

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: 17				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received JUL 13 2023 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged			
	Ms	Fe					
NICKNAME	LAST	SUFFIX					
	Bencosme						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;		APT / SUITE #;		CITY;	STATE;	ZIP CODE
	PO Box 384 Houston TX 77001						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(713)	377-4198					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
	Ms	Laura					
NICKNAME	LAST	SUFFIX					
	Aquilar						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
6110 Reeds Ferry Dr Houston TX 77041							
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(281)	899-9276					
9 REPORT TYPE	<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 checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	1	16	2023		7	15	2023
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	11	7	2023	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			OFFICE SOUGHT (if known)			
	Precinct Chair			HISD School Board Trustee			
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	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

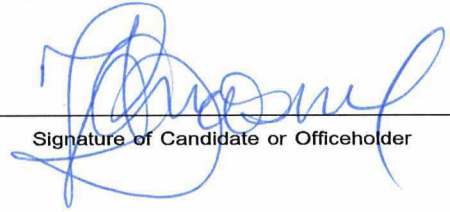
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Fe Bencosme		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,583.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,230.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,353.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

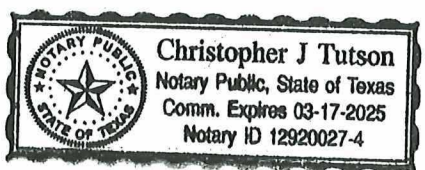
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Christopher J Tutson this the 07 day of 12

2023, to certify which, witness my hand and seal of office.

Christopher J Tutson Printed name of officer administering oath
Christopher J Tutson Signature of officer administering oath
Banker II 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 Fe Bencosme		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,583.70
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,105.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,230.57
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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: 10
2 FILER NAME Fe Bencosme		3 Filer ID (Ethics Commission Filers)
4 Date 06/28/20	5 Full name of contributor Travis Moore out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/24/20	Full name of contributor Rita Corpus out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/24/20	Full name of contributor Araceli Hernandez out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 385.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/21/20	Full name of contributor Bryan Corbin out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 15.00
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Fe Bencosme		3 Filer ID (Ethics Commission Filers)
4 Date 06/17/20	5 Full name of contributor out-of-state PAC (ID#: _____) George Vachris 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 160.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/06/20	Full name of contributor out-of-state PAC (ID#: _____) Bryan Corbin Contributor address; City; State; Zip Code	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/24/20	Full name of contributor out-of-state PAC (ID#: _____) Richard & Tommye Scarborough Contributor address; City; State; Zip Code	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/23/20	Full name of contributor out-of-state PAC (ID#: _____) Wayne & Tina Thompson Contributor address; City; State; Zip Code	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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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2 FILER NAME Fe Bencosme		3 Filer ID (Ethics Commission Filers)
4 Date 05/23/20	5 Full name of contributor out-of-state PAC (ID#: _____) Save Texas Now	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/16/20	Full name of contributor out-of-state PAC (ID#: _____) Hal Lundgren	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/15/20	Full name of contributor out-of-state PAC (ID#: _____) Mary Jane Smith	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/08/20	Full name of contributor out-of-state PAC (ID#: _____) Joe Danna	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: 10
2 FILER NAME Fe Bencosme		3 Filer ID (Ethics Commission Filers)
4 Date 05/07/20	5 Full name of contributor out-of-state PAC (ID#: _____) Kathryn van der Pol	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/06/20	Full name of contributor out-of-state PAC (ID#: _____) Bryan Corbin	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/05/20	Full name of contributor out-of-state PAC (ID#: _____) Nikechi Diallo	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/20	Full name of contributor out-of-state PAC (ID#: _____) Brian Staley	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: 10
2 FILER NAME Fe Bencosme		3 Filer ID (Ethics Commission Filers)
4 Date 04/17/20	5 Full name of contributor out-of-state PAC (ID#: _____) Ksania Lerner 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/15/20	Full name of contributor out-of-state PAC (ID#: _____) Anthony Coleman Contributor address; City; State; Zip Code	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/20	Full name of contributor out-of-state PAC (ID#: _____) Judi Ottmann Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/20	Full name of contributor out-of-state PAC (ID#: _____) Chris Urbanczyk Contributor address; City; State; Zip Code	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: 10
2 FILER NAME Fe Bencosme		3 Filer ID (Ethics Commission Filers)
4 Date 04/04/20	5 Full name of contributor out-of-state PAC (ID#: _____) Janet Wormack	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/18/20	Full name of contributor out-of-state PAC (ID#: _____) Melina Papadopoulos	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/12/20	Full name of contributor out-of-state PAC (ID#: _____) Rolando Garcia	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/12/20	Full name of contributor out-of-state PAC (ID#: _____) Eric Griffin	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Fe Bencosme		3 Filer ID (Ethics Commission Filers)
4 Date 03/06/20	5 Full name of contributor out-of-state PAC (ID#: _____) Nathan Milliron	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/22/20	Full name of contributor out-of-state PAC (ID#: _____) Stephen Guidry	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/20	Full name of contributor out-of-state PAC (ID#: _____) Katherine Tully	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/20/20	Full name of contributor out-of-state PAC (ID#: _____) Micheal T Moore	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Fe Bencosme		3 Filer ID (Ethics Commission Filers)
4 Date 02/20/20	5 Full name of contributor out-of-state PAC (ID#: _____) Araceli Hernandez	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/19/20	Full name of contributor out-of-state PAC (ID#: _____) Ronald Knox	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/19/20	Full name of contributor out-of-state PAC (ID#: _____) Angela Blackshaw	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/20	Full name of contributor out-of-state PAC (ID#: _____) Barbara Lowry	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Fe Bencosme		3 Filer ID (Ethics Commission Filers)
4 Date 02/18/2019	5 Full name of contributor out-of-state PAC (ID#: _____) Matthew Collins	7 Amount of contribution (\$) 5.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/18/2019	Full name of contributor out-of-state PAC (ID#: _____) Kathy Grace	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2019	Full name of contributor out-of-state PAC (ID#: _____) Warren & Patricia Barrett	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2019	Full name of contributor out-of-state PAC (ID#: _____) Patricia Barrett	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Fe Bencosme		3 Filer ID (Ethics Commission Filers)
4 Date 02/16/20	5 Full name of contributor out-of-state PAC (ID#: _____) Martin Gitterman	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/15/20	Full name of contributor out-of-state PAC (ID#: _____) Beverly Roberts	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/20	Full name of contributor out-of-state PAC (ID#: _____) Michael Rydin	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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	
2 FILER NAME Fe Bencosme		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,105.00	
5 Date 07/11/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Kimble Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 850.00	9 In-kind contribution description Photography <small>Check if travel outside of Texas. Complete Schedule T.</small>
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 05/02/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Araceli Hernandez Contributor address; City; State; Zip Code	Amount of Contribution \$ 160.00	In-kind contribution description Palm cards <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

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	
2 FILER NAME Fe Bencosme		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,105.00	
5 Date 04/11/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria Carmen Cavazos Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 95.00	9 In-kind contribution description Banner <small>Check if travel outside of Texas. Complete Schedule T.</small>
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 <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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	2 FILER NAME Fe Bencosme	3 Filer ID (Ethics Commission Filers)
4 Date 06/20/2023	5 Payee name UZ Marketing	
6 Amount (\$) 173.17	7 Payee address; City; State; Zip Code 5900 Bingle Rd Houston TX 77092	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Palm cards
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Fe Bencosme	Office sought HISD Trustee
		Office held Precinct Chair
Date 05/17/2023	Payee name Country Gone Crazy	
Amount (\$) 164.16	Payee address; City; State; Zip Code 10902 I-10, Baytown, TX 77523	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Car door magnets
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Fe Bencosme	Office sought HISD Trustee
		Office held Precinct Chair
Date 03/08/2023	Payee name Kwik Kopy Printing #62	
Amount (\$) 510.17	Payee address; City; State; Zip Code 4001 San Jacinto St Houston TX 77004	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Palm cards
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Fe Bencosme	Office sought HISD Trustee
		Office held Precinct Chair

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	2 FILER NAME Fe Bencosme		3 Filer ID (Ethics Commission Filers)
4 Date 03/07/2023	5 Payee name Sheryl Ann Rodriguez		
6 Amount (\$) 575.00	7 Payee address; City; State; Zip Code 835 Roper St Houston TX 77034		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description T-shirts & tote bags
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Fe Bencosme	Office sought HISD Trustee	Office held Precinct Chair
Date 02/20/2023	Payee name The Branded Creation		
Amount (\$) 2,612.07	Payee address; City; State; Zip Code PO Box 1106 Fulshear TX 77441		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/Fundraising		Description Website
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Fe Bencosme	Office sought HISD Trustee	Office held Precinct Chair
Date 02/16/2023	Payee name United States Post Office		
Amount (\$) 166.00	Payee address; City; State; Zip Code 1500 Hadley St Houston TX 77001		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Rental expense		Description PO Box
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Fe Bencosme	Office sought HISD Trustee	Office held Precinct Chair

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED