

# 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:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <input checked="" type="radio"/> FIRST <b>BLANCA</b> MI <b>N</b> NICKNAME <b>BENAVIDES ANDERSON</b> LAST SUFFIX	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>709 ASCOT PARK DR. MANUSFIELD, TX. 76063</b>	Date Received	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <b>(817)</b> PHONE NUMBER <b>501-4515</b> EXTENSION	Date Hand-delivered or Date Postmarked	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <input checked="" type="radio"/> FIRST <b>AIMEE</b> MI <b>Y</b> NICKNAME <b>STRICKLAND</b> LAST SUFFIX	Receipt #	Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>4 WOODBRIDGE COURT, MANUSFIELD TX 76063</b>	Date Processed	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <b>(817)</b> PHONE NUMBER <b>271-4063</b> EXTENSION	Date Imaged	
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year    Month Day Year <b>3 / 29 / 2022</b> THROUGH <b>4 / 27 / 2022</b>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <b>05 / 07 / 2022</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>N/A</b>	<b>13 OFFICE SOUGHT (if known)</b> <b>MLSP SCHOOL BOARD PLACE 5</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> <input type="checkbox"/> 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.		
<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME <b>DFW CONSERVATIVE VOTERS PAC</b>	
		COMMITTEE ADDRESS <b>PO BOX 173065 ARLINGTON, TX 76003</b>	
		COMMITTEE CAMPAIGN TREASURER NAME <b>STUART CANE</b>	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

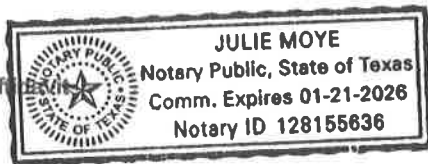
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5863.21
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4131.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2123.79
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affirmation

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Bianca Benavides Anderson this the 29th day of April, 2022, to certify which, witness my hand and seal of office.

Julie Moye Signature of officer administering oath  
Julie Moye Printed name of officer administering oath  
Coordinator of Board Services Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
 My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>BIANCA BENAVIDES ANDERSON</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <b>3835.00</b>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <b>1828.21</b>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>4131.91</b>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# 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:
2 FILER NAME <b>BIANCA BENAVIDES ANDERSON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/1/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RON SNOUFFER</b>	7 Amount of contribution (\$) <b>\$250.00</b>
6 Contributor address; City; State; Zip Code <b>4200 WATERFORD GLEN DR. TX 76063</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>4/3/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NICOLE SHOQUIST</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Contributor address; City; State; Zip Code <b>1109 GREENHILL TRAIL MANFIELD TX, 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/7/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KATIE SPEAKES</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>1515 CANNON GATE DR. MANFIELD TX 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/8/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KYUE PATRICK</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>2603 CHAMBLAY LN MANFIELD TX 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>BIANCA BENAVIDES ANDERSON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/8/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CORY HOFFMAN</b>	7 Amount of contribution (\$) <b>\$ 500.00</b>
6 Contributor address; City; State; Zip Code <b>1604 CHRISTEN POINT DR MANFIELD TX 76663</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/12/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRENDA HAYES</b>	Amount of contribution (\$) <b>\$ 50.00</b>
Contributor address; City; State; Zip Code <b>900 N WALNUT CREEK LN SUITE 100 #405 MANFIELD TX 76663</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRENDA LONGNECKER</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>8420 COUNTY Rd. 530 MANFIELD TX 76663</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STACIE LAW</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>4 MITERTON CT MANFIELD TX 76663</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>BLANCA BENAVIDES ANDERSON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/13/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CINDY FOOTZ</b>	7 Amount of contribution (\$) <b>\$ 50.00</b>
6 Contributor address; City; State; Zip Code <b>6621 FOREST PARK DR. ARLINGTON TX 76001</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>4/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MAGDALENA AVILA</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Contributor address; City; State; Zip Code <b>3802 PARK MANOR CT ARLINGTON TX 76011</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LISA HARRISON</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>903 POWER HEIGHTS TRL MANFRESINO TX 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LORENZO DE LA TORRE</b>	Amount of contribution (\$) <b>\$ 200.00</b>
Contributor address; City; State; Zip Code <b>3802 PARK MANOR CT ARLINGTON TX 76017</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

BIANCA BENAVIDES ANDERSON

3 Filer ID (Ethics Commission Filers)

4 Date

4/13/22

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

KIMBERLY FITZPATRICK

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address; City; State; Zip Code

2800 RAINFOREST ST SOUTHPLAKE TX 76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/13/22

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

LAURA HICKS

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

2416 BERRY TRAIL MANSFIELD TX 76063

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/14/22

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ASHLEY HINSON

Amount of contribution (\$)

