

CANDIDATE / OFFICEHOLDER REPORT CITY CLERK DEPT. **FORM C/OH**
SUPPORT & TOTALS 2013 MAY -2 PM 3:36 **COVER SHEET PG 2**

14 C/OH NAME
 ANTHONY (TONY) BENITEZ

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

additional pages

COMMITTEE NAME

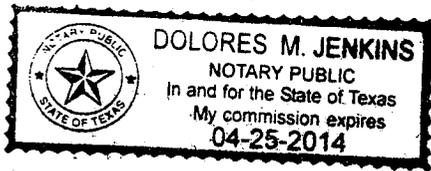
COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 295
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,320
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 22,771.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16,025.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Anthony P. Benitez, this the 2nd day of May, 20 13, to certify which, witness my hand and seal of office.

[Handwritten Signature]
 Signature of officer administering oath

Dolores M. Jenkins
 Printed name of officer administering oath

Notary
 Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2013 MAY -2 PM 3:36

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 OF 10	
2 FILER NAME ANTHONY (TONY) BENITEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/23/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY HEDRICK	7 Amount of contribution (\$) \$250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 328 CRIMSON CLOUD, EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/3/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT HOY, JR.	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 201 VILLA SERENA CT, EL PASO, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/1/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD MILLER	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4100 BOY SCOUT, EL PASO, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/30/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREG HARTLEY	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 708 DOVER, EL PASO, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/29/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK GROOVER	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6540 LOMA DE CRISTO, EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 of 10	
2 FILER NAME ANTHONY (TONY) BENITEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/28/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYNTHIA LYONS 6 Contributor address; City; State; Zip Code 6381 LA POSTA, EL PASO, TX 79912	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/1/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.W. ROGERS, JR. Contributor address; City; State; Zip Code 1600 DEDE, EL PASO, TX 79912	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/29/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RONALD WALLACE Contributor address; City; State; Zip Code P.O. BOX 221797, EL PASO, TX 79913	Amount of contribution (\$) \$300	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/29/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT KOBREN Contributor address; City; State; Zip Code 1212 CERRITO BELLO, EL PASO, TX 79912	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/28/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVE LAUTERBACH Contributor address; City; State; Zip Code 712 YORKSHIRE, EL PASO, TX 79922	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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CITY CLERK DEPT.

2013 MAY - 2 PM 3:00

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 of 10	
2 FILER NAME ANTHONY (TONY) BENITEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/29/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVE RASH 6 Contributor address; City; State; Zip Code 5304 CORY, EL PASO, TX 79932	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/29/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM JOHNS Contributor address; City; State; Zip Code 10809 PICO NORTE, EL PASO, TX 79935	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/28/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES ROGERS JR. Contributor address; City; State; Zip Code 5035 MEADOWLARK, EL PASO, TX 79922	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/26/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN MARTIN Contributor address; City; State; Zip Code 609 MT. CRISTO REY, EL PASO, TX 79922	Amount of contribution (\$) \$300	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DONALD MARGO II Contributor address; City; State; Zip Code P.O. BOX 981021, EL PASO, TX 79998	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
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>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.
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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4 OF 10	
2 FILER NAME ANTHONY (TONY) BENITEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/4/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEMETRIO JIMENEZ 6 Contributor address; City; State; Zip Code 442 COUNTRY OAK, EL PASO, TX 79932	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/3/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROCHESTER DASHER Contributor address; City; State; Zip Code 1313 HONEYSUCKLE, EL PASO, TX 79925	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/3/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEXANDRO LIZARRAGA Contributor address; City; State; Zip Code 916 MISSOURI, EL PASO, TX 79902	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTIN LIZARRAGA Contributor address; City; State; Zip Code 4606 MANZANILLO, AUSTIN, TX 79749	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES CARTER Contributor address; City; State; Zip Code 4698 ROUND ROCK, EL PASO, TX 79924	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2013 MAY -2 PM 3: 37

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5 of 10	
2 FILER NAME ANTHONY (TONY) BENITEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/29/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOM CURLIN	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 201 E. MAIN STE. 1521, EL PASO, TX 79901		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/22/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATTY HOLLAND-BRANCH	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5203 WIMBLEDON WAY, EL PASO, TX 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/21/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IRVING BROWN	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 200 BARLETT STE. 105, EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/26/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NICHOLAS LAMANTIA	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6949 MARKET, EL PASO, TX 79915		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/23/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IKE MONTY, III	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7400 VISCOUNT BLVD STE: 109, EL PASO, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6 OF 10	
2 FILER NAME ANTHONY (TONY) BENITEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/24/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOMINGUEZ INS. AGENCY 6 Contributor address; City; State; Zip Code 11125 LA QUINTA STE. A, EL PASO, TX 79936	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/30/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSE ORTEGA Contributor address; City; State; Zip Code 10929 JOE DIMAGGIO, EL PASO, TX 79934	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/24/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OSCAR ORNELAS Contributor address; City; State; Zip Code 1111 MONTANA, EL PASO, TX 79902	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/27/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LORETTA ARREDONDO Contributor address; City; State; Zip Code 803 LA PAZ, EL PASO, TX 79915	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/27/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICKEY BENITEZ Contributor address; City; State; Zip Code 1336 DON BUDGE, EL PASO, TX 79936	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.
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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7 OF 10	
2 FILER NAME ANTHONY (TONY) BENITEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/27/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: A.A. ARREDONDO, JR. 6 Contributor address; City; State; Zip Code 803 LA PAZ, EL PASO, TX 79915	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/30/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JENNIFER PENN Contributor address; City; State; Zip Code 5732 SALUKI #A, EL PASO, TX 79924	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/19/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: K. ALAN RUSSELL Contributor address; City; State; Zip Code 2500 SCENIC CRET APT. 9, EL PASO, TX 79930	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/19/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: AMADO URBINA Contributor address; City; State; Zip Code 413 CORTEZ, EL PASO, TX 79905	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/19/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: EDDIE PETERS Contributor address; City; State; Zip Code 10187 GALAHAD, EL PASO, TX 79924	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

MAY -2 PM 3:37

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8 of 10	
2 FILER NAME ANTHONY (TONY) BENITEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/17/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS P. TAYLOR, JR. 6 Contributor address; City; State; Zip Code P.O. BOX 26952, EL PASO, TX 79926	7 Amount of contribution (\$) \$225	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID SAUCEDO Contributor address; City; State; Zip Code 3304 OLD SPANISH TRAIL, EL PASO, TX 79904	Amount of contribution (\$) \$60	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGELICA RODRIGUEZ Contributor address; City; State; Zip Code 7221 TIERRA TAOS, EL PASO, TX 79912	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT HERNANDEZ Contributor address; City; State; Zip Code 4669 ROUND ROCK DRIVE, EL PASO, TX 79924	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY HAMADON Contributor address; City; State; Zip Code 10505 APPALOOSA, EL PASO, TX 79924	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.
2013 MAY -2 PM 3:37

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9 OF 10	
2 FILER NAME ANTHONY (TONY) BENITEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/17/2013	5 Full name of contributor. <input type="checkbox"/> out-of-state PAC (ID#: _____) AMY HAMADON	7 Amount of contribution (\$) \$50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10505 APPALOOSA, EL PASO, TX 79924		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/27/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARINA RAMOS	Amount of contribution (\$) \$60	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10356 YELLOWSTONE, EL PASO, TX 79924		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/27/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES HOBSON	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7700 CEDAR BREAKS, EL PASO, TX 79904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/27/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GIL ESPARZA	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3111 DEVILS TOWER, EL PASO, TX 79904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/26/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD AMSTATER	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5000 MONTOYA, EL PASO, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

2013 MAY -2 PM 3:37 SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10 of 10	
2 FILER NAME ANTHONY (TONY) BENITEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/26/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) OTHER	7 Amount of contribution (\$) \$295	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
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 (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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 (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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 (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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 (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

CITY CLERK DEPT.

2013 MAY -2 PM 3:37

SCHEDULE F**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 6		2 FILER NAME ANTHONY (TONY) BENITEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/17/2013		5 Payee name GOLDEN CORRAL RESTAURANT			
6 Amount (\$) \$280		7 Payee address; City; State; Zip Code 4910 TRANS MOUNTAIN, EL PASO, TX 79924			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FOOD/ BEVERAGE EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/1/2013		Payee name A BRIGHT LIGHT TAX			
Amount (\$) \$55		Payee address; City; State; Zip Code 5430 YVETTE BLDG B, EL PASO, TX 79924			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) RENTAL EXPENSE		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/23/2013		Payee name TACO BELL			
Amount (\$) \$26.48		Payee address; City; State; Zip Code 9159 DYER, EL PASO, TX 79924			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEVERAGES EXPENSE		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/17/2013		Payee name CASITA LINDA			
Amount (\$) \$40		Payee address; City; State; Zip Code 5815 HONDO PASS, EL PASO, TX 79924			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/ BEVERAGES EXPENSE		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

CITY CLERK DEPT.

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SCHEDULE F**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 OF 6	2 FILER NAME ANTHONY (TONY) BENITEZ	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/2/2013	5 Payee name THE FORMA GROUP	
6 Amount (\$) \$3,088.82	7 Payee address; City; State; Zip Code 301 E. SAN ANTONIO B201, EL PASO, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/2/2013	Payee name THE FORMA GROUP	
Amount (\$) \$3,000	Payee address; City; State; Zip Code 301 E. SAN ANTONIO B201, EL PASO, TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/10/2013	Payee name ALLPRINT	
Amount (\$) \$598.06	Payee address; City; State; Zip Code 7230-D GATEWAY EAST, EL PASO, TX 79915	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/17/2013	Payee name ALLPRINT	
Amount (\$) \$432.46	Payee address; City; State; Zip Code 7230-D GATEWAY EAST, EL PASO, TX 79915	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

CITY CLERK DEPT.

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SCHEDULE F**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 6	2 FILER NAME ANTHONY (TONY) BENITEZ	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/19/2013	5 Payee name ALLPRINT	
6 Amount (\$) \$129.89	7 Payee address; City; State; Zip Code 7230-D GATEWAY EAST, ELPASO, TX 79915	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) POSTCARDS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/8/2013	Payee name SYLVIA SUTHERLAND	
Amount (\$) \$8.43	Payee address; City; State; Zip Code 303 N. OREGON STE. 1100, EL PASO, TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	Description (If travel outside of Texas, complete Schedule T) RECEIPT BOOK
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/3/2013	Payee name A BRIGHT LIGHT TAX	
Amount (\$) \$150	Payee address; City; State; Zip Code 5430 YVETTE BLDG B, EL PASO, TX 79924	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) RENTAL EXPENSE	Description (If travel outside of Texas, complete Schedule T) RENT CAMPAIGN HQ
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/5/2013	Payee name RENE ROBINSON	
Amount (\$) \$23.29	Payee address; City; State; Zip Code 9905 ELOICE, EL PASO, TX 79924	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGES	Description (If travel outside of Texas, complete Schedule T) VOLUNTEER FOOD
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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POLITICAL EXPENDITURES

CITY CLERK DEPT.

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SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 OF 6		2 FILER NAME: ANTHONY (TONY) BENITEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: 4/23/2013		5 Payee name: EL PASO INC.			
6 Amount (\$): \$500		7 Payee address; City; State; Zip Code: 120 PORFIRIO DIAZ, EL PASO, TX 79902			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: 4/22/2013		Payee name: ALLPRINT			
Amount (\$): \$54.13		Payee address; City; State; Zip Code: 7230-D GATEWAY EAST, EL PASO, TX 79915			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: 4/27/2013		Payee name: ALLPRINT			
Amount (\$): \$438.40		Payee address; City; State; Zip Code: 7230-D GATEWAY EAST, EL PASO, TX 79915			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) SIGNS, POSTCARDS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: 4/29/2013		Payee name: ALLPRINT			
Amount (\$): \$439.50		Payee address; City; State; Zip Code: 7230-D GATEWAY EAST, EL PASO, TX 79915			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T) SIGNS AND SIGNS SUPPORTS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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CITY CLERK DEPT.

POLITICAL EXPENDITURES

2013 MAY -2 PM 3:37

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5 of 6		2 FILER NAME ANTHONY (TONY) BENITEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/30/2013		5 Payee name RENE ROBINSON			
6 Amount (\$) \$38.74		7 Payee address; City; State; Zip Code 9905 ELOICE, EL PASO, TX 79924			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FOOD/ BEVERAGES		(b) Description (If travel outside of Texas, complete Schedule T) VOLUNTEER FOOD	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/29/2013		Payee name NUESTRA COMUNIDAD			
Amount (\$) \$540		Payee address; City; State; Zip Code 1519 MONTANA, EL PASO, TX 79902			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/1/2013		Payee name EL PASO INC			
Amount (\$) \$500		Payee address; City; State; Zip Code 120 PORFIRIO DIAZ, EL PASO, TX 79902			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/30/2013		Payee name THE FORMA GROUP			
Amount (\$) \$12,177.62		Payee address; City; State; Zip Code 301 E. SAN ANTONIO, EL PASO, TX 79902			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONSULTING-ADVERTISING		Description (If travel outside of Texas, complete Schedule T) POLITICAL CONSULTING- MAILERS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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POLITICAL EXPENDITURES

CITY CLERK DEPT.

2013 MAY -2 PM 3:37

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6 of 6	2 FILER NAME ANTHONY (TONY) BENITEZ	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/26/2013	5 Payee name PIRYX TRANSACTION FEE (WEBSITE)
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6 Amount (\$) \$14.38	7 Payee address; City; State; Zip Code 144 2ND ST, 1ST FLOOR, SAN FRANCISCO, CA 94105
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description (If travel outside of Texas, complete Schedule T) WEBSITE PAYMENT FEE
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/27/2013	Payee name PIRYX TRANSACTION FEE (WEBSITE)
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Amount (\$) \$1.44	Payee address; City; State; Zip Code 144 2ND ST, 1ST FLOOR, SAN FRANCISCO, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	Description (If travel outside of Texas, complete Schedule T) WEBSITE PAYMENT FEE
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.

2013 MAY -2 PM 3: 37

SCHEDULE G**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 of 2	2 FILER NAME ANTHONY (TONY) BENITEZ	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/17/2013	5 Payee name GOLDEN CORRAL RESTAURANT	
6 Amount (\$) \$40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4910 TRANS MOUNTAIN, EL PASO, TX 79924	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/BEVERAGES	(b) Description (If travel outside of Texas, complete Schedule T) FUNDRAISER
Date 4/19/2013	Payee name ALLPRINT	
Amount (\$) \$113.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7230-D GATEWAY EAST, EL PASO, TX 79915	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) SIGNS
Date 4/19/2013	Payee name ALBERTSONS	
Amount (\$) \$18.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10765 KENWORTHY, EL PASO, TX 79924	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/ BEVERAGES	Description (If travel outside of Texas, complete Schedule T) VOLUNTEER FOOD
Date 4/30/2013	Payee name LOWE'S	
Amount (\$) \$30.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4531 TRANS MOUNTAIN, EL PASO, TX 79924	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OVERHEAD	Description (If travel outside of Texas, complete Schedule T) WEIGHTED BLOCKS FOR TENT
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.
2013 MAY -2 PM 3:37

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 of 2	2 FILER NAME ANTHONY (TONY) BENITEZ	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/12/13	5 Payee name ALBERTSONS
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6 Amount (\$) \$18.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 10765 KENWORTHY, EL PASO, TX 79924
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/ BEVERAGES	(b) Description (If travel outside of Texas, complete Schedule T)
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Date 4/30/2013	Payee name BURGER KING
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Amount (\$) \$13.37 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9050 DYER, EL PASO, TX 79904
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/ BEVERAGES	Description (If travel outside of Texas, complete Schedule T) VOLUNTEER FOOD
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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