# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

		Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction G	uide explains how to complete this form.		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST  JOE	MI	OFFICE USE ONLY  Date Received
	NICKNAME LAST BENAVIDES	SUFFIX	FILED FOR RECORD  AT 4:10 P M
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY 410 ATLANTIC ST. CORPUS CHRISTI, TX 78404	; STATE; ZIP CODE	JUL 15 2019  KARA SANDE  CLERK JUNTY COURT, NUEZES COUNTY, TEXAS BY DEPUTY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 361 ) 633-9308	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME		SUFFIX	Date Processed
	PALACIOS		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE 1121 MORGAN ST. CORPUS CHRISTI, TX 78404	E#; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 361 ) 884-8322	EXTENSION	
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	C - Lubrack-	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 1 / 1 / 19	Month 6	Day Year 30 / 19
	1/ 1 / 19	THROUGH 6 /	30 / 19
11 ELECTION	ELECTION DATE  Month Day Year Primary  General	ELECTION TYPE  Hunoff  Other Description  Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known	)
	JUSTICE OF THE PEACE PCT.1, PL.1 NUECES COUNTY, TX	JUSTICE OF THE PCT.1, PL.1 NUECES COUNTY,	

**GO TO PAGE 2** 

# CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME		<b>15</b> File	er ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOFURES.	THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
	<u> </u>				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
Additional Lages		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 I THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,000.00		
EXPENDITURE TOTALS		TAL POLITICAL EXPENDITURES OF \$100 OR LESS, ILESS ITEMIZED \$ 0.00			
•	4. TOTAL	POLITICAL EXPENDITURES \$ 10,127.31			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$ 10,872.69		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE DAY OF THE REPORTING PERIOD \$ 0.00			
18 AFFIDAVIT					
-		I swear, or affirm, under penalty of perjury true and correct and includes all informati			
( A)	ORRAINE L VILLANUE' Notary ID #12828757	5	and the state of t		
The state of the s	My Commission Expire June 3, 2022		rh		
		Signature of Candidate	e or Officeholder		
AFFIX NOTARY STAN	MP/SEALABOVE				
Sworn to and subso	cribed before me,	by the said Joe Benavides	, this the 15		
day of July	,	to certify which, witness my hand and seal of office.			
		Lorraine L. Villanuevan	Admin Secretary		
Signature of officer	administering oath	Printed name of officer administering oath	Fitte of officer administering oath		
- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	thing Commiceion	www.ethics.state.tx.us	Revised 9/8/2015		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 10£12 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#:\_\_\_ HAROLD OAG 3 - 20 - 196 Contributor address; City; State; Zip Code \$500.00 1243 NILE DR., CORPUS CHRISTI, TX 78412 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CO-OWNER/MANAGEMENT APM Full name of contributor ut-of-state PAC (ID#: Date Amount of contribution (\$) 3-20-19 MARIO A. MARTINEZ Contributor address; City; State; Zip Code 6048 OCEAN DR., CORPUS CHRISTI, TX 78412 \$1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) SELF DOCTOR - MD Full name of contributor Date ut-of-state PAC (ID#:\_ Amount of contribution (\$) 3-29-19 FRANK A. LAZARTE Contributor address; City; State; Zip Code \$500.00 924 LEOPARD ST., CORPUS CHRISTI, TX 78401 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTORNEY SELF Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_ 4-2-19 MOHAMMED MOTGHI . . . . . . . . . . . . Contributor address; City; State; Zip Code \$1000.00 P.O. BOX 3696, CORPUS CHRISTI, TX 78463 Principal occupation / Job title (See Instructions) Employer (See Instructions) DEVELOPER SELF ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements,

Forms provided by Texas Ethics Commission

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 20112 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#:\_ 4-3-19 ARNOLD GONZALEZ 6 Contributor address: City; State; Zip Code 5959 S. STAPLES SUITE 205 CORPUS CHRISTI, TX 78413 \$1000.00 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) **ATTORNEY** SELF Full name of contributor ut-of-state PAC (ID#:\_ Date Amount of contribution (\$) TERESA MENDEZ 4-3-19 City; State; Zip Code Contributor address; \$500.00 4541 ACUSHNET DR., CORPUS CHRISTI, TX 78413 Principal occupation / Job title (See Instructions) Employer (See Instructions) REALTOR SELF Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Date Amount of contribution (\$) 4-8-19 GG NUNEZ City; State; Zip Code Contributor address; 5417 S. STAPLES STE. 101, CORPUS CHRISTI, TX \$200.00 78411 Principal occupation / Job title (See Instructions) Employer (See Instructions) REALTOR SELF Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:\_ AMBAR QURESHI 4-19-19 Contributor address; City; State; Zip Code 4822 KERRVILLE DR. CORPUS CHRISTI, TX 78413 \$500.00 Principal occupation / Job title (See instructions) Employer (See Instructions) MANAGEMENT

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 3of12 3 Filer ID (Ethics Commission Filers) 2 FILER NAME JOE BENAVIDES 7 Amount of contribution (\$) 4 Date 5 Full name of contributor ut-of-state PAC (ID#:\_\_ 4-23-19 CLARISSA MORA 6 Contributor address; City; State; Zip Code 4346 PONTCHARTRAIN DR., CORPUS CHRISTI, TX 78413 \$200.00 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) DIRECTOR CACCB Full name of contributor aut-of-state PAC (ID#:\_ Amount of contribution (\$) Date 4-29-19 ROBERT ADLER City; State; Zip Code Contributor address; P.O. BOX 5405, CORPUS CHRISTI, TX 78465 \$250.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) RETIRED out-of-state PAC (ID#:\_\_\_\_\_ Full name of contributor Amount of contribution (\$) Date 4-30-19 LAWRENCE & SANDRA CLEMENT City; State; Zip Code Contributor address; 6701 PAMBROCK DR., CORPUS CHRISTI, TX 78414 \$500.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) ADMINISTRATORS/CIVIL CCISD/FED Full name of contributor Amount of contribution (\$) Date ut-of-state PAC (ID#:\_ 4-30-19 KEVIN COCHRAN Contributor address: City; State; Zip Code P.O. BOX 412, CORPUS CHRISTI, TX 78403 \$200.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTORNEY SELF ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE A1

