

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI JOE NICKNAME LAST SUFFIX BENAVIDES	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 410 ATLANTIC ST. CORPUS CHRISTI, TX 78404	Date Received FILED FOR RECORD AT 4:10 P M JUL 15 2019 KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY: <i>[Signature]</i> DEPUTY	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 633-9308	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI ADELFINO NICKNAME LAST SUFFIX PALACIOS	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1121 MORGAN ST. CORPUS CHRISTI, TX 78404	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 884-8322	Date Imaged	
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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 1 / 19 THROUGH 6 / 30 / 19		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) JUSTICE OF THE PEACE PCT.1, PL.1 NUECES COUNTY, TX	13 OFFICE SOUGHT (if known) JUSTICE OF THE PEACE PCT.1, PL.1 NUECES COUNTY, TX	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 21,000.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 10,127.31

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

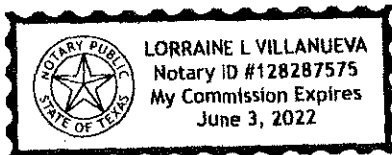
\$ 10,872.69

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Joe Benavides
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Joe Benavides, this the 15 day of July, 2019, to certify which, witness my hand and seal of office.

Lorraine L. Villanueva
Signature of officer administering oath

Lorraine L. Villanueva
Printed name of officer administering oath

Admin. Secretary
Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10112
2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)
4 Date 3-20-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAROLD OAG 6 Contributor address; City; State; Zip Code 1243 NILE DR., CORPUS CHRISTI, TX 78412	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) CO-OWNER/MANAGEMENT		9 Employer (See Instructions) APM
Date 3-20-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIO A. MARTINEZ Contributor address; City; State; Zip Code 6048 OCEAN DR., CORPUS CHRISTI, TX 78412	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) DOCTOR - MD		Employer (See Instructions) SELF
Date 3-29-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANK A. LAZARTE Contributor address; City; State; Zip Code 924 LEOPARD ST., CORPUS CHRISTI, TX 78401	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 4-2-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOHAMMED MOTGHI Contributor address; City; State; Zip Code P.O. BOX 3696, CORPUS CHRISTI, TX 78463	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) DEVELOPER		Employer (See Instructions) SELF

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
20112

2 FILER NAME

JOE BENAVIDES

3 Filer ID (Ethics Commission Filers)

4 Date

4-3-19

5 Full name of contributor

out-of-state PAC (ID#: _____)

ARNOLD GONZALEZ

7 Amount of contribution (\$)

\$1000.00

6 Contributor address;

City; State; Zip Code

5959 S. STAPLES SUITE 205
CORPUS CHRISTI, TX 78413

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

SELF

Date

4-3-19

Full name of contributor

out-of-state PAC (ID#: _____)

TERESA MENDEZ

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

4541 ACUSHNET DR., CORPUS CHRISTI, TX 78413

Principal occupation / Job title (See Instructions)

REALTOR

Employer (See Instructions)

SELF

Date

4-8-19

Full name of contributor

out-of-state PAC (ID#: _____)

GG NUNEZ

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

5417 S. STAPLES STE. 101, CORPUS CHRISTI, TX
78411

Principal occupation / Job title (See Instructions)

REALTOR

Employer (See Instructions)

SELF

Date

4-19-19

Full name of contributor

out-of-state PAC (ID#: _____)

AMBAR QURESHI

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

4822 KERRVILLE DR. CORPUS CHRISTI, TX 78413

Principal occupation / Job title (See Instructions)

MANAGEMENT

Employer (See Instructions)

SHP

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 12
2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)
4 Date 4-23-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARISSA MORA 6 Contributor address; City; State; Zip Code 4346 PONTCHARTRAIN DR., CORPUS CHRISTI, TX 78413	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) DIRECTOR		9 Employer (See Instructions) CACCB
Date 4-29-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT ADLER Contributor address; City; State; Zip Code P.O. BOX 5405, CORPUS CHRISTI, TX 78465	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 4-30-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWRENCE & SANDRA CLEMENT Contributor address; City; State; Zip Code 6701 PAMBROCK DR., CORPUS CHRISTI, TX 78414	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ADMINISTRATORS/CIVIL		Employer (See Instructions) CCISD/FED
Date 4-30-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN COCHRAN Contributor address; City; State; Zip Code P.O. BOX 412, CORPUS CHRISTI, TX 78403	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 12

