CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 68

OFFICE USE ONLY

Date Received

OCT 06 2025

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Dr. | FIRST: Maria | MI: B

NICKNAME | LAST: Benzon | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5200 Palmetto St.
Bellaire, TX 77401

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (832) | PHONE NUMBER: 384-5119 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr | FIRST: Jack | MI

NICKNAME | LAST: Blanton | SUFFIX: III

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

5124 Mimosa
Bellaire, TX 77401

8 CAMPAIGN TREASURER PHONE

AREA CODE: (713) | PHONE NUMBER: 320-1290 | EXTENSION

9 REPORT TYPE

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

10 PERIOD COVERED

Month / Day / Year — THROUGH — Month / Day / Year

11 ELECTION

ELECTION DATE: Month 11 / Day 4 / Year 25

ELECTION TYPE:
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

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

COMMITTEE TYPE
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	**16** Filer ID (Ethics Commission Filers)
Maria Benzon	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 14,204.04
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 3,586.74
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 10,936.75
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Maria Benzon, and my date of birth is 03/07/1974.

My address is 5200 Palmetto St. (street), Bellaire (city), TX (state), 77401 (zip code), USA (country).

Executed in Harris County, State of Texas, on the 6th day of October (month), 2025 (year).

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Maria Benzon	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 14,161.99
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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 39

2 FILER NAME: Maria Benzon

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
7-3-25	Ruth Kravetz Hou TX 77008	$72.00	Organizer	Community Voices for Public Ed.
7-3-25	Daniel Morales Hou TX 77098	$25.00	Law Professor	DePaul University
7-3-25	Jeremy Eugene Cypress TX 77433	$10.00	Teacher	Cy-Fair ISD
7-3-25	Pamela Jae Boveland Hou TX 77004	$25.00	not employed	not employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

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7-3-25	Melissa Yarborough Hou. TX 77023	$150.00	Teacher	Learning Institute of Texas
7-3-25	Dorcus Hand Hou. TX 77023	$100.00	school librarian	Retired
7-3-25	Greg Kehrier Hou TX 77008	$500.00	Engineer	Shell Oil
7-3-25	Danya Serrano Galveston TX 77551	$50.00	Professor	UHD

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4 Date	5 Full name of contributor (out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
7-3-25	Lindsey Pollock Hou. TX 77096	$100.00

8 Principal occupation / Job title (See Instructions): Educator

9 Employer (See Instructions): HISD

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
7-3-25	Mayra Ferrel Hou. TX 77023	$50.00

Principal occupation / Job title (See Instructions): Teacher

Employer (See Instructions): HISD

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address: City; State; Zip Code	Amount of contribution ($)
7-3-25	Maria Fernandez Briarcliff Manor NY 10510	25.00 ~~$50.00~~

Principal occupation / Job title (See Instructions): Dep. Sec. of Education

Employer (See Instructions): NYS

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
7-3-25	Mackenzie Boyer Hou TX 77025	$50.00

Principal occupation / Job title (See Instructions): not employed

Employer (See Instructions): not employed

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7-3-25	Tammy Reed Hou TX 77084	$100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
not employed	

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
7-3-25	Sarah Rivlin Houston TX 77017	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Teacher	Houston ISD

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
7/3/25	Alison Chapin , Hou, TX 7044	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Organizer	Texas AFT

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
7-3-25	Jessica Catrett Hou TX 77077	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
not employed	

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MONETARY POLITICAL CONTRIBUTIONS

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7-3-25	Stacy Hunter Hou TX 77021	$25.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Chief Utility Coordinator	Harris County

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
7-3-25	Kendra Camarena Hou TX 77092	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Teacher	HISD

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
7-3-25	Tommy Wan Missouri City ~~Hou~~ TX 77459	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Student	UT Austin

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
7-3-25	Christina Acosta Hou TX 77087	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Not employed	

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7-3-25	Jee Sun Lee Hou TX 77030	$25.00

8 Principal occupation / Job title (See Instructions): Graduate Student

9 Employer (See Instructions): Rice University

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
7-3-25	Rachel Nash Hou TX 77096	$5.00

Principal occupation / Job title (See Instructions): Teacher

Employer (See Instructions): HISD

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
7-3-25	Sarah Malik Houston TX 77006	$100.00

Principal occupation / Job title (See Instructions): Wind Farmer

Employer (See Instructions): EDF Renewables

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
7-3-25	Michelle Colvard Hou TX 77008	$10.00

Principal occupation / Job title (See Instructions): Director Research Admin.