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: 40f12	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
JOE BENAVI	DES		
4 Date		; (ID#:)	7 Amount of contribution (\$)
4-30-19	MATILDA PEREZ		#200.00
	6 Contributor address; City; State	; Zip Code	\$200.00
	4701 AYERS ST. STE 501 CORPUS	1	•
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
FINANCES/M	ANAGEMENT	COASTAL BEND LOAN	is (
	Full name of contributor	) (II) A.	
Date 5-2-19	J	S (ID#:)	Amount of contribution (\$)
5-2-19	ELIZABETH DIAL	,	
	Contributor address; City; State	e; Zip Code	
	P.O. BOX 1062, ORANGE GROVE,	TX 78372	\$200.00
Principal occup	oation / Job title (See Instructions)	Employer (See Instruct	tions)
ACCCOUNTING SELF			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
5-8-19	JERRY DAVILA		, , , , , , , , , , , , , , , , , , , ,
	Contributor address; City; State		
	3855 S. ALAMEDA, CORPUS CHRIST		\$500.00
	5055 B. ALAPEDA, CORFOS CIRIS	11, 1X /0411	\$500.00
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
co-OWNER		RESTRAUNT	
Date	Full name of contributor	G (ID#:)	Amount of contribution (\$)
5-23-19	HERMANN AND HERRMAN		
Contributor address; City; State; Zip Code			
	1201 3RD ST., CORPUS CHRISTI,	TX 78404	\$250-00
		F	**************************************
Principal occupation / Job title (See Instructions) ATTORNEY'S AT LAW		Employer (See Instruction HERRMAN & HERRMAN	
		TIDATE OF THE COLUMN	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 5of12 3 Filer ID (Ethics Commission Filers) 2 FILER NAME JOE BENAVIDES 4 Date 7 Amount of contribution (\$) 5 Full name of contributor ut-of-state PAC (ID#:\_\_\_ 5-10-19 ALBERTO RIVERA 6 Contributor address; City; State; Zip Code 7426 S. STAPLES, #105, CORPUS CHRISTI, TX 78413 \$400.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) INSURANCE AGENT SELF Full name of contributor ut-of-state PAC (iD#:\_\_ Date Amount of contribution (\$) 5-10-19 CARLOS ALEGRIA City; State; Zip Code Contributor address; 3661 AUSTIN, CORPUS CHRISTI, TX 78411 \$200.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) BUSINESS OWNER SELF Full name of contributor Date out-of-state PAC (ID#:\_\_ Amount of contribution (\$) 5-14-19 THERESA BOURESSA City; State; Zip Code Contributor address; 408 PALMERO ST. APT.1, CORPUS CHRISTI, TX 78404 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) BUSINESS OWNER SELF Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:\_\_\_ 5-15-19 LINEBARGER GOGGAN AND SAMPSON LLP Contributor address; City; State; Zip Code P.O. BOX 17428, AUSTIN, TX 78760 \$1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) **ATTORNEYS** LAW FIRM

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 60f12 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME JOE BENAVIDES 4 Date 7 Amount of contribution (\$) 5 Full name of contributor ut-of-state PAC (ID#:\_\_ 5-16-19 JULIO REYES . . . . . . . . . . . . . . . 6 Contributor address; City; State; Zip Code \$500.00 52 W BAR LE DOC DR. CORPUS CHRISTI, TX 78414 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) VP PUBLIC AFFAIRS AEP Full name of contributor ut-of-state PAC (ID#:\_ Date Amount of contribution (\$) 5-17-19 DARLINA RODRIGUEZ SOLIZ . . . . . . . . . . . . . . . . . . . Contributor address; City; State; Zip Code P.O. BOX 271398, CORPUS CHRISTI, TX 78427 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A N/A Full name of contributor Date ut-of-state PAC (ID#:\_ Amount of contribution (\$) 5-25-19 MARISOL OCHOA VASQUEZ Contributor address; City; State; Zip Code \$200.00 4837 KENDALL DR. CORPUS CHRISTI, TX 78415 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A N/A Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:\_\_\_ ERNEST GARZA 5-28-19 Contributor address; City; State; Zip Code 10201 LEOPARD ST., CORPUS CHRISTI, TX 78410 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) ACCOUNTANT SELF

Forms provided by Texas Ethics Commission

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Revised 9/8/2015

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 7of12 3 Filer ID (Ethics Commission Filers) 2 FILER NAME JOE BENAVIDES 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#:\_\_\_\_ NEMECIO E. LOPEZ 5-28-19 City; State; Zip Code 6 Contributor address; 2305 HACIENDA ROAD, HARLINGEN, TX 78552 \$200.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) ATTORNEY SELE Full name of contributor out-of-state PAC (ID#:\_\_ Date Amount of contribution (\$) 5-28-19 JAIME RIOS Contributor address; City; State; Zip Code 5538 KING TRAIL, CORPUS CHRISTI TX 78414 \$1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) FINANCIAL PLANNER SELF Full name of contributor ut-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) 5-30-19 ELI ABRAHAM City; State; Zip Code Contributor address; 4430 KILLARMET DR. CORPUS CHRISTI, TX 78413 \$1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) BUSINESS OWNER GEMINI SUSHI BAR Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_\_ 5-30-19 KEVIN L. COCHRAN City; State; Zip Code Contributor address; P.O. BOX 412, CORPUS CHRISTI, TX 78403 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTORNEY SELF

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME JOE BENAVIDES Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#:\_\_\_\_ 6-1-19 JAMES P. PEREZ 6 Contributor address; City; State; Zip Code 260 CIRCLE DR., CORPUS CHRISTI, TX 78411 \$1000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) BUSINESS OWNER MMATTRESS FIRM Full name of contributor out-of-state PAC (ID#:\_\_ Date Amount of contribution (\$) 6 - 4 - 19BATEK & ROBINSON Contributor address; City; State; Zip Code 102 N. STAPLES ST., CORPUS CHRISTI, TX 78401 \$1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) **ATTORNEYS** LAW FIRM Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) 6-6-19 RENE PENA Contributor address; City; State; Zip Code 13333 SCENIC CIR, CORPUS CHRISTI, TX 78410 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) BANKER PROSPERITY BANK Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:\_ 6 - 7 - 19BEN GRANDE Contributor address; City; State; Zip Code 1021 CHAMBERLAINE ST. CORPUS CHRISTI, TX 78404 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A N/A ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Revised 9/8/2015