2 FILER NAME

JOE BENAVIDES

3 Filer ID (Ethics Commission Filers)

4 Date

4-30-19

5 Full name of contributor

out-of-state PAC (ID#: _____)

MATILDA PEREZ

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City; State; Zip Code

4701 AYERS ST. STE 501 CORPUS CHRISTI, TX 78415

8 Principal occupation / Job title (See Instructions)

FINANCES/MANAGEMENT

9 Employer (See Instructions)

COASTAL BEND LOANS

Date

5-2-19

Full name of contributor

out-of-state PAC (ID#: _____)

ELIZABETH DIAL

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

P.O. BOX 1062, ORANGE GROVE, TX 78372

Principal occupation / Job title (See Instructions)

ACCOUNTING

Employer (See Instructions)

SELF

Date

5-8-19

Full name of contributor

out-of-state PAC (ID#: _____)

JERRY DAVILA

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

3855 S. ALAMEDA, CORPUS CHRISTI, TX 78411

Principal occupation / Job title (See Instructions)

CO-OWNER

Employer (See Instructions)

RESTRAUNT

Date

5-23-19

Full name of contributor

out-of-state PAC (ID#: _____)

HERMANN AND HERRMAN

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

1201 3RD ST., CORPUS CHRISTI, TX 78404

Principal occupation / Job title (See Instructions)

ATTORNEY'S AT LAW

Employer (See Instructions)

HERRMAN & HERRMAN

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 12

2 FILER NAME
JOE BENAVIDES

3 Filer ID (Ethics Commission Filers)

4 Date
5-10-19

5 Full name of contributor out-of-state PAC (ID#: _____)
ALBERTO RIVERA

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
7426 S. STAPLES, #105, CORPUS CHRISTI, TX 78413

\$400.00

8 Principal occupation / Job title (See Instructions)
INSURANCE AGENT

9 Employer (See Instructions)
SELF

Date
5-10-19

Full name of contributor out-of-state PAC (ID#: _____)
CARLOS ALEGRIA

Amount of contribution (\$)

Contributor address; City; State; Zip Code
3661 AUSTIN, CORPUS CHRISTI, TX 78411

\$200.00

Principal occupation / Job title (See Instructions)
BUSINESS OWNER

Employer (See Instructions)
SELF

Date
5-14-19

Full name of contributor out-of-state PAC (ID#: _____)
THERESA BOURESSA

Amount of contribution (\$)

Contributor address; City; State; Zip Code
408 PALMERO ST. APT.1, CORPUS CHRISTI, TX 78404

\$200.00

Principal occupation / Job title (See Instructions)
BUSINESS OWNER

Employer (See Instructions)
SELF

Date
5-15-19

Full name of contributor out-of-state PAC (ID#: _____)
LINEBARGER GOGGAN AND SAMPSON LLP

Amount of contribution (\$)

Contributor address; City; State; Zip Code
P.O. BOX 17428, AUSTIN, TX 78760

\$1000.00

Principal occupation / Job title (See Instructions)
ATTORNEYS

Employer (See Instructions)
LAW FIRM

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
JOE BENAVIDES

3 Filer ID (Ethics Commission Filers)

4 Date
5-16-19

5 Full name of contributor out-of-state PAC (ID#: _____)
JULIO REYES

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
52 W BAR LE DOC DR. CORPUS CHRISTI, TX 78414

\$500.00

8 Principal occupation / Job title (See Instructions)
VP PUBLIC AFFAIRS

9 Employer (See Instructions)
AEP

Date
5-17-19

Full name of contributor out-of-state PAC (ID#: _____)
DARLINA RODRIGUEZ SOLIZ

Amount of contribution (\$)