\$ 5.00

Contributor address; City; State; Zip Code

1313 HIGHLAND DR. MANSFIELD TX 76063

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/14/22

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JEREMY PICKRELL

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

8301 PRESERVE OAKS DR BURLESON TX 76028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>BIANCA BENAVIDES ANDERSON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/14/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ADRIANA RODRIGUEZ</b>	7 Amount of contribution (\$) <b>\$150.00</b>
6 Contributor address; City; State; Zip Code <b>3920 PYRACANTHA DR. ARLINGTON TX 76017</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/14/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DIANA RAINES</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>16 ADAMS CT MANSFIELD TX 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHAEL LEYMAN</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>2310 STONEBRIDGE LN. MANSFIELD, TX 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WILLIAM MCGRAN</b>	Amount of contribution (\$) <b>\$70.00</b>
Contributor address; City; State; Zip Code <b>1808 LAKES EDGE BLVD MANSFIELD TX 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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:
2 FILER NAME <b>BIANCA BENAVIDES ANDERSON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/13/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CORY HOFFMAN</b>	7 Amount of contribution (\$) <b>\$60.00</b>
6 Contributor address; City; State; Zip Code <b>1604 CHRISTEN POINT DR. TX 76063</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>3/31/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ANGELIA FASLER</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>111 WALNUT ST. MANFIELD, TX 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/11/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NEXT STEP HOME HEALTH</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>990 HWY 287 N. STE 106 MANFIELD TX 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**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:	
2 FILER NAME <b>BIANCA BENAVIDES ANDERSON</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>1828.21</b>	
5 Date <b>4/27/22</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MANFIELD FIRST PAC</b>	8 Amount of Contribution \$ <b>\$1828.21</b>	9 In-kind contribution description <b>MAILERS DOOR HANGERS CAMPAIGN APP</b>
7 Contributor address; City; State; Zip Code <b>2601 E. BROAD ST. MANFIELD, TX 75403</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>BLANCA BENAVIDES ANDRADA</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/31/22</b>	5 Payee name <b>STAPLES</b>	
6 Amount (\$) <b>\$27.05</b>	7 Payee address; City; State; Zip Code <b>1781 US HWY 287, MANSFIELD, TX 74063</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Small card PRINTING EXPENSE</b>	(b) Description <b>BIZ SMALL CARD</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>04/5/22</b>	Payee name <b>PRINT PLACE</b>	
Amount (\$) <b>\$189.49</b>	Payee address; City; State; Zip Code <b>1110 AVENUE H EAST, ARLINGTON, TX 76011</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PUSH CARD PRINTING EXPENSE</b>	Description <b>PUSH CARD</b>
	<input type="checkbox"/> Check If travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>4/4/22</b>	Payee name <b>EDGERTON STRATEGIES, INC.</b>	
Amount (\$) <b>\$1419.16</b>	Payee address; City; State; Zip Code <b>1540 KEULER PARKWAY #108-402, KEULER, TX 76248</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>18x24 &amp; 4x6 SIGNS SOLICITATION EXPENSE</b>	Description <b>18x24 &amp; 4x6 SIGNS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>BIANCA BENADES ANDERSON</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/6/22</b>	5 Payee name <b>M. HAYES INC. dba TARRANT COUNTY SERVICES</b>
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6 Amount (\$) <b>\$876.83</b>	7 Payee address; City; State; Zip Code <b>1510 VALLEYWOOD TRL, MANSFIELD TX 76063</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>PLACING SIGNS OUT SOLICITATION EXPENSE</b>	(b) Description <b>GROMMETS / STAPLES PLACING SIGNS OUT</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/12/22</b>	Payee name <b>STAPLES</b>
------------------------	------------------------------

Amount (\$) <b>\$7.58</b>	Payee address; City; State; Zip Code <b>1781 US Hwy 287, MANSFIELD, TX 76063</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>COPIES PRINTING EXPENSE</b>	Description <b>COPIES</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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Date <b>4/13/22</b>	Payee name <b>WAL MART</b>
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Amount (\$) <b>\$23.84</b>	Payee address; City; State; Zip Code <b>930 N. WALNUT CREEK DR. STE 800, MANSFIELD TX 76063</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>MARKERS / NAME TAGS FUNDRAISING EXPENSE</b>	Description <b>MARKERS &amp; NAME TAGS</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME BLANCA BENAVIDES ANDERSON	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name EDGELTON STRATEGIES, INC.	
<b>6</b> Amount (\$) \$ 337.24	<b>7</b> Payee address; City; State; Zip Code 1540 KELLER PARKWAY #108-402, KELLER, TX 76248	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) 18X24 SIGNS	
	<b>(b)</b> Description SOLICITATION EXPENSE 18X24 SIGNS	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 4/19/22	<b>Payee name</b> MISHAYES INC. dba TARRANT COUNTY SERVICES	
<b>Amount (\$)</b> \$884.94	<b>Payee address; City; State; Zip Code</b> 1510 VALLEYWOOD TRL, WANSFORD, TX 76063	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> PLACING SIGNS OUT	
	<b>Description</b> GROMMETS / STAKES PLACING SIGNS OUT	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 4/27/22	<b>Payee name</b> MERCH HAUS	
<b>Amount (\$)</b> \$224.18	<b>Payee address; City; State; Zip Code</b> 9490 E. BANKHEAD Hwy #100 ALCEO, TX 76008	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> T-SHIRTS	
	<b>Description</b> POLLING / SOLICITATION EXPENSE T-SHIRTS	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME BIANCA BENAVIDES ANDERSON	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/21/22	<b>5</b> Payee name ANEDOT	
<b>6</b> Amount (\$) \$ 141.60	<b>7</b> Payee address; 1340 POYDRAS ST. SUITE 1770	City; State; Zip Code NEW ORLEANS LA 70112
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) FEES	<b>(b)</b> Description ELECTRONIC COMPT FEES
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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