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

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 9of12 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#:\_\_\_\_ 6-11-19 ROBERTO AGUILAR Contributor address: City; State; Zip Code 6 Contributor address; 3805 CASTLE KNOLL DR., CORPUS CHRISTI, TX 78410 \$500.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) ELECTRICIAN Date Full name of contributor ut-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 6-12-19 MELBA JIMENEZ Contributor address; City; State; Zip Code 5301 EVERHART, STE. J, CORPUS CHRISTI, TX 78411 \$300.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) BUSINESS OWNER/HAIR SALON SELF Full name of contributor out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) 6-16-19 NELSON VELAZOUEZ City; State; Zip Code Contributor address; 3 CARRINGTON RD, .HENDERSONVILLE, IN 37075 \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) DOCTOR MD SELF Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 6-26-19 JOE A. GONZALEZ Contributor address; City; State; Zip Code 4009 D. OAK FORREST, CORPUS CHRISTI, TX 78413 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) COMMISSIONER NUECES COUNTY

## SCHEDULE A1

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The	Instruction Guide explains how to complete this	; form.	1 Total pages Schedule A1: 100f12		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
JOE BENA	VIDES	}	i		
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)		
6–26–19	RICHARDO SANCHEZ				
	6 Contributor address; City; State	e; Zip Code			
	3714 WOODSTONE DR., CORPUS CHRI	STI, TX 78415	\$200.00		
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
RETIRED		N/A			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
6–26–19	RODNEY SANCHEZ				
	Contributor address: City: State				
			\$1000 00		
	805 S. STAPLES STE. E., CORPUS CHRISTI, TX 78404 \$1000.00				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
BUSINESS	OWNER	SELF			
Date		C (ID#:)	Amount of contribution (\$)		
6-27-19	GABI CANALES		Activate of Contribution (4)		
		Zin Code			
	Contributor address; City; State 5262 S. STAPLES ST., STE111, CO				
	JEON DIAFIED SI., SIEIII, Q	78411	\$200.00		
· ·	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
ATTORNEY SELF					
Date	Full name of contributor	C (ID#: )	Amount of contribution (6)		
	, , , , , , , , , , , , , , , , , , , ,	Amount of contribution (\$)			
6–28–19	PETE TAPIA				
	Contributor address; City; State	e; Zip Code			
	P.O.BOX 7559, CORPUS CHRISTI	, TX 78467	\$100.00		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ations)		
INSURANC	E AGENT	SELF			
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## SCHEDULE A1

· · ·			
The Ins	struction Guide explains how to complete this	form.	1 Total pages Schedule A1: 11of12
FILER NAME		·	3 Filer ID (Ethics Commission Filers)
OE BENAVIDES	S		
Date 5	Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
5–28–19	ARMANDO GONZALEZ  Contributor address; City; State;	Zip Code	
	924 LEOPARD ST., CORPUS CHRIST	T, TX 78401	\$400.00
Principal occupation	ion / Job title (See Instructions)	9 Employer (See Instruct	ions)
TTORNEY		SELF	
Date -28-19 F	Full name of contributor	(10#:)	Amount of contribution (\$)
- *	Contributor address; City; State	; Zìp Code	
3	3200 SURFSIDE BLD, CORPUS CHRIST	TI, TX 78402	\$200.00
Principal occupation	on / Job title (See Instructions)	Employer (See Instruct	ions)
OTEL OWNER		SELF	
Date -28-19	Full name of contributor	(ID#:)	Amount of contribution (\$)
<u> </u>	Contributor address; City; State	; Zip Code	
	900 SEVENTH ST. NW.WASHINGTON	DC 20001	\$500.00
Principal occupation N/A	on / Job title (See Instructions)	Employer (See Instruct	iions)
Date -28-19	Full name of contributor out-of-state PAC WEBB CASON PC	(10#:)	Amount of contribution (\$)
	Contributor address; City; State	; Zip Code	
-	710 NORTH MESQUITE ST. CORPUS	CHRISTI, TX 78401	\$500.00
Principal occupation Principal occupation	ion / Job title (See Instructions)	Employer (See Instruc	tions)
•	710 NORTH MESQUITE ST. CORPUS	CHRISTI, TX 78401 Employer (See Instruc	

## SCHEDULE A1

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
JOE BENAVIDI	ES		
4 Date	5 Full name of contributor  uut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
6-29-19	VALENTIN SALINAS		
	6 Contributor address; City; State;	; Zip Code	
	5410 HITCHING POST LN, CORPUS	CHRISTI, TX 7841	\$200.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
N/A		N/A	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
6-29-19	CHRISTINA KRESSER		(4)
	Contributor address; City; State		
	9701 COMPTON RD.CORPUS CHRISTI,		\$200.00
		<u>.</u>	
Principal occup N/A	eation / Job title (See Instructions)	Employer (See Instruct N/A	tions)
Date	Full name of contributor	(ID#:	Amount of contribution (\$)
6–29–19	LETICIA RAMON		
	Contributor address; City; State:	; Zìp Code	
	14958 SANTA GERTRUDIS DR. CORPU	JS CHRISTI, TX 78410	\$300,00
	pation / Job title (See Instructions)	Employer (See Instruc	
N/A		N/A	
Date	Full name of contributorout-of-state_PAG	(ID#:)	Amount of contribution (\$)
6-29-19	JOSE ANTONIO CANALES		
	- · · · · · · · · · · · · · · · · · · ·	; Zip Code	
	P.O. BOX 5624, CORPUS CHRISTI,	TX 78465	\$500.00
Principal occup ATTORNEY	pation / Job title (See Instructions)	Employer (See Instruc	tions)

# **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica			Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
Total pages Schedule F1:	2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name		
6-6-19	LIGHT HOUSE GRAPHICS	•	
Amount (\$)	7 Payee address; City; State; Zip Code		
\$2040.83	3046 SOUTH PADRE ISLAND DR. CORPUS CHRISTI, TX 78415		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	SIGNS/ADVERTISING EXPENSE	Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name  JOE BENAVIDES	Office sought	Office held JP1-1
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		·
•	Category (See Categories fisted at the top of this schedule)	Description	
PURPOSE	1	Check if travel ou	utside of Texas. Complete Schedule T.
OF EXPENDITURE	no	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	Pavee name		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		utside of Texas, Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED
orms provided by Texas Et	hics Commission www.ethics.state.tx.	IIC	Revised 9/8/2
onna provided dy 16x85 Et	11100 CONTRACTOR 11110013		1,01,000 0/0/2

# **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Candidate/Officeholder/Politics Credit Card Payment				Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:				•	3 Filer ID (Ethi	cs Commission Filers)
4of5	JOE BENA					
4 Date	5 Payee name	VIDUO				
5-7-19	MARTNE (	CORPS LEAGUE				
6 Amount (\$)	7 Payee addres		Zip Code			
\$150.00	l	ERHART RD. CHRISTI, TX 7841	3			
8	(a) Category (Se	Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE	FEES/ADV	ERTISING EXPENSE		Check if travel or	utside of Texas. Complete	Schedule T.
OF EXPENDITURE			***************************************	. Check if Austi	n, TX, officeholder livir	g expense
9 Complete ONLY if direct expenditure to benefit C/Ot		Officeholder name BENAVIDES		Office sought		Office held JP1-1
Date	Payee name					
5–14–19	ROY VELA	SQUEZ				
Amount (\$)	Payee addre	es; City; State;	Zip Code			
\$500.00	1	YFIELD DR. HRISTI, TX 78410				
PURPOSE OF EXPENDITURE		e Categories listed at the top of this	s schedule)		utside of Texas. Complete	
Complete ONLY if direct expenditure to benefit C/Ol		Officeholder name		Office sought	44444	Office held
	JOE BEN	AVIDES				JP1-1
Date	Payee name					
5–14–19	ELLIE ABI	RAHAM (GEMINI SU:	SHI ; BUSI	NESS LOUNGE)		·
Amount (\$) \$200.00	Payee addre 5409 S. S CORPUS CI	= = = = = = = = = = = = = = = = = = = =	Zip Code			
	Category (Se	e Categories listed at the top of this	s schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTIS	ING EXPENSE		Check if travel o	utside of Texas, Complete n, TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/O	F0	/ Officeholder name NAVIDES		Office sought		Office held JP1-1
	ATTA	CH ADDITIONAL COPIE	SOFTHIS	SCHEDULE AS NE	EDED	

# **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Candidate/Officeholder/Political		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide expla	ins how to complete this form.	, -,
Total pages Schedule F1: 3odf5	2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name		
4-24-19	CHRISTUS SPOHN TRAUMA		
Amount (\$)	7 Payee address; City; State;	Zip Code	
\$500.00	400 MANN ST. #600 CORPUS CHRISTI, TX 784	01	
3	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	
PURPOSE	EVENT EXPENSE	Check if travel	outside of Texas. Complete Schedule T.
OF EXPENDITURE	DALTAL ENERGYSE	L Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	JOE BENAVIDES		JP1-1
Date	Payee name		
5–1–19	NATIONAL LEAGUE RED SOX		
Amount (\$)	Payee address; City; State;	Zip Code	
\$300.00	6869 YORKTOWN CORPUS CHRISTI, TX 7841	4	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi CONTRIBUTION/DONATION	Check if travel	outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Pavee name		
5–6–19	HISPANIC BUSINESS STU	DETN ASSOCIATION (HB	SSA)
Amount (\$)	Payee address; City; State;	Zip Code	•
\$250.00			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi CONTRIBUTION/DONATION	Check if travel	outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS N	EEDED

# 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
Gredit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing 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)

Gredit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1: 2of5	2 FILER NAME JOE BENAVIDES	-	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
4-3-19	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	[	outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4–11–19	CALALLEN EDUCATION FOUNDATION		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	4205 WILDCATE DRIVE CORPUS CHRISTI, TX 78410	·	,
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  COTRIBUTION/DONATION		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-22-19	KTMV TEJANO TV8		
Amount (\$) \$200.00	Payee address; City; State; Zip Code 2209 N. PADRE ISLAND DRIVE CORPUS CHRISTI, TX 78408		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPANSE	Check if travel o	outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name  JOE BENAVIDES	Office sought	Office held ĴP <sup>1</sup> = 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/Donaticholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica	l Committee Legal Services Salaries/W	/ages/Contract Labor	Other (enter a category not listed above)
Gredit Card Payment	The Instruction Guide explains how to o	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
1of5	JOE BENAVIDES		
4 Date	5 Payee name		
4-2-19	LOS ENCIONOS ELEMENTARY SCHOO	<u> </u>	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$200.00	1826 FRIOS ST. CORPUS CHRISTI, TX 78417		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			utside of Texas. Complete Schedule T.
OF EXPENDITURE	CONTRIBUTION/DONATION	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	H JOE BENAVIDES		JP1-1
Date	Payee name		
4–2–19	CORPUS CHRISTI, POLICE OFFICE	R ASSOCIATION	
Amount (\$)	Payee address; City; State; Zip Code		
\$400.00	3122 LEOPARD ST.		
	CORPUS CHRISTI, TX 78408 Category (See Categories listed at the top of this schedule)	Description	
	Category (See Categories listed at the top of this schedule)		utside of Texas. Complete Schedule T.
PURPOSE OF	EN JUNIO ENDENICO	I —	n, TX, officeholder living expense
EXPENDITURE	EVENT EXPENSE ADVERTISING EXPENSE		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
expenditure to bonein 6/0	JOE BENAVIDES		JP1-1
Date	Payee name		
4-3-19	BEACH TO BAY RELAY MARATHON		
	F.G.EG: 8759. CORPUS CEPISII,	<u> </u>	
Amount (\$)	Payee address; City; State; Zip Code		
\$275.00	P.O. BOX 8750		
1 42/300	CORPUS CHRISTI, TX 78468		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	EVENT EXPENSE	Check if travel of	outside of Texas. Complete Schedule T.
OF EXPENDITURE	ADVERTISING EXPENSE	Check if Aust	tin, TX, officeholder living expense
EAFERDITORIE			
	Occasidate / Officehelder remo	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Omos sought	
	JOE BENAVIDES		JP1-1
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NE	EDED

