

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: <div style="font-size: 2em; font-weight: bold; text-align: center;">38</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI JOE NICKNAME LAST SUFFIX BENAVIDES	OFFICE USE ONLY Date Received <div style="color: blue; font-weight: bold;">FILED FOR RECORD</div> <div style="color: blue; font-weight: bold;">AT 4:57 M</div> <div style="color: red; font-weight: bold;">JAN 15 2016</div> <div style="color: blue; font-weight: bold;">KARA SANDS</div> <div style="color: blue; font-weight: bold;">CLERK COUNTY CLERK, NUECES COUNTY, TEXAS</div> <div style="color: blue; font-weight: bold;">BY: [Signature]</div> Date Hand-delivered or Date Postmarked	
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		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 633-9308		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI ADELFINO NICKNAME LAST SUFFIX FINO PALACIO JR.	Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 402 PEOPLE ST., SUITE 3A CORPUS CHRISTI, TX 78401		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 884-8322		
9 REPORT TYPE	<input checked="" 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 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 07 / 01 / 15 THROUGH 12 / 31 / 15		
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 16	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) JUSTICE OF THE PEACE PCT.1, PL.1 NUECES COUNTY	13 OFFICE SOUGHT (if known)	

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2016-044

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

JOE BENAVIDES

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

GENERAL

SPECIFIC

COMMITTEE NAME

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

\$ N/A

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

\$ 22,235.00

EXPENDITURE
TOTALS

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

\$ N/A

4. TOTAL POLITICAL EXPENDITURES

\$ 23,500.18

CONTRIBUTION
BALANCE

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

\$ 6,423.00

OUTSTANDING
LOAN TOTALS

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

\$ N/A

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 Jan, 20 16, to certify which, witness my hand and seal of office.

Lorraine Villanueva
Signature of officer administering oath

Lorraine Villanueva
Printed name of officer administering oath

Admin. Secretary
Title of officer administering oath

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	\$ 22,235.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ N/A
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ N/A
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ N/A
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 23,500.18
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ N/A
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ N/A
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ N/A
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ N/A
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

pg 1 of 18

2 FILER NAME

JOE BENAVIDES

3 Filer ID (Ethics Commission Filers)

4 Date

8-29-15

5 Full name of contributor

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

MARIE ADAMS

6 Contributor address;

City; State; Zip Code

156 CORDULA ST., CORPUS CHRISTI, TX 78411

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

8-29-15

Full name of contributor

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

ERNEST R. GARZA

Contributor address;

City; State; Zip Code

10201 LEOPARD ST., CORPUS CHRISTI, TX 78410

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

Date

8-30-15

Full name of contributor

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

DAWN HEALD

Contributor address;

City; State; Zip Code

P.O. BOX 142, FULTON, TX 78358

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

PRODUCTION/OWNER

Employer (See Instructions)

Date

8-30-15

Full name of contributor

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

CHRISTINA KRESSER

Contributor address;

City; State; Zip Code

9701 COMPTON DR., CORPUS CHRISTI, TX 78418

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

VETERINARIAN

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
pg 2 of 18

2 FILER NAME

JOE BENAVIDES

3 Filer ID (Ethics Commission Filers)

4 Date

8-31-15

5 Full name of contributor

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

JOHN R. GOUIN

6 Contributor address;

City; State; Zip Code

P.O. BOX 5267, CORPUS CHRISTI, TX 78418

7 Amount of contribution (\$)

\$800.00

8 Principal occupation / Job title (See Instructions)

MEDICAL DOCTOR

9 Employer (See Instructions)

Date

8-31-15

Full name of contributor

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

DANIEL PUCKETT

Contributor address;

City; State; Zip Code

P.O. BOX 271214, CORPUS CHRISTI, TX 78427

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

Date

9-1-15

Full name of contributor

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

NOEL E. GARCES

Contributor address;

City; State; Zip Code

P.O. BOX 1297, ROCKPORT, TX 78381

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

REALTOR/AGENT

Employer (See Instructions)