Employer (See Instructions): M.D. Anderson

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7-3-25	Lauren Zentz Hou TX 77023	$25.00	Professor	University of Houston
7-3-25	Daniel Dawer Austin TX 78757	$50.00	Student	VT Austin
7-3-25	Kathy Bluford Daniels Hou TX 77251	$100.00	Not employed	
7-3-25	Traci Riley Hou TX 77008	$250.00	not employed	

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7-3-25	Stacy Lindley Hou TX 77091	$300.00	Director	HCA Healthcare
7-3-2025	Texas Cook Hou TX 77006	$10.00	Teacher	HISD
7-3-25	Elizabeth Goertz Hou TX 77098	$25.00	Project Manager	Harris County Precinct 4
7/3/25	Carly Padgett Pearland TX 77581	$50.00	Manager	Buccees

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7-3-25	Tas Nwankwo	Hou, TX 7707	$50.00
8 Principal occupation / Job title (See Instructions): Teacher		9 Employer (See Instructions): School	
7-5-25	Leslie Santamaria	Hou TX 77035	$50.00
Principal occupation / Job title (See Instructions): HR Advisor		Employer (See Instructions): Cheuron	
7-6-25	Josephine Lee	Pearland TX 77584	$25.00
Principal occupation / Job title (See Instructions): Writer		Employer (See Instructions): Texas Observer	
7-7-25	Anita Wadhwa	Houston TX 7708	$25.00
Principal occupation / Job title (See Instructions): ED		Employer (See Instructions): RH	

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4 Date	5 Full name of contributor (out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
7-10-25	Audrey Nath Houston TX 77019	$50.00
8 Principal occupation / Job title (See Instructions)	**9 Employer (See Instructions)**	
Physician	UTMB	
7-10-25	Virginia Stogner McDavid Houston, TX 77092	$25.00
Flight Attendant	United Airlines	
7-10-25	Brooke Longoria Houston TX 77009	$100.00
Civil Servant	Dept. Homeland Security	
7-11-25	Kathryn Danas Katy, TX 77449	$15.01
Courier	CKS Delivery Co.	

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7-11-25	Tara Webb Hou TX 77021	$100.00	Teacher	HISD
7-11-25	Sarah Jane Bradley Sugar Hill, NH 03586	$50.00	not employed	
7-11-25	Briana Mohan Houston, TX 77096	$30.00	Program Director	MD Anderson Cancer Center
7-11-25	Anne Sung Houston, TX 77063	$200.00	None	

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7-11-25	Michael Szczerban W. Orange, NJ 07052	$10.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Book editor	Hachette Book Group

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
7-12-25	Brandee Kart Hou, TX 77006	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Teacher	HISD

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
7-12-25	Helia Forouzan Hou TX 77074	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Teacher	HISD

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
7-12-25	Tien San Lucas Hou, TX 77055	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Senior Analyst	Brasada Capital Management

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7-13-25	Nikr Millward Hou TX 77096	$50.00	Chemist	MD Anderson
7-13-25	Jessi Heiner Houston, TX 77092	$250.00	Digital Organizer	Texas HFT
7-13-25	Patrick Hayes Round Rock, TX 78681	$500.00	not employed	
7-14-25	Shagun Sachdeva Bellaire, TX 77401	$100.00	Doctor	HOU

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7-14-25	David Mercante Haverford PA 19041	$10.00	Teacher	Episcopal Academy
7-15-25	Michelle Williams Spring TX 77383	$50.00	Educator	Houston ISD
7-16-25	Jennifer Dewhirst Hou TX 77031	$25.00	not employed	
7-16-25	Wil Judy Hou TX 77008	$100.00	Physician	Next Level Urgent Care