Contributor address; City; State; Zip Code
P.O. BOX 271398, CORPUS CHRISTI, TX 78427

\$200.00

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

Date
5-25-19

Full name of contributor out-of-state PAC (ID#: _____)
MARISOL OCHOA VASQUEZ

Amount of contribution (\$)

Contributor address; City; State; Zip Code
4837 KENDALL DR. CORPUS CHRISTI, TX 78415

\$200.00

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

Date
5-28-19

Full name of contributor out-of-state PAC (ID#: _____)
ERNEST GARZA

Amount of contribution (\$)

Contributor address; City; State; Zip Code
10201 LEOPARD ST., CORPUS CHRISTI, TX 78410

\$200.00

Principal occupation / Job title (See Instructions)
ACCOUNTANT

Employer (See Instructions)
SELF

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
JOE BENAVIDES

3 Filer ID (Ethics Commission Filers)

4 Date
5-28-19

5 Full name of contributor out-of-state PAC (ID#: _____)
NEMECIO E. LOPEZ
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
\$200.00

2305 HACIENDA ROAD, HARLINGEN, TX 78552

8 Principal occupation / Job title (See Instructions)
ATTORNEY

9 Employer (See Instructions)
SELF

Date
5-28-19

Full name of contributor out-of-state PAC (ID#: _____)
JAIME RIOS
Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$1000.00

5538 KING TRAIL, CORPUS CHRISTI TX 78414

Principal occupation / Job title (See Instructions)
FINANCIAL PLANNER

Employer (See Instructions)
SELF

Date
5-30-19

Full name of contributor out-of-state PAC (ID#: _____)
ELI ABRAHAM
Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$1000.00

4430 KILLARMET DR. CORPUS CHRISTI, TX 78413

Principal occupation / Job title (See Instructions)
BUSINESS OWNER

Employer (See Instructions)
GEMINI SUSHI BAR

Date
5-30-19

Full name of contributor out-of-state PAC (ID#: _____)
KEVIN L. COCHRAN
Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$200.00

P.O. BOX 412, CORPUS CHRISTI, TX 78403

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)
SELF

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8 of 12

2 FILER NAME
JOE BENAVIDES

3 Filer ID (Ethics Commission Filers)

4 Date
6-1-19

5 Full name of contributor out-of-state PAC (ID#: _____)
JAMES P. PEREZ

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
260 CIRCLE DR., CORPUS CHRISTI, TX 78411

\$1000.00

8 Principal occupation / Job title (See Instructions)
BUSINESS OWNER

9 Employer (See Instructions)
MATTRESS FIRM

Date
6-4-19

Full name of contributor out-of-state PAC (ID#: _____)
BATEK & ROBINSON

Amount of contribution (\$)

Contributor address; City; State; Zip Code
102 N. STAPLES ST., CORPUS CHRISTI, TX 78401

\$1000.00

Principal occupation / Job title (See Instructions)
ATTORNEYS

Employer (See Instructions)
LAW FIRM

Date
6-6-19

Full name of contributor out-of-state PAC (ID#: _____)
RENE PENA

Amount of contribution (\$)

Contributor address; City; State; Zip Code
13333 SCENIC CIR, CORPUS CHRISTI, TX 78410

\$200.00

Principal occupation / Job title (See Instructions)
BANKER

Employer (See Instructions)
PROSPERITY BANK

Date
6-7-19

Full name of contributor out-of-state PAC (ID#: _____)
BEN GRANDE

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1021 CHAMBERLAINE ST. CORPUS CHRISTI, TX 78404