Date

9-2-15

Full name of contributor

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

LOU VILLAGOMEZ

Contributor address;

City; State; Zip Code

5029 BROMLEY DR., CORPUS CHRISTI, TX 78413

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

RETIRED CCPD/SECURITY SUPERVISOR

Employer (See Instructions)

AEP

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: <i>pg 3 of 18</i>
2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)
4 Date 9-4-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TODD ROBINSON 6 Contributor address; City; State; Zip Code 102 N. STAPLES, CORPUS CHRISTI, TX 78401	7 Amount of contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions)
Date 9-7-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERESA GOMEZ HENKEL Contributor address; City; State; Zip Code 7 BAHAMA DR., ROCKPORT, TX 78382	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) HOUSEWIFE		Employer (See Instructions)
Date 9-9-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN MADDEN Contributor address; City; State; Zip Code P.O. BOX 1938, CORPUS CHRISTI, TX 78403	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 9-11-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANET MONTAGNE Contributor address; City; State; Zip Code 1610 HYDE COURT, BEAUMONT, TEXAS 77706	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

9-15-15

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

ALBERTO RIVERA

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

7506 BISTINEAU DR., CORPUS CHRISTI, TX 78413

\$200.00

8 Principal occupation / Job title (See Instructions)

INSURANCE AGENT/OWNER

9 Employer (See Instructions)

Date

9-16-15

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

GILBERT YMBERT JR.

Amount of contribution (\$)

Contributor address; City; State; Zip Code

6009 PARKVIEW DR. CORPUS CHRISTI, TX 78415

\$100.00

Principal occupation / Job title (See Instructions)

TRUANCY OFFICER/CCISD

Employer (See Instructions)

Date

9-16-15

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

SCOTT MANDELL

Amount of contribution (\$)

Contributor address; City; State; Zip Code

5502 BURNHAM DR. STE.A, CORPUS CHRISTI, TX 78413

\$1000.00

Principal occupation / Job title (See Instructions)

BUSINESS OWNER/SECURITY SERVICES

Employer (See Instructions)

Date

9-23-15

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

AMBAR S. QURESHI

Amount of contribution (\$)

Contributor address; City; State; Zip Code

4901 SARATOGA BLVD.1028, CORPUS CHRISTI, TX 78413

\$100.00

Principal occupation / Job title (See Instructions)

DIRECTOR

Employer (See Instructions)

CENTENE CORPORATION

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
9-23-15

5 Full name of contributor out-of-state PAC (ID#: _____)
HENRY A. SANTANA

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

4033 CAPITOL DR., CORPUS CHRISTI, TX 78413

\$100.00

8 Principal occupation / Job title (See Instructions)
JUSTICE OF THE PEACE 1-2

9 Employer (See Instructions)

Date
9-26-15

Full name of contributor out-of-state PAC (ID#: _____)
DANIEL G. GUTIERREZ JR.

Amount of contribution (\$)

Contributor address; City; State; Zip Code

4501 NICHOLSON ST., CORPUS CHRISTI, TX 78415

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9-27-15

Full name of contributor out-of-state PAC (ID#: _____)
DOMINGA FLORES

Amount of contribution (\$)

Contributor address; City; State; Zip Code

P.O. BOX 10385, CORPUS CHRISTI, TX 78460

\$1200.00

Principal occupation / Job title (See Instructions)
RETIRED/COLLEGE STUDENT

Employer (See Instructions)

Date
9-28-15

Full name of contributor out-of-state PAC (ID#: _____)
ROLANDO BARRERA

Amount of contribution (\$)

Contributor address; City; State; Zip Code

2621 CAMARGO, CORPUS CHRISTI, TX 78415

\$200.00

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

Employer (See Instructions)

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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