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7-17-25	Chidalu Okafor	Hou TX 77071	$25.00
	8 Principal occupation / Job title (See Instructions)	**9 Employer (See Instructions)**	
	Teacher	HISD	
Date	Full name of contributor (out-of-state PAC (ID#:_____))	Contributor address; City; State; Zip Code	Amount of contribution ($)
7-19-25	Michelle Palmer	Hou TX 77063	$25.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
	Teacher	Houston ISD	
Date	Full name of contributor (out-of-state PAC (ID#:_____))	Contributor address; City; State; Zip Code	Amount of contribution ($)
7-19-25	Adah Mahon	Houston TX 77030	$1000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
	not employed		
Date	Full name of contributor (out-of-state PAC (ID#:_____))	Contributor address; City; State; Zip Code	Amount of contribution ($)
7-20-25	Franco Gangheri	Hou TX 77004	$100.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
	Realtor	Self	

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME: Maria Benzon

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4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
7-20-25	Liz Cook [illegible] Houston TX 77030	$50.00
8 Principal occupation / Job title (See Instructions): RN	9 Employer (See Instructions): Texas Children's Hospital	
Date: 7-20-25	Full name of contributor: Celina Diaz Contributor address; City; State; Zip Code: Houston, TX 77040	Amount of contribution ($): $25.00
Principal occupation / Job title (See Instructions): not employed	Employer (See Instructions):	
Date: 7-20-25	Full name of contributor: Deborah Silber Contributor address; City; State; Zip Code: Houston, TX 77019	Amount of contribution ($): $25.00
Principal occupation / Job title (See Instructions): Consultant	Employer (See Instructions): Lovescaping	
Date: 7-20-25	Full name of contributor: Carly Padgett Contributor address; City; State; Zip Code: Pearland TX 77581	Amount of contribution ($): $25.00
Principal occupation / Job title (See Instructions): Bartender	Employer (See Instructions): Zingerman's Community of Bushes	

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4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
7/21/25	Ruth Hoffman Lach; Houston TX 77098	$500.00	School Psychologist	Specialized Assessment & Consulting
7-21-25	Jessica Dugan; Houston TX 77008	$100.00	Designer	Self employed
7-21-25	Rene Solo Ribas; Houston TX 77004	$25.00	Teacher	Houston ISD
7-21-25	Allison Newport; Houston, TX 77008	$100.00	not employed	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 39

2 FILER NAME: Maria Benzon

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
7-22-25	Christopher Miller Houston TX 77019	$25.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Teacher	SWPS

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
7-22-25	Camille Breaux Hu TX 77092	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Project Manager	NA

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
7-23-25	Kathryn Pidcock Bellaire TX 77401	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Pharmacist	Houston Methodist Hospital

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
7-25-25	Cathryn Estes Hou, TX 77009	$150.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Manager	Arcadia efuels

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME: Maria Benzon

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4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
7-26-25	Catherine Del Paggio Hou TX 77006	$50.00
	8 Principal occupation / Job title (See Instructions): nonprofit fundraiser	9 Employer (See Instructions): Houston Methodist Hospital
7-26-25	Jamal Nguyen Hou TX 77032	$100.00
	Principal occupation / Job title (See Instructions): not employed	Employer (See Instructions): not employed
7-27-25	Danette Maldonado Hou, TX 77023	$100.00
	Principal occupation / Job title (See Instructions): Behavior Analyst	Employer (See Instructions): Action Behavior Centers
7-29-25	Illiana Romel Hou, TX 77057	$50.00
	Principal occupation / Job title (See Instructions): Counselor	Employer (See Instructions): Cy Fair ISD