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

Accounting/Banking Consulting Expense Contributions/Donations Made By	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Overhead/ Polling Expense Printing Expense		Transportation Equipment & Related Expense Travel In District Travel Out Of District
Candidate/Officeholder/Politica	-	Contract Labor	Other (enter a category not listed above)	
	The Instruction Guide explai	ns now to comple	ete tilis totili.	0.51 12 (51)
1 Total pages Schedule F4: 1of15	2 FILER NAME JOE BENAVIDES			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TOACREDI	TCARD	\$1012549
<b>5</b> Date 5–18–19	6 Payee name RICARDO NIETO			
7 Amount (\$)	8 Payee address; City; State;	Zip Code		
\$507.99	2602 SACKY DRIVE CORPUS CHRISTI, TX 78415			
9 TYPE OF EXPENDITURE	X Political	Non-Political		·
10	(a) Category (See Categories listed at the top of t	nis schedule)	(b) Description	on
PURPOSE	CONTRIBUTION/DONATION		Check if	travel outside of Texas. Complete Schedule T.
OF Expenditure	·		Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office	sought	Office held
	JOE BENAVIDES			JP1-1
Date	Payee name			
5–19–19	JOE BENAVIDES			
Amount (\$)	Payee address; City; State;	Zip Code		
\$504.50	410 ATLANTIC ST. CORPUS CHRISTI, TX 7840	4		
TYPE OF EXPENDITURE	X Political	Non-Politica	ıl	
	Category (See Categories listed at the top of	his schedule)	Descripti	on
PURPOSE	LOAN REPAYMENT/REIMBUR	SEMENT	Check	if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		222 -41 1 1	Check	if Austin, TX, officeholder living expense
				•
Complete ONLY if direct	Candidate / Officeholder name	Office	sought	Office held
expenditure to benefit C/O		011100	500g	JP1-1
		•		
	ATTACH ADDITIONAL COPIES	OF THIS SCHI	FDIII F AS NI	FFDFD

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica					
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F4; 2of15	2 FILER NAME  JOE BENAVIDES  3 Filer 1D (Ethics Commission Filers)				
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 355.72				
5 Date	6 Payee name				
5-23-19	OFFICE DEPOT				
7 Amount (\$)	8 Payee address; City; State; Zip Code				
\$55.72	5425 SPID #151 CORPUS CHRISTI, TX 78411				
9 TYPE OF EXPENDITURE	X Political Non-Political				
10	(a) Category (See Categories listed at the top of this schedule) (b) Description				
PURPOSE OF	ADMINISTRATIVE FEES Check if travel outside of Texas, Complete Schedule T.				
EXPENDITURE	SUPPLIES FEES Check if Austin, TX, officeholder living expense				
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought Office held				
	JOE BENAVIDES JP1-1				
Date	Payee name				
5–27–19	JOE BENAVIDES				
Amount (\$)	Payee address; City; State; Zip Code				
\$300.00	410 ATLANTIC ST. CORPUS CHRISTI, TX 78404				
TYPE OF EXPENDITURE	X Political Non-Political				
PURPOSE	Category (See Categories listed at the top of this schedule)  LOAN REPAYMENT / RETMBURESEMENT  Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held				
	JOE BENAVIDES JP1-1				

Revised 9/8/2015

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## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense	Event Expense Fees Food/Beverage Expense	Loan Repayment/ Office Overhead/ Polling Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District	
Contributions/Donations Made B Candidate/Officeholder/Politica	y Gift/Awards/Memorials Expense	Printing Expense Salaries/Wages/		Travel Out Of District Other (enter a category not listed above)	
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F4:	2 FILERNAME			3 Filer ID (Ethics Commission Filers)	
3of15	JOE BENAVIDES	·			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TOACREDI	TCARD	\$ 221.72	
5 Date	6 Payee name			-	
5–29–19	TIME WISE #845				
7 Amount (\$)	8 Payee address; City; State;	Zip Code			
\$29.50	HOUSTON, TX				
9 TYPE OF EXPENDITURE	X Political	Non-Political			
10	(a) Category (See Categories listed at the top of this	s schedule)	(b) Description	on	
PURPOSE	SOLICITATION/FUNDRAISING E	EXPENSE	Checki	f travel outside of Texas. Complete Schedule T.	
OF Expenditure	·		Check	if Austin, TX, officeholder living expense	
				ļ	
11 Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H JOE BENAVIDES	Office	sought	Office held JP1-1	
B.1-	Payee name				
Date 5-31-19	TST UPTOWN HOUSTON TX				
Amount (\$)	Payee address; City; State;	Zio Code			
\$192.22	1131-14 UPTOWN PARK BLVD. HOUSTON, TX 77056				
TYPE OF EXPENDITURE	X Political	Non-Politica	d .		
	Category (See Categories listed at the top of thi	is schedule)	Descripti		
PURPOSE	SOLICITATION/FUNDRAISING E	EXPENSE	-	if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	· ·		Gheck	if Austin, TX, officeholder living expense	
	1				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H JOE BENAVIDES	Office	sought	Office held JP1-1	
]					
]					

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# SCHEDULE F4

Advertising Expense Accounting/Banking	Event Expense Fees	Loan Repayment/R Office Overhead/R Polling Expense		Solicitation/Fundralsing Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Polling Expense Printing Expense Salaries/Wages/Co	ontract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide expla	ains how to complet	e this form.	
1 Total pages Schedule F4: 4o£15	2 FILER NAME JOE BENAVIDES			3 Filer ID (Ethics Commission Filers)
	ZED EXPENDITURES CHARGE	DTOACREDIT	CARD	<b>\$</b> 154 <b>.</b> 16
5 Date	6 Payee name			
6–1–19	WALGREENS STORE			
<b>7</b> Amount (\$) \$111.35	8 Payee address; City; State 7153 SPIDGE 600. CORPUS CHRISTI, TX 78412	·		
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10	(a) Category (See Categories listed at the top of	f this schedule)	(b) Descript	on
PURPOSE	GIFT/AWARDS/EXPENSE		Check	If travel outside of Texas. Complete Schedule T.
OF EXPENDITURE			Check	If Austin, TX, officeholder living expense
expenditure to benefit C/Oł	JOE BENAVIDES			JP1-1
Date	Payee name			
6-3-19 Amount (\$)	GEMINI SUSHI BUSINESS		·····	
\$42.81	Payee address; City; State 5409 S. STAPLES CORPUS CHRISTI, TX 784	e; Zip Code		
TYPE OF EXPENDITURE	X Political	Non-Political		
·	Category (See Categories listed at the top of	of this schedule)	Descrip	lion
PURPOSE OF EXPENDITURE	SOLICITATION/FUNDRAIS:	ING EXPENSE		if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct	Candidate / Officeholder name	Office :	sought	Office held
expenditure to benefit C/O	JOE BENAVIDES			JP1-1
	ATTACH ADDITIONAL COPIES	OF THIS SCHE	DULE AS N	EEDED

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Polling Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor	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 F4: 50£15	2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHAR	RGED TO A CREDIT CARD	\$ 629.51		
5 Date	6 Payee name				
6-5-19	WATERSTREET OYSTER BAR				
7 Amount (\$)	8 Payee address; City; S	State; Zip Code			
\$72.15	309 NORTH WATER ST. CORPUS CHRISTI, TX 78	8401			
9 TYPE OF EXPENDITURE	X Political	Non-Political			
10	(a) Category (See Categories listed at the	e top of this schedule) (b) Descript	ion		
PURPOSE OF	SOLICITATION/FUNDRAIS	SING EXPENSE Check	t if travel outside of Texas, Complete Schedule T.		
EXPENDITURE		Check	k If Austin, TX, officeholder living expense		
11 Complete ONLY if direct	Candidate / Officeholder na	me Office sought	Office held		
expenditure to benefit C/OH	JOE BENAVIDES		JP1-1		
Date	Payee name				
6–7–19	BOTTOMLESS PTT RRO				
6-7-19 Amount (\$)	BOTTOMLESS PIT BBQ Pavee address: City:				
Amount (\$)	Payee address; City;	State; Zip Code			
		State; Zip Code			
Amount (\$)	Payee address; City; 2815 LEOPARD ST.	State; Zip Code			
Amount (\$) \$557.36	Payee address; City;  2815 LEOPARD ST.  CORPUS CHRISTI, TX  Political  Category (See Categories listed at the	State; Zip Code  78408  X Non-Political  te top of this schedule)  Descrip			
Amount (\$) \$557.36  TYPE OF EXPENDITURE  PURPOSE	Payee address; City;  2815 LEOPARD ST.  CORPUS CHRISTI, TX  Political	State; Zip Code  78408  X Non-Political  Le top of this schedule)  Descrip Check	k if travel outside of Texas. Complete Schedule T.		
Amount (\$) \$557.36  TYPE OF EXPENDITURE	Payee address; City;  2815 LEOPARD ST.  CORPUS CHRISTI, TX  Political  Category (See Categories listed at the	State; Zip Code  78408  X Non-Political  Le top of this schedule)  Descrip Check			
Amount (\$) \$557.36  TYPE OF EXPENDITURE  PURPOSE OF	Payee address; City;  2815 LEOPARD ST.  CORPUS CHRISTI, TX  Political  Category (See Categories listed at the CONTRIBUTION/DONATION)  Candidate / Officeholder na	State; Zip Code  78408  X Non-Political  The top of this schedule)  Check  Check  Check  Descrip	k if travel outside of Texas. Complete Schedule T.		
Amount (\$) \$557.36  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City;  2815 LEOPARD ST.  CORPUS CHRISTI, TX  Political  Category (See Categories listed at the CONTRIBUTION/DONATION)  Candidate / Officeholder na	State; Zip Code  78408  X Non-Political  The top of this schedule)  Check  Check  Check  Descrip	k if travel outside of Texas. Complete Schedule T.		
Amount (\$) \$557.36  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City;  2815 LEOPARD ST.  CORPUS CHRISTI, TX  Political  Category (See Categories listed at the CONTRIBUTION/DONATION)  Candidate / Officeholder na	State; Zip Code  78408  X Non-Political  The top of this schedule)  Check  Check  Check  Descrip	k if travel outside of Texas. Complete Schedule T.		

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## SCHEDULE F4

Advertising Expense Accounting/Banking	Event Expense Fees Food/Beverage Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense		
	Contributions/Donations Made By  Gift/Awards/Memorials Expense  Candidate/Officeholder/Political Committee  Legal Services  Salaries/Wages/Contri		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 F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
6o£15	JOE BENAVIDES				
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 538.66		
5 Date	6 Payee name				
6–17–19	JAVI LUNA				
7 Amount (\$)	8 Payee address; City; State;	Zip Code	ļ		
\$503.50	2013 CARA				
	CORPUS CHRISTI, TX 78412				
9 TYPE OF EXPENDITURE	X Political	Non-Political			
10	(a) Category (See Categories listed at the top of the	is schedule) (b) Descrip	otion		
PURPOSE	FUNDRAISING EXPENSE	Che	ck if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Che	ck if Austin, TX, officeholder living expense		
	***************************************				
11 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/O			JР1−1		
	COL BENAVIDED		UF1-1		
Date	Payee name				
6-27-19	MRUPHYS				
Amount (\$)	Payee address; City; State;	Zip Code			
\$35.16	1302 FLOUR BLUFF DR.	•			
	CORPUS CHRISTI, TX 78418				
TYPE OF EXPENDITURE	X Political	Non-Political			
		Decari	**************************************		
	Category (See Categories listed at the top of the TRANSPORTATION/FUEL, EXPE		ption ck if travel outside of Texas. Complete Schedule T.		
PURPOSE OF	TIVE OF THE PARTY	,	eck if Austin, TX, officeholder living expense		
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit 0/0	JOE BENAVIDES		JP1-1		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED		

## SCHEDULE F4

Accounting/Banking Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F4: 7o£15	2 FILER NAME  JOE BENAVIDES	·	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	<b>\$</b> 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	Political	Non-Political	
10	(a) Category (See Categories listed at the top of the	nis schedule) (b) Descript	ion
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EXPENSE		if travel outside of Texas. Complete Schedule T.
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name JOE BENAVIDES	Office sought	Office held
Date	Payee name		
6-28-19	ACADEMY SPORTS AND OUTD	OORS	
Amount (\$) \$497.92	Payee address; City; State; 5001 SPID CORPUS CHRISTI, TX 7841	•	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the FUNDRATSING EXPENSE	Check	tion kif travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H JOE BENAVIDES	Office sought	Office held JP1-1

## SCHEDULE F4

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule F4: 80£15	2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$81.14
<b>5</b> Date 6–28–19	6 Payee name		
7 Amount (\$) \$61.30	DOLLAR TREE  8 Payee address; City; State; 1620 SPID CORPUS CHRISTI, TX 78412	·	· · · · · · · · · · · · · · · · · · ·
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the FUNDRAISING EXPENSE	Cher	otion ckif travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	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; 4038 S. PORT AVE. CORPUS CHRISTI, TX 7841!	,	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of FUNDRAISING EXPENSE	Che	ption ock if travel outside of Texas. Complete Schedule T. ock if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H JOE BENAVIDES	Office sought	Office held JP1-1
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED

## SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Loan Repayment/ Office Overhead/ Polling Expense Printing Expense Sataries/Wages/G	Rental Expense	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 F4: 9of15	2 FILER NAME JOE BENAVIDES			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TOACREDI	TCARD	\$ 124.97		
5 Date	6 Payee name			·		
6 <del>-</del> 28-19	FLORO DISTRIBUTING					
7 Amount (\$)	8 Payee address; City; State;	Zip Code				
\$96.88	625 ROSEWOOD ST. CORPUS CHRISTI, TX 78405					
9 TYPE OF EXPENDITURE	X Political	Non-Political				
10	(a) Category (See Categories listed at the top of	this schedule)	(b) Descripti	on		
PURPOSE	FUNDRAISING EXPENSE		Check	f travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE			Check	if Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name JOE BENAVIDES	Office	sought	Office held  JP1-1		
Date 6-29-19	Payee name HARBOR FREIGHT TOOLS			·		
Amount (\$)	Payee address; City; State	; Zip Code	-			
\$28.09	4955 AYERS ST. CORPUS CHRISTI, TX 7841	5				
TYPE OF EXPENDITURE	X Political	Non-Politica	d .			
	Category (See Categories listed at the top of	this schedule)	Descript			
PURPOSE	FUNDRAISING EXPENSE	•	Check	if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE			Check	if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H JOE BENAVIDES	Office	sought	Office held JP1-1		
	ATTACH ADDITIONAL COPIES	OF THIS SCH	EDULE AS N	EEDED		

# SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Loan Repayment/Ro Office Overhead/Ro Polling Expense Printing Expense Salaries/Wages/Co	ental Expense	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	s how to complete	this form.	·
1 Total pages Schedule F4: 100f15	2 FILER NAME JOE BENAVIDES			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TOACREDIT	CARD	<b>\$</b> 116 <b>.</b> 15
5 Date	6 Payee name			
6-29-19	DOLLAR TREE			
7 Amount (\$)	8 Payee address; City; State;	Zip Code		
\$18.40	1620 SPID CORPUS CHRISTI, TX 78412		1	
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10	(a) Category (See Categories listed at the top of this	s schedule)	(b) Descripti	on
PURPOSE	FUNDRAISING EXPENSE		Check	if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE			Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name  H  JOE BENAVIDES	Office s	ought	Office held  JP1-1
Date	Payee name			
6-29-19	SAMS CLUB			
Amount (\$)	Payee address; City; State;	Zip Code		
\$97.75	4833 SPID CORPUS CHRISTI, TX 7841	1		
TYPE OF EXPENDITURE	X Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi FUNDRAISING EXPENSE	is schedule)		ion if travel outside of Texas. Complete Schedule T. s if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  JOE BENAVIDES	Office s	sought	Office held JP1-1
	ATTACH ADDITIONAL COPIES C	F THIS SCHE	DULE AS N	EEDED Books of 0/0/004

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

		Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how to comple	ete this form.
1 Total pages Schedule F4: 11of15	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDI	TCARD \$ 72.60
5 Date	6 Payee name	
6-29-19	HEB #270	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
\$39.30	5425 S. STAPLES ST. CORPUS CHRISTI, TX 78411	
TYPE OF EXPENDITURE	X Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	FUNDRAISING EXPENSE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Cheak if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office  JOE BENAVIDES	sought Office held JP1-1
Date	Payee name	
Date 6-29-19	Payee name MRUPHYS	
6–29–19	MRUPHYS	
6-29-19 Amount (\$)	MRUPHYS  Payee address; City; State; Zip Code  1302 FLOUR BLUFF DR.	N
6-29-19 Amount (\$) \$33.30	MRUPHYS  Payee address; City; State; Zip Code  1302 FLOUR BLUFF DR. CORPUS CHRISTI, TX 78418  X Political Non-Political  Category (See Categories listed at the top of this schedule)	Description
6-29-19 Amount (\$) \$33.30  TYPE OF EXPENDITURE  PURPOSE	MRUPHYS  Payee address; City; State; Zip Code  1302 FLOUR BLUFF DR.  CORPUS CHRISTI, TX 78418  X Political Non-Politica	Description Check if travel outside of Texas, Complete Schedule T.
6-29-19 Amount (\$) \$33.30  TYPE OF EXPENDITURE	MRUPHYS  Payee address; City; State; Zip Code  1302 FLOUR BLUFF DR. CORPUS CHRISTI, TX 78418  X Political Non-Political  Category (See Categories listed at the top of this schedule)	Description
6-29-19 Amount (\$) \$33.30  TYPE OF EXPENDITURE  PURPOSE OF	MRUPHYS  Payee address; City; State; Zip Code  1302 FLOUR BLUFF DR. CORPUS CHRISTI, TX 78418  X Political Non-Political  Category (See Categories listed at the top of this schedule)  TRANSPORTATION/FUEL EXPENSE  Candidate / Officeholder name Office	Description Check if travel outside of Texas. Complete Schedule T.
6-29-19 Amount (\$) \$33.30  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	MRUPHYS  Payee address; City; State; Zip Code  1302 FLOUR BLUFF DR. CORPUS CHRISTI, TX 78418  X Political Non-Political  Category (See Categories listed at the top of this schedule)  TRANSPORTATION/FUEL EXPENSE  Candidate / Officeholder name Office	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
6-29-19 Amount (\$) \$33.30  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	MRUPHYS  Payee address; City; State; Zip Code  1302 FLOUR BLUFF DR. CORPUS CHRISTI, TX 78418  X Political Non-Political  Category (See Categories listed at the top of this schedule)  TRANSPORTATION/FUEL EXPENSE  Candidate / Officeholder name Office	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
6-29-19 Amount (\$) \$33.30  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	MRUPHYS  Payee address; City; State; Zip Code  1302 FLOUR BLUFF DR. CORPUS CHRISTI, TX 78418  X Political Non-Political  Category (See Categories listed at the top of this schedule)  TRANSPORTATION/FUEL EXPENSE  Candidate / Officeholder name Office	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

# SCHEDULE F4

Solicitation/Fundraising Expense

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Contributions/Donations Made By		Office Overhead/Rental Expense Politing Expense Printing Expense	Transportation Equipment & Related Expense Travel In District Travel Out Of District
Candidate/Officeholder/Politica		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
· · · · · · · · · · · · · ·		ins how to complete this form.	S Film ID (Film Commission Film)
1 Total pages Schedule F4: 12of15	2 FILER NAME  JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	OTO A CREDIT CARD	\$ 44.20
5 Date	6 Payee name		
6–29–19	PARTY CITY		
7 Amount (\$)	8 Payee address; City; State;	Zip Code	
\$17.30	5425 SPID CORPUS CHRISTI, TX 78411		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of FUNDRAISING EXPENSE	Check	on If travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H JOE BENAVIDES	Office sought	Office held JP1-1
Date 6-29-19	Payee name HOBBY LOBBY		
Amount (\$)	Payee address; City; State	; Zip Code	
26.90	5425 SPID CORPUS CHRISTI, TX 7841	1	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of FUNDRAISING EXPENSE	Check	ion if travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
onponuncia to bonom oro	JOE BENAVIDES	<u> </u>	JP1-1
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	FENCE
	AT TACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expénse Gift/Awards/Memorials Expense

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. Sabadula E4: 2 EILER NAME

3 Filer ID (Ethics Commission Filers)

1 Total pages Schedule F4: 13of15	JOE BENAVIDES		3 Filer ID (Emics Collamssion Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRED	TCARD	\$ 335.94
5 Date	6 Payee name		
6-29-19	SAMS CLUB		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
\$35.94	4833 SPID CORPUS CHRISTI, TX 78411		
9 TYPE OF EXPENDITURE	X Political Non-Politica	l	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti	ion
PURPOSE	FUNDRAISING EXPENSE	Check	if travel outside of Texas. Complete Schedule T.
OF Expenditure		Check	t if Austin, TX, officeholder living expense
11 Complete ONLY if direct		sought	Office held
expenditure to benefit C/O	JOE BENAVIDES		JP1-1
Date 6-30-19	Payee name MARTHA MARTINEZ		
Amount (\$)	Payee address; City; State; Zip Code	,	
\$300.00	4742 GABRIEL CORPUS CHRISTI, TX 78415		
TYPE OF EXPENDITURE	X Political Non-Political	al	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) REIMBURSEMENT/FEES	l <u>—</u>	tion kif travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		e sought	Office held JP1-1

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Re Polling Expense	ental Expense	Transportation Equipment & Related Expense Travel In District	
	ributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense adidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor		ntract Labor	Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide explain	ns how to complete	this form.		
1 Total pages Schedule F4: 14o£15	2 FILER NAME JOE BENAVIDES			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TOACREDIT	CARD	\$ 187 <b>.</b> 86	
5 Date	6 Payee name				
6–30–19	SAM CLUB				
7 Amount (\$)	8 Payee address; City; State;	Zip Code			
\$167.53	4833 SPIC CORPUS CHRISTI, TX 78411				
9 TYPE OF EXPENDITURE	X Political	Non-Political			
10	(a) Category (See Categories listed at the top of th	is schedule)	(b) Descripti	on	
PURPOSE	FUNDRAISING EXPENSE		Check	if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE			Cheak	if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/O	L Candidate / Officeholder name H	Office s	ought	Office held	
	JOE BENAVIDES			JP1-1	
Date	Payee name				
6-30-19	ACAPULCO RESTAURANT			·	
Amount (\$)	Payee address; City; State;	Zip Code			
\$20.33	6517 WEBER RD. CORPUS CHRISTI, TX 7841	3			
TYPE OF EXPENDITURE	X Political	Non-Political			
	Category (See Categories listed at the top of the	his schedule)	Descript		
PURPOSE	FOOD EXPENSE	-	Check	if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE			Check	c if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office s	sought	Office held	
expenditure to benefit G/C	JOE BENAVIDES			JP1-1	
			·		
	ATTACH ADDITIONAL COPIES	OF THIS SCHE	DULE AS N	EEDED	
				D	

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting/Banking Consulting Expense Contributions/Donations Made B	Food/Beverage Expense P	onice Overnead Heniai Expense Polling Expense Printing Expense	Transportation Equipment & Helated Expens Travel In District Travel Out Of District
Candidate/Officeholder/Politica	•	alaries/Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains h	low to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
15of15	JOE BENAVIDES		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO	DA CREDIT CARD	\$ 19.05
<b>5</b> Date	6 Payee name		
6–30–19	DICKS SPORING GOODS		
7 Amount (\$)	8 Payee address; City; State; Zi	o Code	
\$19.05	4938 S. STAPLES ST. STE A- CORPUS CHRISTI, TX 78411	-1	
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10	(a) Category (See Categories listed at the top of this so	chedule) (b) Descript	tion
PURPOSE	FUNDRAISING EXPENSE	Check	clif travel outside of Texas. Complete Schedule T.
OF Expenditure	LONDIVATORING FAREINDE	Chea	k if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
,	JOE BENAVIDES		JP1-1
Pate	Payee name		
Amount (\$)	Payee address; City; State; Zi	ip Code	
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the 189 of this s	chedule) Descrip	otion
PURPOSE		Ched	k if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		☐ Chec	ck if Austin, TX, officeholder living expense
LAI SINDITOTIL			•
- L. C	Condidate / Office halder new	Office - South	Office held
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Onice rield
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS 1	NEEDED

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19	FILER NAME  JOE BENAVIDES  20 Filer ID (Ethics C	Commission Filers)
21	SUBTOTAL AMOUNT	
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 21,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6015.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 4112.31
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$