9-28-15

5 Full name of contributor

HECTOR GONZALEZ

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

7 Amount of contribution (\$)

\$200.00

6 Contributor address; City; State; Zip Code

14218 ALLAMANDA DR., CORPUS CHRISTI, TX 78418

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-28-15

Full name of contributor

JOSE G. RIOS

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

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

3208 CRESTWATER DR., CORPUS CHRISTI, TX 78415

Principal occupation / Job title (See Instructions)

RETAIL/DISTRICT AREA DIRECTOR

Employer (See Instructions)

Date

9-29-15

Full name of contributor

ADELFINO PALACIOS

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

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

402 PEOPLES ST., STE. 3A, CORPUS CHRISTI, TX 78401

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

Date

10-01-15

Full name of contributor

CARLOS ISSAC

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

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

27446 CAMINO TOWER, BOERNE, TX 78015

Principal occupation / Job title (See Instructions)

FINANCE OFFICER

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>pg 7 of 18</i>
2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)
4 Date 10-01-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRACIELA G. FLORES 6 Contributor address; City; State; Zip Code 425 ASHLAND DR., CORPUS CHRISTI, TX 78412	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) ACCOUNTANT		9 Employer (See Instructions)
Date 10-02-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GABRIEL YBARRA JR. Contributor address; City; State; Zip Code 3036 CREST COLONY LN., CORPUS CHRISTI, TX 78415	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 10-02-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAUL MUNOZ Contributor address; City; State; Zip Code 2182 CR 53, CORPUS CHRISTI, TX 78415	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) AC MECHANIC/OWNER		Employer (See Instructions)
Date 10-6-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JULIO REYES Contributor address; City; State; Zip Code 52 W BAR LE DOC DR., CORUPS CHRISTI, TX 78414	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP/INTERNAL AFFAIRS		Employer (See Instructions) AEP

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: <i>pg 8 of 18</i>
2 FILER NAME JOE BENAVIDES		3 Filer ID# (Ethics Commission Filers)
4 Date 10-6-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEBB CASON 6 Contributor address; City; State; Zip Code 710 NORTH MESQUITE ST., CORPUS CHRISTI, TX 78401	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions)
Date 10-7-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RENE M. PENA Contributor address; City; State; Zip Code 13333 SCENIC CIR. , CORPUS CHRISTI, TX 78410	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) LOAN OFFICER		Employer (See Instructions)
Date 10-7-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERRY B. MILLS Contributor address; City; State; Zip Code P.O. BOX 1402, CORPUS CHRISTI, TX 78403	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) LOAN OFFICER		Employer (See Instructions)
Date 10-9-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERESA RAMIREZ Contributor address; City; State; Zip Code 4406 GREENSBORO DR., CORPUS CHRISTI, TX 78413	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>pg 9 of 18</i>
2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)
4 Date 10-9-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VINCENT ORTIZ 6 Contributor address; City; State; Zip Code 5617 LEICESTER DR., CORPUS CHRISTI, TX 78414	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED USN		9 Employer (See Instructions)
Date 10-9-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERBERT RUBIO Contributor address; City; State; Zip Code 1713 CITATION DR., CORPUS CHRISTI, TX 78417	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 10-10-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABEL HERRERO Contributor address; City; State; Zip Code P.O. BOX 2923, CORPUS CHRISTI, TX 78403	Amount of contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)
Date 10-10-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANDY S. VILLARREAL Contributor address; City; State; Zip Code P.O. BOX 5190, CORPUS CHRISTI, TX 78465	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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
10-10-15

5 Full name of contributor out-of-state PAC (ID#: _____)
BETTY GONZALEZ TRIGO

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
4717 MAYO DR., CORPUS CHRISTI, TX 78413

\$200.00

8 Principal occupation / Job title (See Instructions)
RETIRED TEACHER/ADMINISTRATOR

9 Employer (See Instructions)

Date
10-10-15

Full name of contributor out-of-state PAC (ID#: _____)
ROLAND VERA

Amount of contribution (\$)

Contributor address; City; State; Zip Code
922 OAK PARK AVE., CORPUS CHRISTI, TX 78408