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4 Date	5 Full name of contributor (out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
7-30-25	Christine Tapia Houston TX 77018	$50.00
8 Principal occupation / Job title (See Instructions)	**9 Employer (See Instructions)**	
Administrator	Houston ISD	
7-31-25	Gina Blanco Hou, TX 77041	$25.00
Teacher	Spring Branch ISD	
8-2-25	Pamela Jae Boveland Hou, TX 77004	$50.00
not employed	not employed	
8-3-25	Carly Padgett Pearland TX 77581	$50.00
Manager	Bucees	

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME: Maria Benzon	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor (out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-3-25	Texas Cook Hou, TX 77006	$10.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Teacher	Houston ISD

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-3-25	Melissa Yarborough Houston, TX 77023	$150.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Teacher	Learning Institute Texas

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-3-25	Babak Far Hou, TX 77077	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Teacher	HISD

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-3-25	Sarah Miller Hou, TX 77057	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
not employed	

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2 FILER NAME: Maria Benzon

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-3-25	Kelly Bilkre Hou, TX 77077	$25.00

8 Principal occupation / Job title (See Instructions): not employed

9 Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-3-25	Megan Arellano Hou, TX 77009	$5.00

Principal occupation / Job title (See Instructions): Teacher

Employer (See Instructions): HISD

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-5-25	Elizabeth Chapman Hou TX 77096	$50.00

Principal occupation / Job title (See Instructions): Teacher

Employer (See Instructions): HISD

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-6-25	Anne Furse Hou, TX 77005	$300.00

Principal occupation / Job title (See Instructions): not employed

Employer (See Instructions):

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2 FILER NAME: Maria Benzon

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8-6-25	Ivonne Martinez Hou, TX 77009	$100.00	FT Consultant	Kinder Morgan
8-7-25	Genevieve Robinson Hou, TX 77025	$10.00	Administrator	Rice University
8-7-25	Kay Wasden Hou, TX 77096	$50.00	Musician	Self
8-7-25	Jean Koshy-Hertzler Hou, TX 77025	$50.00	Yoga Instructor	Self - employed

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2 FILER NAME: Maria Benzon

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4 Date	5 Full name of contributor (out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-11-25	Kathryn Danas Katy, TX 77449	$15.01

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-13-25	Philip Ukleja Houston TX 77008	$250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Human Resources	American International Group

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-14-25	Cameron Addams Houston, TX 77091	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Organizer	Texas Rising

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-14-25	Tom Le How, TX 77044	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Education	Pasadena ISD

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4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-25	Lea Kiefer Houston, TX 77007	$20.00

8 Principal occupation / Job title (See Instructions): Public Health

9 Employer (See Instructions): Veteran affairs

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-18-25	Marlyn Compas Richmond, TX 77406	$50.00

Principal occupation / Job title (See Instructions): not employed

Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-19-25	Lorinna P. Heng Houston, TX 77005	$100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-21-25	Terri Perez Houston, TX 77009	$25.00

Principal occupation / Job title (See Instructions): not employed

Employer (See Instructions):

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8-21-25	Jane Tallant Houston, TX 77009	$50.00	Educator	Harmony Public Schools
8-21-25	Ruth Kravetz Houston, TX 77008	$18.00	educator	HISD
8-22-25	Sandra Gillespie Pearland, TX 77584	$50.00	Confidential	Self-employed
8-24-25	Valerie Hudson Colleyville, TX 76034	$50.00	not employed	

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4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
8-25-25	Alpa Sridharan Denver, CO 80220	$10.00	not employed	
8-28-25	Briana Shay New Orleans, LA 70115	$20.00	Graduate & Post Doctorate Career Advisor	Tulane University
8-28-25	Johnnie Frazier TX 77401	$50.00		
8-30-25	Danielle Frederick Bellaire, TX 77401	$50.00	not employed	

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4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9-3-25	Carly Padgett Pearland, TX 77581	$50.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Manager	Buceres

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-3-25	Texas Cook Houston, TX 77006	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Teacher	HISD

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-3-25	Melissa Yarborough Houston, TX 77023	$150.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Teacher	Learning Institute of Texas

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-3-25	James Magown Bellaire, TX 77401	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Attorney	Self-employed