\$200.00

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9 of 12
2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)
4 Date 6-11-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERTO AGUILAR 6 Contributor address; City; State; Zip Code 3805 CASTLE KNOLL DR., CORPUS CHRISTI, TX 78410	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) ELECTRICIAN		9 Employer (See Instructions) SELF
Date 6-12-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELBA JIMENEZ Contributor address; City; State; Zip Code 5301 EVERHART, STE. J, CORPUS CHRISTI, TX 78411	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER/HAIR SALON		Employer (See Instructions) SELF
Date 6-16-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NELSON VELAZQUEZ Contributor address; City; State; Zip Code 3 CARRINGTON RD, HENDERSONVILLE, TN 37075	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) DOCTOR MD		Employer (See Instructions) SELF
Date 6-26-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE A. GONZALEZ Contributor address; City; State; Zip Code 4009 D. OAK FORREST, CORPUS CHRISTI, TX 78413	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) COMMISSIONER		Employer (See Instructions) NUECES COUNTY

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10 of 12

2 FILER NAME
JOE BENAVIDES

3 Filer ID (Ethics Commission Filers)

4 Date
6-26-19

5 Full name of contributor out-of-state PAC (ID#: _____)
RICHARDO SANCHEZ

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

3714 WOODSTONE DR., CORPUS CHRISTI, TX 78415

\$200.00

8 Principal occupation / Job title (See Instructions)
RETIRED

9 Employer (See Instructions)
N/A

Date
6-26-19

Full name of contributor out-of-state PAC (ID#: _____)
RODNEY SANCHEZ

Amount of contribution (\$)

Contributor address; City; State; Zip Code

805 S. STAPLES STE. E., CORPUS CHRISTI, TX 78404

\$1000.00

Principal occupation / Job title (See Instructions)
BUSINESS OWNER

Employer (See Instructions)
SELF

Date
6-27-19

Full name of contributor out-of-state PAC (ID#: _____)
GABI CANALES

Amount of contribution (\$)

Contributor address; City; State; Zip Code

5262 S. STAPLES ST., STE111, CORPUS CHRISTI, TX 78411

\$200.00

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)
SELF

Date
6-28-19

Full name of contributor out-of-state PAC (ID#: _____)
PETE TAPIA

Amount of contribution (\$)

Contributor address; City; State; Zip Code

P.O.BOX 7559, CORPUS CHRISTI, TX 78467

\$100.00

Principal occupation / Job title (See Instructions)
INSURANCE AGENT

Employer (See Instructions)
SELF

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11 of 12
2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)
4 Date 6-28-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARMANDO GONZALEZ 6 Contributor address; City; State; Zip Code 924 LEOPARD ST., CORPUS CHRISTI, TX 78401	7 Amount of contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 6-28-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAKESH PATEL Contributor address; City; State; Zip Code 3200 SURFSIDE BLD, CORPUS CHRISTI, TX 78402	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) HOTEL OWNER		Employer (See Instructions) SELF
Date 6-28-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IBEW PAC VOLUNTARY FUND Contributor address; City; State; Zip Code 900 SEVENTH ST. NW. WASHINGTON DC 20001	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 6-28-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEBB CASON PC Contributor address; City; State; Zip Code 710 NORTH MESQUITE ST. CORPUS CHRISTI, TX 78401	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:
120112

2 FILER NAME

JOE BENAVIDES

3 Filer ID (Ethics Commission Filers)

4 Date
6-29-19

5 Full name of contributor out-of-state PAC (ID#: _____)
VALENTIN SALINAS

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
5410 HITCHING POST LN, CORPUS CHRISTI, TX 78415

\$200.00

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date
6-29-19

Full name of contributor out-of-state PAC (ID#: _____)
CHRISTINA KRESSER

Amount of contribution (\$)

Contributor address; City; State; Zip Code
9701 COMPTON RD. CORPUS CHRISTI, TX 78418

\$200.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date
6-29-19

Full name of contributor out-of-state PAC (ID#: _____)
LETICIA RAMON

Amount of contribution (\$)

Contributor address; City; State; Zip Code
14958 SANTA GERTRUDIS DR. CORPUS CHRISTI, TX
78410

\$300.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date
6-29-19

Full name of contributor out-of-state PAC (ID#: _____)
JOSE ANTONIO CANALES

Amount of contribution (\$)