\$25.00

Principal occupation / Job title (See Instructions)
COPIER TECHNIAN/OWNER

Employer (See Instructions)

Date
10-12-15

Full name of contributor out-of-state PAC (ID#: _____)
GOWAN ELIZONDO

Amount of contribution (\$)

Contributor address; City; State; Zip Code
555 N. CARANCAHUA, STE.1400, CORPUS CHRISTI, TX 78401 \$200.00

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
10-18-15

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
P.O. BOX 8734, CORPUS CHRISTI, TX 78468 \$250.00

Principal occupation / Job title (See Instructions)
NURSE/OWNER HOME HEALTH

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

10-27-15

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

ZORALU GUERRERO

6 Contributor address; City; State; Zip Code

1800 SOUTH ALAMEDA, CORPUS CHRISTI, TX 78404

7 Amount of contribution (\$)

\$400.00

8 Principal occupation / Job title (See Instructions)

BUSINESS OWNER

9 Employer (See Instructions)

Date

10-29-15

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

ERICK CANTU

Contributor address; City; State; Zip Code

P.O. BOX 271477, CORPUS CHRISTI, TX 78427

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

Date

10-30-15

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

LENCHO RENDON

Contributor address; City; State; Zip Code

5806 BEAUVAIS, CORPUS CHRISTI, TX 78414

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

Date

11-7-15

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

CECILIA G. AKERS

Contributor address; City; State; Zip Code

2014 ENCINO VISTA, SAN ANTONIO, TX 78259

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

THERAPIST

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

12-1-15

5 Full name of contributor

JAIIME RIOS

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

6 Contributor address; City; State; Zip Code

5538 KING TRAIL, CORPUS CHRISTI, TX 78414

7 Amount of contribution (\$)

\$2000.00

8 Principal occupation / Job title (See Instructions)

FINANCIAL ADVISOR/OWNER

9 Employer (See Instructions)

Date

12-03-15

Full name of contributor

JOE A. FLORES

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

Contributor address; City; State; Zip Code

500 N. WATER STE. 515, CORPUS CHRISTI, TX 78401

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

12-5-15

Full name of contributor

SADIE ORSHANSKI

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

Contributor address; City; State; Zip Code

P.O. BOX 822, CORPUS CHRISTI, TX 78404

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

REALTOR

Employer (See Instructions)

Date

12-16-15

Full name of contributor

ROBERT (BOBBY) BALDERAS

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

Contributor address; City; State; Zip Code

P.O. BOX 10807, CORPUS CHRISTI, TX 78460

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

JUSTICE OF THE PEACE 1-3

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>pg 13 of 18</i>
2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)
4 Date 12-30-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM BOUNDS 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12-30-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JORGE SIFUENTES Contributor address; City; State; Zip Code 3046 SPID, CORPUS CHRISTI, TX 78415	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-30-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARISSA MORENO Contributor address; City; State; Zip Code 7302 CLEMET DR., CORPUS CHRISTI, TX 78414	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-30-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TED BONILLA Contributor address; City; State; Zip Code	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>pg 14 of 18</i>
2 FILER NAME JOE BENAVIDES		3 Filer ID ¹ (Ethics Commission Filers)
4 Date 12-30-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABLE SANCHEZ 6 Contributor address; City; State; Zip Code 3606 SWISS, CORPUS CHRISTI, TX 78415	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12-30-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUDY BENAVIDES Contributor address; City; State; Zip Code 4758 S, CEDAR PASS, CORPUS CHRISTI, TX 78413	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-30-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUAN VALVERDE Contributor address; City; State; Zip Code 221 TROPICAL DR., CORPUS CHRISTI, TX 78408	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-30-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHARLA BROOKS Contributor address; City; State; Zip Code	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>pg 15 of 18</i>
2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)
4 Date 12-30-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYNTHIA AGUIRRE-NARRANJO 6 Contributor address; City; State; Zip Code \$\$\$) MOKRY, CORPUS CHRISTI, TX 78415	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12-30-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARTHUR MERU Contributor address; City; State; Zip Code 4509 COODY, CORPUS CHRISTI, TX 78413	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-30-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DARRELL DUBOUE Contributor address; City; State; Zip Code 1701 AMAZON DR., CORPUS CHRISTI, TX 78412	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-30-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIDGET EMERY Contributor address; City; State; Zip Code 10837 LEOPARD ST., CORPUS CHRISTI, TX 78410	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: <i>pg 16 of 18</i>
2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)
4 Date 12-30-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERNESTO GARIBAY 6 Contributor address; City; State; Zip Code 6922 SOUTHWIND DR., CORPUS CHRISTI, TX 78413	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12-30-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONICA SALINAS Contributor address; City; State; Zip Code 5634 FRESNO DR., CORPUS CHRISTI, TX 78411	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-30-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDI LEE MADDOX Contributor address; City; State; Zip Code 7409 LAKE BUCHANAN CORPUS CHRISTI, TX 78413	Amount of contribution (\$) \$160.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-30-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VALARIE SANTOS Contributor address; City; State; Zip Code 4051 KILLARMET, CORPUS CHRISTI, TX 78413	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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:
pg 17 of 18