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3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9-3-25	Delenn Maples Houston, TX 77096	$500.00

8 Principal occupation / Job title (See Instructions): not employed

9 Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-4-25	Brenda Rajan Bellaire, TX 7740	$100.00

Principal occupation / Job title (See Instructions): Bookkeeper

Employer (See Instructions): Houston Patient Advocacy

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-4-25	Timothy Ramback Houston, TX 77035	$50.00

Principal occupation / Job title (See Instructions): Registered nurse BSN

Employer (See Instructions): Memorial Hermann

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-4-25	Sister Mama Sonya Houston, TX 7702	$10.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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9-4-25	Wil Jeudy Hou, TX 77008	$125.00	Physician	Next Level Urgent Care
9-7-25	Niki Millward Hou, TX 77096	$50.00	Chemist	MD Anderson
9-11-25	Kathryn Danas Katy, TX 77449	$15.01	Courier	CKS Delivery Co.
9-11-25	Carol Selig Hou, TX 77096	$25.00	not employed	

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9-11-25	Adem Ekmekci Sugarland, TX 77479	$25.00

8 Principal occupation / Job title (See Instructions): Director of Research

9 Employer (See Instructions): Rice University

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-11-25	James Wang Bellaire, TX 7749	$25.00

Principal occupation / Job title (See Instructions): Engineer

Employer (See Instructions): Sandisk

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-11-25	Brianna Van Borssum Hou, TX 77077	$ 20.00

Principal occupation / Job title (See Instructions): not employed

Employer (See Instructions):

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-14-25	Mary Atos Richmond, TX 77406	$50.00

Principal occupation / Job title (See Instructions): not employed

Employer (See Instructions):

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2 FILER NAME: Maria Benzon	3 Filer ID (Ethics Commission Filers)

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9-15-25	Isha Archer Hov, TX 77025	$100.00
8 Principal occupation / Job title (See Instructions)	**9 Employer (See Instructions)**	
not employed		

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-15-25	Aubrey Francisco Oakland CA 94602	$50.00
Principal occupation / Job title (See Instructions)	**Employer (See Instructions)**	
non-profit leader	AERDF	

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-17-25	Lea Kiefer Houston, TX 77007	$20.00
Principal occupation / Job title (See Instructions)	**Employer (See Instructions)**	
Public Health	Veterans Affairs	

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-17-25	Jane Tallant Flowood MS 39232	$50.00
Principal occupation / Job title (See Instructions)	**Employer (See Instructions)**	
not employed		

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2 FILER NAME: Maria Benzon	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor (out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9-18-25	Kelli Soika / Houston, TX 77006	$100.00
8 Principal occupation / Job title (See Instructions)	**9 Employer (See Instructions)**	
not employed		

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-18-25	Erin Parekh / Houston, TX 77030	$25.00
Principal occupation / Job title (See Instructions)	**Employer (See Instructions)**	
Publisher	Self - employed	

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
~~$100.00~~ 9-18-25	Kathi Beasley / HOU, TX 77064	$100.00
Principal occupation / Job title (See Instructions)	**Employer (See Instructions)**	
Teacher	Spring Branch ISD	

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-20-25	Carol Selig / Hou, TX 77096	$25.00
Principal occupation / Job title (See Instructions)	**Employer (See Instructions)**	
not employed		

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4 Date	5 Full name of contributor (out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9-20-25	Wil Jeudy Houston, TX 77008	$100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Physician	Next Level Urgent Care

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-21-25	Deborah Hall Houston, TX 77009	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
not employed	

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-21-25	Ayman Husain Houston, TX 77027	$1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-21-25	Bruce Howard Houston, TX 77096	$250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Pastor	Lenoa UMC

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4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
9-21-25	Nimesh Bhakta Bellaire, TX 77401	$100.00	Hotel Management	Nimesh Bhakta
9-21-25	Lisa Hawker Bellaire, TX 77401	$50.00	Manager	Chevron
9-15-25	Lori Yi Houston TX 77005	$200.00	Notary	Self-Employed
7/30/25	Andrey Nath Hou Tx 77019	$500	Physician	UTMB

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8/27/25	Deborah Wotring; Houston TX 77035	$100.00	Executive Director	Emerson UU Church
8/26/25	Vincent Sanders; Houston TX 77071	$70.00	Manager	Metro Harris County
8/27/25	Ivonne Martinez; Houston TX 77009	$50.00	Retired	Retired
9/3/25	Winfred Frazier; Bellaire TX 77401	$100.00	Attorney	The Law Firm of Paris & Assoc.

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2 FILER NAME Maria Benzon	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
7/2/25	Lucas Howell Houston TX 77077	$500.00
8 Principal occupation / Job title (See Instructions): Sales Director	9 Employer (See Instructions): Baker Hughes	
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 39

2 FILER NAME: Maria Benzon

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
7/7/25	Jacqueline Bradley	Houston TX 77071	$25.00	Teacher	HISD
7/28/25	Diana Candida	Houston TX 77008	$175.00	Account Manager	Cumula 3 Group
8/4/25	Brian Tucker	Houston TX 77096	$500.00	Teacher	Houston ISD
8/4/25	James Robinson	Houston TX 77025	$150.00	Retired	Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 39
2 FILER NAME Maria Benzon	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
07/01/2025	Claude Bitner Bellaire TX 77401	17.50

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Computer Consultant	Self-Employed

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2: 1
2 FILER NAME Maria Benzon	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution $	9 In-kind contribution description
8-20-25	Melissa Yarborough 4440 Clay Houston, TX 77023	$27.05	supplies Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
Teacher	Learning Institute of Texas
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's Job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (If any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (If any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description
7-12-25	Melissa Yarborough 4440 Clay Houston, TX 77023	$15.00	map Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Teacher	Learning Institute of Texas
Contributor's principal occupation (FOR JUDICIAL)	Contributor's Job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (If any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (If any) (FOR JUDICIAL)	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
17	Maria Benzon	

4 Date	5 Payee name			
8-8-25	Allied Printing Services			
6 Amount ($)	**7 Payee address;**	**City;**	**State;**	**Zip Code**
$741.24	4507 Enchantedgate Dr.	Spring	TX	77373

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Printing Expense	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/OH

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

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Printing expense	yard signs

Check if travel outside of Texas. Complete Schedule T. — Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name			
8-12-25	Greater Houston Progressives			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
$100.00	406 Arlington St	Houston		77007

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Contribution made by candidate	membership fee

Check if travel outside of Texas. Complete Schedule T. — Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
17	Maria Benzon	

Entry 1

4 Date	5 Payee name			
8-5-25	Harris County Dems			
6 Amount ($)	**7 Payee address;**	**City;**	**State;**	**Zip Code**
$180.00	3302 Canal St. Ste. 62	Houston	TX	77003

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Contributions/Donations made by Candidate

(b) Description: membership fees

(c) Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Entry 2

Date	Payee name			
8-4-25	LGBTQ Political Caucus			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
$40.00	PO Box 66664	Houston	Texas	77266-6664

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Contributions made by Candidate

Description: membership fees

Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Entry 3

Date	Payee name			
8-7-25	Bellaire Braeswood Democrats			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
$20.00	5116 ~~Huisache~~ Huisache St	Bellaire	TX	77401

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Contributions made by candidate

Description: membership fees

Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1 7	Maria Benzon	

4 Date	5 Payee name
8/20/25	Campaign Partner

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$ 32.00	P.O. Box 118 ~~Still River,~~	Still River	MA	01467

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

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

Date	Payee name

Amount ($)	Payee address;	City;	State;	Zip Code

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

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

Date	Payee name

Amount ($)	Payee address;	City;	State;	Zip Code

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
17	Maria Benzon	

4 Date	5 Payee name
08/04/2025	ROADWomen

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
50.00	13527 N. Tracewood Bend	Houston	TX	77077

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Contribution made by candidate	Membership Fee