Contributor address; City; State; Zip Code
P.O. BOX 5624, CORPUS CHRISTI, TX 78465

\$500.00

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 5	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
4 Date 6-6-19	5 Payee name LIGHT HOUSE GRAPHICS	
6 Amount (\$) \$2040.83	7 Payee address; City; State; Zip Code 3046 SOUTH PADRE ISLAND DR. CORPUS CHRISTI, TX 78415	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SIGNS/ADVERTISING EXPENSE	(b) Description <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: JOE BENAVIDES Office sought: _____ Office held: JP1-1	
<i>NO OTHERS</i>		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ANO</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: <i>NO OTHERS</i> Office sought: _____ Office held: _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 4 of 5	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
4 Date 5-7-19	5 Payee name MARINE CORPS LEAGUE	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 6300 EVERHART RD. CORPUS CHRISTI, TX 78413	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES/ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name JOE BENAVIDES	Office sought Office held JP1-1
Date 5-14-19	Payee name ROY VELASQUEZ	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 11121 MAYFIELD DR. CORPUS CHRISTI, TX 78410	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE (DJ)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name JOE BENAVIDES	Office sought Office held JP1-1
Date 5-14-19	Payee name ELLIE ABRAHAM (GEMINI SUSHI BUSINESS LOUNGE)	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 5409 S. STAPLES CORPUS CHRISTI, TX 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name JOE BENAVIDES	Office sought Office held JP1-1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3odf5	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
4 Date 4-24-19	5 Payee name CHRISTUS SPOHN TRAUMA	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 400 MANN ST. #600 CORPUS CHRISTI, TX 78401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: JOE BENAVIDES Office sought: _____ Office held: JP1-1	
Date 5-1-19	Payee name NATIONAL LEAGUE RED SOX	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 6869 YORKTOWN CORPUS CHRISTI, TX 78414	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 5-6-19	Payee name HISPANIC BUSINESS STUDENT ASSOCIATION (HBSA)	
Amount (\$) \$250.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> 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

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 of 5	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)			
4 Date 4-3-19	5 Payee name EDUCATING OUR CHILDREN FUTURE - NDF				
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 4-11-19	Payee name CALALLEN EDUCATION FOUNDATION				
Amount (\$) \$500.00	Payee address; City; State; Zip Code 4205 WILDCATE DRIVE CORPUS CHRISTI, TX 78410				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 4-22-19	Payee name KTMV TEJANO TV8				
Amount (\$) \$200.00	Payee address; City; State; Zip Code 2209 N. PADRE ISLAND DRIVE CORPUS CHRISTI, TX 78408				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPANSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name JOE BENAVIDES</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held JP1-1 JP1-1</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought	Office held JP1-1 JP1-1		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 1 of 5	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
4 Date 4-2-19	5 Payee name LOS ENCINOS ELEMENTARY SCHOOL	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 1826 FRIOS ST. CORPUS CHRISTI, TX 78417	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: JOE BENAVIDES Office sought: _____ Office held: JP1-1	
Date 4-2-19	Payee name CORPUS CHRISTI, POLICE OFFICER ASSOCIATION	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 3122 LEOPARD ST. CORPUS CHRISTI, TX 78408	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: JOE BENAVIDES Office sought: _____ Office held: JP1-1	
Date 4-3-19	Payee name BEACH TO BAY RELAY MARATHON P.O. BOX 8750, CORPUS CHRISTI, TX 78468	
Amount (\$) \$275.00	Payee address; City; State; Zip Code P.O. BOX 8750 CORPUS CHRISTI, TX 78468	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: JOE BENAVIDES Office sought: _____ Office held: JP1-1	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1 of 15	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$1012.49
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5 Date 5-18-19	6 Payee name RICARDO NIETO
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7 Amount (\$) \$507.99	8 Payee address; City; State; Zip Code 2602 SACKY DRIVE CORPUS CHRISTI, TX 78415
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought	Office held JP1-1
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Date 5-19-19	Payee name JOE BENAVIDES
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Amount (\$) \$504.50	Payee address; City; State; Zip Code 410 ATLANTIC ST. CORPUS CHRISTI, TX 78404
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN REPAYMENT/REIMBURSEMENT	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought	Office held JP1-1
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2 of 15	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 355.72
5 Date 5-23-19	6 Payee name OFFICE DEPOT	
7 Amount (\$) \$55.72	8 Payee address; City; State; Zip Code 5425 SPID #151 CORPUS CHRISTI, TX 78411	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADMINISTRATIVE FEES SUPPLIES FEES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought Office held JP1-1
Date 5-27-19	Payee name JOE BENAVIDES	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 410 ATLANTIC ST. CORPUS CHRISTI, TX 78404	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN REPAYMENT/REIMBURSEMENT	Description <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 JOE BENAVIDES	Office sought Office held JP1-1

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 3 of 15	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 221.72
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5 Date 5-29-19	6 Payee name TIME WISE #845
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7 Amount (\$) \$29.50	8 Payee address; City; State; Zip Code HOUSTON, TX
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought	Office held JP1-1
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Date 5-31-19	Payee name TST UPTOWN HOUSTON TX
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Amount (\$) \$192.22	Payee address; City; State; Zip Code 1131-14 UPTOWN PARK BLVD. HOUSTON, TX 77056
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought	Office held JP1-1
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 4 of 15	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 154.16
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5 Date 6-1-19	6 Payee name WALGREENS STORE
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7 Amount (\$) \$111.35	8 Payee address; City; State; Zip Code 7153 SPIDERS BLVD CORPUS CHRISTI, TX 78412
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GIFT/AWARDS/EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought	Office held JP1-1
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Date 6-3-19	Payee name GEMINI SUSHI BUSINESS LOUNGE
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Amount (\$) \$42.81	Payee address; City; State; Zip Code 5409 S. STAPLES CORPUS CHRISTI, TX 78411
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought	Office held JP1-1
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 5 of 15	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 629.51
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5 Date 6-5-19	6 Payee name WATERSTREET OYSTER BAR
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7 Amount (\$) \$72.15	8 Payee address; City; State; Zip Code 309 NORTH WATER ST. CORPUS CHRISTI, TX 78401
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought	Office held JP1-1
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Date 6-7-19	Payee name BOTTOMLESS PIT BBQ
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Amount (\$) \$557.36	Payee address; City; State; Zip Code 2815 LEOPARD ST. CORPUS CHRISTI, TX 78408
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 6 of 15	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 538.66
5 Date 6-17-19	6 Payee name JAVI LUNA	
7 Amount (\$) \$503.50	8 Payee address; City; State; Zip Code 2013 CARA CORPUS CHRISTI, TX 78412	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought Office held JP1-1
Date 6-27-19	Payee name MRUPHYS	
Amount (\$) \$35.16	Payee address; City; State; Zip Code 1302 FLOUR BLUFF DR. CORPUS CHRISTI, TX 78418	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRANSPORTATION/FUEL EXPENSE	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 JOE BENAVIDES	Office sought Office held JP1-1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 7 of 15	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 518.55
5 Date 6-27-19	6 Payee name SUBWAY	
7 Amount (\$) \$20.63	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought Office held JP1-1
Date 6-28-19	Payee name ACADEMY SPORTS AND OUTDOORS	
Amount (\$) \$497.92	Payee address; City; State; Zip Code 5001 SPID CORPUS CHRISTI, TX 78411	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	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 JOE BENAVIDES	Office sought Office held JP1-1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 80115	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$81.14
5 Date 6-28-19	6 Payee name DOLLAR TREE	
7 Amount (\$) \$61.30	8 Payee address; City; State; Zip Code 1620 SPID CORPUS CHRISTI, TX 78412	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought Office held JP1-1
Date 6-28-19	Payee name THE HOME DEPOT#6584	
Amount (\$) \$19.84	Payee address; City; State; Zip Code 4038 S. PORT AVE. CORPUS CHRISTI, TX 78415	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	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 JOE BENAVIDES	Office sought Office held JP1-1

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 9 of 15	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 124.97
5 Date 6-28-19	6 Payee name FLORO DISTRIBUTING	
7 Amount (\$) \$96.88	8 Payee address; City; State; Zip Code 625 ROSEWOOD ST. CORPUS CHRISTI, TX 78405	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought Office held JP1-1
Date 6-29-19	Payee name HARBOR FREIGHT TOOLS	
Amount (\$) \$28.09	Payee address; City; State; Zip Code 4955 AYERS ST. CORPUS CHRISTI, TX 78415	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	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 JOE BENAVIDES	Office sought Office held JP1-1

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 10 of 15	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 116.15
5 Date 6-29-19	6 Payee name DOLLAR TREE	
7 Amount (\$) \$18.40	8 Payee address; City; State; Zip Code 1620 SPID CORPUS CHRISTI, TX 78412	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought Office held JP1-1
Date 6-29-19	Payee name SAMS CLUB	
Amount (\$) \$97.75	Payee address; City; State; Zip Code 4833 SPID CORPUS CHRISTI, TX 78411	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	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 JOE BENAVIDES	Office sought Office held JP1-1

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 11 of 15	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 72.60
5 Date 6-29-19	6 Payee name HEB #270	
7 Amount (\$) \$39.30	8 Payee address; City; State; Zip Code 5425 S. STAPLES ST. CORPUS CHRISTI, TX 78411	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought Office held JP1-1
Date 6-29-19	Payee name MRUPHYS	
Amount (\$) \$33.30	Payee address; City; State; Zip Code 1302 FLOUR BLUFF DR. CORPUS CHRISTI, TX 78418	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRANSPORTATION/FUEL EXPENSE	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 JOE BENAVIDES	Office sought Office held JP1-1

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 12 of 15	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 44.20	
5 Date 6-29-19	6 Payee name PARTY CITY		
7 Amount (\$) \$17.30	8 Payee address; City; State; Zip Code 5425 SPID CORPUS CHRISTI, TX 78411		
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name JOE BENAVIDES	Office sought	Office held JP1-1
Date 6-29-19	Payee name HOBBY LOBBY		
Amount (\$) 26.90	Payee address; City; State; Zip Code 5425 SPID CORPUS CHRISTI, TX 78411		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	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 JOE BENAVIDES	Office sought	Office held JP1-1

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 13 of 15	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 335.94
5 Date 6-29-19	6 Payee name SAMS CLUB	
7 Amount (\$) \$35.94	8 Payee address; City; State; Zip Code 4833 SPID CORPUS CHRISTI, TX 78411	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought Office held JP1-1
Date 6-30-19	Payee name MARTHA MARTINEZ	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 4742 GABRIEL CORPUS CHRISTI, TX 78415	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) REIMBURSEMENT/FEES	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 JOE BENAVIDES	Office sought Office held JP1-1

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 14 of 15	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 187.86
5 Date 6-30-19	6 Payee name SAM CLUB	
7 Amount (\$) \$167.53	8 Payee address; City; State; Zip Code 4833 SPIC CORPUS CHRISTI, TX 78411	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought Office held JP1-1
Date 6-30-19	Payee name ACAPULCO RESTAURANT	
Amount (\$) \$20.33	Payee address; City; State; Zip Code 6517 WEBER RD. CORPUS CHRISTI, TX 78413	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	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 JOE BENAVIDES	Office sought Office held JP1-1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 15 of 15	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 19.05
5 Date 6-30-19	6 Payee name DICKS SPORING GOODS	
7 Amount (\$) \$19.05	8 Payee address; City; State; Zip Code 4938 S. STAPLES ST. STE A-1 CORPUS CHRISTI, TX 78411	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought Office held JP1-1

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	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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SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME JOE BENAVIDES		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 21,000.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
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		\$ 6015.00
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 4112.31
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		\$