2 FILER NAME
JOE BENAVIDES

3 Filer ID (Ethics Commission Filers)

4 Date
12-30-15

5 Full name of contributor out-of-state PAC (ID#: _____)
DIANA SUPEVELA

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
4558 SILVER HOLLOW, CORPUS CHRISTI, TX 78414

\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
12-30-15

Full name of contributor out-of-state PAC (ID#: _____)
MAGDALENA NAVA

Amount of contribution (\$)

Contributor address; City; State; Zip Code

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12-30-15

Full name of contributor out-of-state PAC (ID#: _____)
YVETTE ORTIZ CARRANZA

Amount of contribution (\$)

Contributor address; City; State; Zip Code

7418 LAKE NEUCHATEL DR. CORPUS CHRISTI, TX 78413 \$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12-30-15

Full name of contributor out-of-state PAC (ID#: _____)
CYNTHIA LONGORIA

Amount of contribution (\$)

Contributor address; City; State; Zip Code

8029 SIR GREG DR. CORPUS CHRISTI, TX 78414 \$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: <i>pg 18 of 18</i>
2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)
4 Date 12-30-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOBBY TAGLE 6 Contributor address; City; State; Zip Code 6041 TIMBERGATE DR., CORPUS CHRISTI, TX 78414	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12-30-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUBY LOPEZ Contributor address; City; State; Zip Code 1223 ACAPULCO CIRCLE, ALICE, TX 78332	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 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: <i>1 OF 17</i>	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)				
4 Date 7-10-15	5 Payee name GREENWOOD SENIOR CENTER					
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 4040 GREENWOOD DR., CORPUS CHRISTI, TX 78416					
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%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held	
Candidate / Officeholder name	Office sought	Office held				
<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Date 7-16-15</td> <td style="width:80%;">Payee name DAVID MUSIC AWARDS</td> </tr> <tr> <td>Amount (\$) \$100.00</td> <td>Payee address; City; State; Zip Code</td> </tr> </table>			Date 7-16-15	Payee name DAVID MUSIC AWARDS	Amount (\$) \$100.00	Payee address; City; State; Zip Code
Date 7-16-15	Payee name DAVID MUSIC AWARDS					
Amount (\$) \$100.00	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				
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held	
Candidate / Officeholder name	Office sought	Office held				
<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Date 7-16-15</td> <td style="width:80%;">Payee name COASTAL BEND TEXAS DEMOCRATIC WOMEN</td> </tr> <tr> <td>Amount (\$) \$600.00</td> <td>Payee address; City; State; Zip Code P.O. BOX 8396, CORPUS CHRISTI, TEXAS 78468</td> </tr> </table>			Date 7-16-15	Payee name COASTAL BEND TEXAS DEMOCRATIC WOMEN	Amount (\$) \$600.00	Payee address; City; State; Zip Code P.O. BOX 8396, CORPUS CHRISTI, TEXAS 78468
Date 7-16-15	Payee name COASTAL BEND TEXAS DEMOCRATIC WOMEN					
Amount (\$) \$600.00	Payee address; City; State; Zip Code P.O. BOX 8396, CORPUS CHRISTI, TEXAS 78468					
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%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held	
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
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: <i>2 of 17</i>	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
4 Date 7-16-15	5 Payee name COASTAL BEND TEXAS DEMOCRATIC WOMEN	
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code P.O. BOX 8396, CORPUS CHRISTI, TX 78468	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: JOE BENAVIDES Office sought: JUSTICE OF THE PEACE, PCT1, PL1 Office held: JP1-1	
Date 7-28-15	Payee name JOHN PAUL II HIGH SCHOOL	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 3036 SARATOGA BLVD. CORPUS CHRISTI, TX 78415	
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 7-30-15	Payee name CORPUS CHRISTI REALTOR ASSOCIATION	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 4825 EVERHART ROAD, STE.1, CORPUS CHRISTI, TX 78411	
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: 3 OF 17	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)			
4 Date 8-14-15	5 Payee name LEAD FIRST FOUNDATION				
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 500 N. SHORELINE BLVD., CORPUS CHRISTI, TX 78401				
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:12.5%;">Office sought</td> <td style="width:12.5%;">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 8-14-15	Payee name CORPUS CHRISTI BLACK CHAMBER				
Amount (\$) \$50.00	Payee address; City; State; Zip Code 4422 S. ALAMEDA, CORPUS CHRISTI, TX 78413				
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:12.5%;">Office sought</td> <td style="width:12.5%;">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 8-15-15	Payee name SOUTHERN JUSTICE OF CORPUS CHRISTI				
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			
	<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:12.5%;">Office sought</td> <td style="width:12.5%;">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		

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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: 4 OF 17	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)			
4 Date 8-14-15	5 Payee name HEB (VICTORY LIFE FELLOWSHIP)				
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1201 S. BROWNLEE BLVD., CORPUS CHRISTI, TX 78404				
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:12.5%;">Office sought</td> <td style="width:12.5%;">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 8-19-15	Payee name TEXAS JAZZ FESTIVAL CORPUS CHRISTI				
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1581 NORTH CHAPARRAL ST., CORPUS CHRISTI, TX 78350				
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:12.5%;">Office sought</td> <td style="width:12.5%;">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 8-19-15	Payee name CALLEN TOPCATS				
Amount (\$) \$150.00	Payee address; City; State; Zip Code 4001 WILDCAT DR. 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:12.5%;">Office sought</td> <td style="width:12.5%;">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		

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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: 5 OF 17	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
4 Date 8-20-15	5 Payee name C-MATH FOR AT RISK STUDENTS	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1133 FLORIDA AVE., CORPUS CHRISTI, TX 78404	
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: _____ Office sought: _____ Office held: _____	
Date 8-20-15	Payee name BUCCANEER COMMISSION	
Amount (\$) 250.00	Payee address; City; State; Zip Code 1513 N. CHAPARRAL, CORPUS CHRISTI, TX 78401	
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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8-21-15	Payee name RAYMOND MARTINEZ	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 5114 CARROLL LANE, CORPUS CHRISTI, TX 78415	
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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH 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
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: 6 OF 17	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)			
4 Date 8-27-15	5 Payee name LIGHTHOUSE GRAPHICS				
6 Amount (\$) \$155.88	7 Payee address; City; State; Zip Code 3046 SPID, CORPUS CHRISTI, TX 78415				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name JOE BENAVIDES</td> <td style="width:20%; border:none;">Office sought JUSTICE OF THE PEACE, PCT1, PL1</td> <td style="width:20%; border:none;">Office held JP1-1</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought JUSTICE OF THE PEACE, PCT1, PL1
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought JUSTICE OF THE PEACE, PCT1, PL1	Office held JP1-1		
Date 8-27-15	Payee name LIGHTHOUSE GRAPHICS				
Amount (\$) \$75.78	Payee address; City; State; Zip Code 3046 SPID, CORPUS CHRISTI, TX 78415				
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			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name JOE BENAVIDES</td> <td style="width:20%; border:none;">Office sought JUSTICE OF THE PEACE, PCT1, PL1</td> <td style="width:20%; border:none;">Office held JP1-1</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought JUSTICE OF THE PEACE, PCT1, PL1
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought JUSTICE OF THE PEACE, PCT1, PL1	Office held JP1-1		
Date 8-27-15	Payee name LIGHTHOUSE GRAPHICS				
Amount (\$) \$80.27	Payee address; City; State; Zip Code 3046 SPID, CORPUS CHRISTI, TX 78415				
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			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name JOE BENAVIDES</td> <td style="width:20%; border:none;">Office sought JUSTICE OF THE PEACE, PCT.1, PL.1</td> <td style="width:20%; border:none;">Office held JP1-1</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought JUSTICE OF THE PEACE, PCT.1, PL.1
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought JUSTICE OF THE PEACE, PCT.1, PL.1	Office held JP1-1		

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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: 7 OF 17		2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)	
4 Date 8-27-15		5 Payee name JOHN GARCIA			
6 Amount (\$) \$150.00		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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 8-28-15		Payee name LEAGUE OF WOMENS VOTER OF CORPUS CHRISTI			
Amount (\$) \$600.00		Payee address; City; State; Zip Code P.O. BOX 8276, CORPUS CHRISTI, TX 78468			
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 9-1-15		Payee name TRAN			
Amount (\$) \$300.00		Payee address; City; State; Zip Code 5658 BEAR LANE, CORPUS CHRISTI, TX 78405			
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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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: 8 OF 17	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
4 Date 9-1-15	5 Payee name BRUSH COUNTY CATERING	
6 Amount (\$) \$1500.00	7 Payee address; City; State; Zip Code 1304 N. HARBORTH AVE., THREE RIVERS, TX 78071	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING	(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 JUSTICE OF THE PEACE, PCT.1, PL.1	Office sought JP1-1
	Office held JP1-1	
Date 9-9-15	Payee name CORPUS CHRISTI POLICE FOUNDATION	
Amount (\$) \$1000.00	Payee address; City; State; Zip Code 321 SARTAIN, CORPUS CHRISTI, TX 78401	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date 9-10-15	Payee name DM PRODUCTION	
Amount (\$) \$300.00	Payee address; City; State; Zip Code P.O. BOX 71803, CORPUS CHRISTI, TX 78467	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES JUSTICE OF THE PEACE, PCT1, PL.1	Office sought JP1-1
		Office held JP1-1

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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: 9 OF 17	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)			
4 Date 9-12-15	5 Payee name INSTITUTO DE CULTURA Y HISPANICA DE CC				
6 Amount (\$) \$1000.00	7 Payee address; City; State; Zip Code XXXXXXXXXXXXXXXXXXXX 1617 N. CHAPPARRAL, CORPUS CHRISTI, TX 78401				
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:25%;">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 9-15-15	Payee name FANNIN ELEMENTARY SCHOOL				
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1945 GOLLIHAR, CORPUS CHRISTI, TX 78416				
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:25%;">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 9-22-15	Payee name METRO ELEMENTARY SCHOOL OF DESIGN				
Amount (\$) \$72.00	Payee address; City; State; Zip Code 1707 AYERS ST., CORPUS CHRISTI, TX 78404				
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:25%;">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		