(c) Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐

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

Date	Payee name
07/29/2025	PayPal

Amount ($)	Payee address;	City;	State;	Zip Code
14.94	2211 N 1st St	San Jose	CA	95131

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Fees	Transfer Fee

Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐

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

Date	Payee name
08/13/2025	Campaign Partner

Amount ($)	Payee address;	City;	State;	Zip Code
1.16	PO Box 118	Still River	MA	01467

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Advertising	Website

Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Maria Benzon			

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 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fee	Fees from contributions
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

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

Date	Payee name			
07/09/2025	Act Blue			
Amount ($)	Payee address;	City;	State;	Zip Code
4.40	P.O. Box 441146	Somerville	MA	02144

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

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

Date	Payee name			
07/14/2025	Act Blue			
Amount ($)	Payee address;	City;	State;	Zip Code
7.17	P.O. Box 441146	Somerville	MA	02144

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME: Maria Benzon	3 Filer ID (Ethics Commission Filers)

4 Date	5 Payee name
07/15/2025	Act Blue

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
16.37	P.O. Box 441146	Somerville	MA	02144

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

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

Date	Payee name
07/16/2025	Act Blue

Amount ($)	Payee address;	City;	State;	Zip Code
41.43	P.O. Box 441146	Somerville	MA	02144

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

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

Date	Payee name
07/17/2025	Act Blue

Amount ($)	Payee address;	City;	State;	Zip Code
2.08	P.O. Box 441146	Somerville	MA	02144

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
17	Maria Benzon	

4 Date	5 Payee name
07/18/2025	Act Blue

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
5.09	P.O. Box 441146	Somerville	MA	02144

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

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

Date	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)	Description
	Fees	Fees from contributions
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

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

Date	Payee name
07/23/2025	Act Blue

Amount ($)	Payee address;	City;	State;	Zip Code
75.63	P.O. Box 441146	Somerville	MA	02144

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
17	Maria Benzon			

4 Date	5 Payee name			
07/24/2025	Act Blue			
6 Amount ($)	**7** Payee address;	City;	State;	Zip Code
2.32	P.O. Box 441146	Somerville	MA	02144

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

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

Date	Payee name			
07/25/2025	Act Blue			
Amount ($)	Payee address;	City;	State;	Zip Code
3.93	P.O. Box 441146	Somerville	MA	02144

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

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

Date	Payee name			
07/29/2025	Act Blue			
Amount ($)	Payee address;	City;	State;	Zip Code
5.78	P.O. Box 441146	Somerville	MA	02144

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Maria Benzon			
4 Date	**5** Payee name			
07/30/2025	Act Blue			
6 Amount ($)	**7** Payee address;	City;	State;	Zip Code
9.94	P.O. Box 441146	Somerville	MA	02144
8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule)	**(b)** Description		
	Fee	Fees from contributions		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

Date	Payee name			
07/31/2025	Act Blue			
Amount ($)	Payee address;	City;	State;	Zip Code
2.08	P.O. Box 441146	Somerville	MA	02144
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Fees	Fees from contributions		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

Date	Payee name			
08/01/2025	Act Blue			
Amount ($)	Payee address;	City;	State;	Zip Code
2.08	P.O. Box 441146	Somerville	MA	02144
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Fees	Fees from contributions		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
17	Maria Benzon			

4 Date	5 Payee name			
08/04/2025	Act Blue			
6 Amount ($)	**7** Payee address;	City;	State;	Zip Code
1.16	P.O. Box 441146	Somerville	MA	02144

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

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

Date	Payee name			
08/06/2025	Act Blue			
Amount ($)	Payee address;	City;	State;	Zip Code
15.36	P.O. Box 441146	Somerville	MA	02144

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

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

Date	Payee name			
08/07/2025	Act Blue			
Amount ($)	Payee address;	City;	State;	Zip Code
2.08	P.O. Box 441146	Somerville	MA	02144

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME: Maria Benzon	3 Filer ID (Ethics Commission Filers)

Expenditure 1

4 Date	5 Payee name			
08/08/2025	Act Blue			
6 Amount ($)	**7 Payee address;**	**City;**	**State;**	**Zip Code**
15.26	P.O. Box 441146	Somerville	MA	02144

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

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

Expenditure 2

Date	Payee name			
08/11/2025	Act Blue			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
4.76	P.O. Box 441146	Somerville	MA	02144

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

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

Expenditure 3

Date	Payee name			
08/13/2025	Act Blue			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
0.79	P.O. Box 441146	Somerville	MA	02144

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

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
17	Maria Benzon			

4 Date	5 Payee name			
08/15/2025	Act Blue			
6 Amount ($)	**7 Payee address;**	**City;**	**State;**	**Zip Code**
9.48	P.O. Box 441146	Somerville	MA	02144

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

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

Date	Payee name			
08/18/2025	Act Blue			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
6.01	P.O. Box 441146	Somerville	MA	02144

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

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

Date	Payee name			
08/20/2025	Act Blue			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
3.05	P.O. Box 441146	Somerville	MA	02144

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

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
17	Maria Benzon			

4 Date	5 Payee name			
08/21/2025	Act Blue			
6 Amount ($)	**7** Payee address;	City;	State;	Zip Code
3.93	P.O. Box 441146	Somerville	MA	02144

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

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

Date	Payee name			
08/25/2025	Act Blue			
Amount ($)	Payee address;	City;	State;	Zip Code
4.14	P.O. Box 441146	Somerville	MA	02144

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

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

Date	Payee name			
08/26/2025	Act Blue			
Amount ($)	Payee address;	City;	State;	Zip Code
2.08	P.O. Box 441146	Somerville	MA	02144

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

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
17	Maria Benzon			

4 Date	5 Payee name			
08/27/2025	Act Blue			
6 Amount ($)	**7** Payee address;	City;	State;	Zip Code
2.68	P.O. Box 441146	Somerville	MA	02144

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

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

Date	Payee name			
09/02/2025	Act Blue			
Amount ($)	Payee address;	City;	State;	Zip Code
3.05	P.O. Box 441146	Somerville	MA	02144

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

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

Date	Payee name			
09/04/2025	Act Blue			
Amount ($)	Payee address;	City;	State;	Zip Code
2.08	P.O. Box 441146	Somerville	MA	02144

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

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
17	Maria Benzon	

4 Date	5 Payee name
09/05/2025	Act Blue

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
29.27	P.O. Box 441146	Somerville	MA	02144

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

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

Date	Payee name
09/08/2025	Act Blue

Amount ($)	Payee address;	City;	State;	Zip Code
11.47	P.O. Box 441146	Somerville	MA	02144

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

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

Date	Payee name
09/10/2025	Act Blue

Amount ($)	Payee address;	City;	State;	Zip Code
2.08	P.O. Box 441146	Somerville	MA	02144

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
17	Maria Benzon	

4 Date	5 Payee name
09/15/2025	Act Blue

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
5.24	P.O. Box 441146	Somerville	MA	02144

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

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

Date	Payee name
09/17/2025	Act Blue

Amount ($)	Payee address;	City;	State;	Zip Code
8.09	P.O. Box 441146	Somerville	MA	02144

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

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

Date	Payee name
09/19/2025	Act Blue

Amount ($)	Payee address;	City;	State;	Zip Code
3.05	P.O. Box 441146	Somerville	MA	02144

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME: Maria Benzon			3 Filer ID (Ethics Commission Filers)
4 Date: 09/22/2025	5 Payee name: Act Blue			
6 Amount ($): 5.09	7 Payee address; P.O. Box 441146	City; Somerville	State; MA	Zip Code 02144
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Fee	(b) Description: Fees from contributions		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

Date: 09/24/2025	Payee name: Act Blue			
Amount ($): 62.90	Payee address; P.O. Box 441146	City; Somerville	State; MA	Zip Code 02144
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Fees	Description: Fees from contributions		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

Date	Payee name			
Amount ($)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1		

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

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

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

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

Date	Payee name

Amount ($)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED