CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: -10£3- 4			
3 CANDIDATE/	₩\$ÇM\$R\$ Z/MR FIRST	MI	OFFICE USE ONLY			
OFFICEHOLDER NAME	JOE NICKNAME LAST BENAVIDES	SUFFIX	Date Received FILED FOR RECORD AT M			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; 410 ATLANTIC ST. CORPUS CHRISTI, TX 78404 AREA CODE PHONE NUMBER	CITY; STATE; ZIP CODE	JAN 1 6 2018 KARA SANDS CLERK COLATY SOLET, MUSCES COUNTY TEXAS BY DEPUTY Date Hand-delivered or Date Postmarked			
PHONE	(361) 633-6308	MI	Receipt # Amount \$			
6 CAMPAIGN TREASURER NAME	ANNAME FIRST ADELFINO	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 402 PEOPLES, ST., SUITE CORPUS CHRISTI, TX 7840	3A	ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 884-8322	EXTENSION				
9 REPORT TYPE	July 15 30th day before	Turned ad 6500 Figurit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 7 / 1 / 2017	THROUGH 12 /	Day Year /31 /2017			
11 ELECTION	ELECTION DATE Month Day Year Primary Genera	Description	E			
12 OFFICE	OFFICE HELD (if any) JUSTICE OF THE PEACE PCT.1, PL.1 NUECES COUNTY	13 OFFICE SOUGHT (if know	vn)			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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14 C/OH NAME		. 15	Filer ID (Ethics Commission Filers)		
JOE BENAVIDES					
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	COMMITTEE NAME			
•	GENERAL		·		
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00		
,		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 0.00		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0.00		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA' ORTING PERIOD	\$ 263.01		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00				
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. June 3, 2018 Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP/SEALABOVE					
Sworn to and subscribed before me, by the said					
day of January, 20 8, to certify which, witness my hand and seal of office.					
Laurence Admin Sorvation					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) JOE BENAVIDES 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ TREPAC/TEXAS ASSOCIATION OF REALTORS 8/13/17 6 Contributor address; City; State; Zip Code \$500.00 P.O. BOX 2246 AUSTIN, TX 78768 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) REALTORS Full name of contributor ut-of-state PAC (ID#:_ **Date** Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Jab title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:__ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-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.

SUBTOTALS - C/OH

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19	FILER NAME 20 Filer ID (Ethics Commission Filers)	
	JOE BENAVIDES		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ N/A	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ N/A	
4.	SCHEDULE E: LOANS	\$ N/A	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ N/A	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ons \$ N/A	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ N/A	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ N/A	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	FC/OH \$N/A	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ N/A	