA 5.78 Category (See Categories listed at the top of this schedule) Description Fees from contributions Fees **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct

expenditure to benefit C/OH

# 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Expense s/Wages/ContractLabor o complete this form.	Travel Out Of District Other (enter a categor	y not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Maria Benzon	3 Filer ID (Ethics Commission Filers)			
4 Date 07/30/2025	5 Payee name Act Blue			0	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
9.94	P.O. Box 441146	Somerville	MA	02144	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Fee	Fees from cor	ntributions		
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(	Office held	
Date	Payee name			3-C-3 MASS MARK MANAGEMENT	
07/31/2025	Act Blue				
Amount (\$)	Payee address;	City;	State;	Zip Code	
2.08	P.O. Box 441146	Somerville	MA	02144	
	Category (See Categories listed at the top of this schedule)	dule) Description			
PURPOSE	Fees	Fees from contributions			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Of	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
08/01/2025	Act Blue				
Amount (\$)	Payee address;	City;	State;	Zip Code	
2.08	P.O. Box 441146	Somerville	MA	02144	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Fees	Fees from cor	ntributions		
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	and an interest of the second	Office held	
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDIII E AS NE	EDED		
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### 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (split as extension and listed shows)

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services		ges/Contract Labor	Other (enter a categorial		
	···	The Instruction Guide explain	ns how to cor	npiete this form.	1 _		
1 Total pages Schedule F1:	Maria Be				3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee na						
08/04/2025	Act Blue	)					
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code	
1.16	P.O. Box	x 441146		Somerville	MA	02144	
8	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description			
PURPOSE	Fee			ees from cor	ntributions		
OF EXPENDITURE							
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Ausl	in, TX, officeholder living	g expense	
9 Complete ONLY if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held	
Date	Payee na	ame			On the control of the		
08/06/2025	Act Blue						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
15.36	P.O. Bo	x 441146		Somerville	MA	02144	
	Category	/ (See Categories listed at the top of this s	l l	Description Fees from contributions			
PURPOSE OF EXPENDITURE	1 003			r ees irom coi	TUIDUUOIIS		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O		late / Officeholder name		Office sought Office held			
Date	Payee n	ame	357500000000000000000000000000000000000			***************************************	
08/07/2025	Act Blue	•					
Amount (\$)	Payee a			City;	State;	Zip Code	
2.08	P.O. Box	¢ 441146		Somerville	MA	02144	
	Category	/ (See Categories listed at the top of this s	schedule)	Description			
PURPOSE OF EXPENDITURE	Fees		F	ees from con	tributions		
		Check if travel outside of Texas. Complete S	Schedule T.	ule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NE	EDED		

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### 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 Candidate/Officeholder/Political Committee Event Expense

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

Food/Beverage Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total paper Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Maria Benzon 4 Date 5 Pavee name 08/08/2025 Act Blue 7 Payee address: 6 Amount (\$) City; Zip Code State: P.O. Box 441146 Somerville MA 02144 15.26 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Fee Fees from contributions **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Act Blue 08/11/2025 City: Zip Code Amount (\$) State: Payee address; Somerville P.O. Box 441146 MA 02144 4.76 Category (See Categories listed at the top of this schedule) Description Fees Fees from contributions PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 08/13/2025 Act Blue Amount (\$) Payee address; City; State; Zip Code P.O. Box 441146 Somerville 02144 MA 0.79Description Category (See Categories listed at the top of this schedule) Fees **PURPOSE** Fees from contributions OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

### 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 Event Expense

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

Food/Beverage Expense Gift/Awards/Memorials Expense Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Maria Benzon 4 Date 5 Pavee name 08/15/2025 Act Blue 6 Amount (\$) 7 Payee address; City; Zip Code State: Somerville 02144 P.O. Box 441146 MA 9.48 (b) Description (a) Category (See Calegories listed at the top of this schedule) 8 Fee Fees from contributions PURPOSE EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Act Blue 08/18/2025 Amount (\$) Payee address; City; State: Zip Code P.O. Box 441146 Somerville MA 02144 6.01 Description Category (See Categories listed at the top of this schedule) Fees from contributions Fees **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 08/20/2025 Act Blue Zip Code Amount (\$) Payee address; City; State: Somerville MA 02144 P.O. Box 441146 3.05 Category (See Categories listed at the top of this schedule) Description Fees Fees from contributions **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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 Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District 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) Maria Benzon 4 Date 5 Payee name 08/21/2025 Act Blue 7 Payee address; **6** Amount (\$) City; Zip Code State: P.O. Box 441146 Somerville MA 02144 3.93 (b) Description (a) Category (See Categories listed at the top of this schedule) R Fee Fees from contributions **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Act Blue 08/25/2025 City; Zip Code State: Amount (\$) Pavee address: P.O. Box 441146 Somerville MA 02144 4.14 Category (See Categories listed at the top of this schedule) Description Fees Fees from contributions **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 08/26/2025 Act Blue Zip Code Amount (\$) Payee address; City; State: P.O. Box 441146 Somerville MA 02144 2.08 Description Category (See Categories listed at the top of this schedule) Fees Fees from contributions **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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

Event Expense Fees Food/Beverage Expense Gifl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printling 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)

Legal Services 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) Maria Benzon 4 Date 5 Payee name 08/27/2025 Act Blue 6 Amount (\$) 7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville 02144 MA 2.68 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Fees from contributions Fee **PURPOSE** EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Act Blue 09/02/2025 City: State: Zip Code Amount (\$) Payee address; Somerville 02144 P.O. Box 441146 MA 3.05 Category (See Categories listed at the top of this schedule) Description Fees Fees from contributions **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 09/04/2025 Act Blue Payee address: Amount (\$) City; State: Zip Code P.O. Box 441146 Somerville MA 02144 2.08 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Fees Fees from contributions EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense
Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: Maria Benzon 4 Date 5 Pavee name 09/05/2025 Act Blue 7 Payee address: **6** Amount (\$) City; Zip Code State: P.O. Box 441146 Somerville MA 02144 29.27 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Fee Fees from contributions PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Act Blue 09/08/2025 Citv: Amount (\$) Payee address; State: Zip Code P.O. Box 441146 Somerville MA 02144 11.47 Category (See Categories listed at the top of this schedule) Description Fees Fees from contributions PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 09/10/2025 Act Blue Amount (\$) Payee address; City; Zip Code State: P.O. Box 441146 Somerville 02144 MA 2.08 Description Category (See Categories listed at the top of this schedule) Fees Fees from contributions **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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/Officebolder/Political Committee

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

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

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Credit Card Payment	The Instruction Guide explains how to	complete this form.	outor (ornor a surago	,, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	2 FILER NAME Maria Benzon		3 Filer ID (Ethics	Commission Filers)
4 Date 09/15/2025	5 Payee name Act Blue			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
5.24	P.O. Box 441146	Somerville	MA	02144
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fee	Fees from contributions		
EXTENSIVE.	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, 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		4	
09/17/2025	Act Blue			
Amount (\$)	Payee address;	City;	State;	Zip Code
8.09	P.O. Box 441146	Somerville	MA	02144
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Fees	Fees from contributions		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Chack if Aug	tin TV officeholder living	aynanca
Complete ONLY if direct	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought  Office held		
expenditure to benefit C/Of		<b>_</b>		
Date	Payee name			
09/19/2025	Act Blue			
Amount (\$)	Payee address;	City;	State;	Zip Code
3.05	P.O. Box 441146	Somerville	MA	02144
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Fees from con	ntributions	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

# 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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printling Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Other (enter a catego	
Cledit Card F ayrilent	The Instruction Guide explains how to	complete this form.		
1 Total pages Sonedule F1:	2 FILER NAME Maria Benzon		3 Filer ID (Ethics	Commission Filers)
4 Date 09/22/2025	5 Payee name Act Blue			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
5.09	P.O. Box 441146	Somerville	MA	02144
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fee	Fees from contributions		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
09/24/2025	Act Blue			
Amount (\$)	Payee address;	City;	State;	Zip Code
62.90	P.O. Box 441146	Somerville	MA	02144
	Category (See Categories listed at the top of this schedule)	dule) Description		
PURPOSE OF	Fees	Fees from contributions		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

# 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

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

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 politicat above)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries  The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
07/25/2025	Houston ISD		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
300.00  Reimbursement from political contributions intended	4400 West 18th St	Houston	TX 77092
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Fee	Filing Fee	
EXPENDITURE		<u> </u>	
	(c) Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
07/26/2025	Campaign Partners		
Amount (\$)	Payee address;	City;	State; Zip Code
29.00  Reimbursement from political contributions intended	PO Box 118	Still River	MA 01467
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	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/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE			
	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 S	SCHEDULE AS NEED	ED