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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: <i>10 OF 17</i>	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)			
4 Date 9-23-15	5 Payee name BUCKIN FOR BOOBS CANCER				
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. BOX 142, FULTON, TX 78358				
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:12.5%;">Office sought</td> <td style="width:12.5%;">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 10-4-15	Payee name DJ ROY VELASQUEZ				
Amount (\$) \$200.00	Payee address; City; State; Zip Code 11121 MAYFIELD, CORPUS CHRISTI, TX 78410				
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			
	<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:12.5%;">Office sought</td> <td style="width:12.5%;">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 10-5-15	Payee name BUTLER SIGNATURE				
Amount (\$) \$534.76	Payee address; City; State; Zip Code 5826 WOOLDRIDGE RD., CORPUS CHRISTI, TX 78414				
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			
	<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:12.5%;">Office sought</td> <td style="width:12.5%;">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		

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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: 11-17	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)			
4 Date 10-7-15	5 Payee name LOS ENCINOS ELEMENTARY SCHOOL				
6 Amount (\$) \$145.00	7 Payee address; City; State; Zip Code 1826 FRIO, 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			
	<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:12.5%;">Office sought</td> <td style="width:12.5%;">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 10-10-15	Payee name BRUSH COUNTY CATERING				
Amount (\$) \$1500.00	Payee address; City; State; Zip Code 1304 N. HARBORTH AVE., THREE RIVER, TX 78071				
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			
	<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:12.5%;">Office sought</td> <td style="width:12.5%;">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 10-13-15	Payee name I BELIEVE IN ME FOUNDATION				
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1701 THAMES DR. #133, CORPUS CHRISTI, TX 78412				
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:12.5%;">Office sought</td> <td style="width:12.5%;">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		

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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: 12 OF 17		2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)	
4 Date 10-15-15		5 Payee name SANDERS ELEMENTARY SCHOOL			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code 4102 REPUBLIC DR., CORPUS CHRISTI, TX 78413			
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		Office sought	
Date 10-23-15		Payee name GARCIA ELEMENTARY SCHOOL			
Amount (\$) \$215.00		Payee address; City; State; Zip Code 4401 GREENWOOD, CORPUS CHRISTI, TX 78416			
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10-31-15		Payee name HOMERO VILLARREAL			
Amount (\$) \$100.00		Payee address; City; State; Zip Code			
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name JOE BENAVIDES, JUSTICE OF THE PEACE, PCT. 1, PL. 1		Office sought JP1-1	

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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: 13 OF 17		2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)	
4 Date 11-10-15		5 Payee name NORTHWEST SENIOR CENTER			
6 Amount (\$) \$150.00		7 Payee address; City; State; Zip Code 9725 UP RIVER ROAD, CORPUS CHRISTI, TX 78410			
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		Office sought	
Date 11-10-15		Payee name NORTHWEST SENIOR CENTER			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 9725 UP RIVER ROAD, 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 11-20-15		Payee name JAIME RIOS			
Amount (\$) \$2000.00		Payee address; City; State; Zip Code 3649 LEOPARD ST., STE.404, CORPUS CHRISTI, TX 78408			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER/CHECK NOT ACCEPTED RETURNED		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	

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 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: 14 OF 17		2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)	
4 Date 11-30-15		5 Payee name LULAC #1			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code CONTRIBUTION/DONATION 4418 SHAW ST., CORPUS CHRISTI, TX 78416			
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		Office sought
Date 12-4-15		Payee name FOOD BANK OF THE COASTAL BEND			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 826 KRILL ST., CORPUS CHRISTI, TX 78408			
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
Date 12-8-15		Payee name CALALLEN POWERLIFTING TEAM			
Amount (\$) \$125.00		Payee address; City; State; Zip Code 4001 WILDCAT, 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		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought

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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: <i>15 OF 17</i>	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
4 Date 11-19-15	5 Payee name NUECES COUNTY DEMOCRATIC PARTY	
6 Amount (\$) \$1000.00	7 Payee address; City; State; Zip Code 3765 SOUTH ALAMEDA, CORPUS CHRISTI, TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: JOE BENAVIDES, JUSTICE OF THE PEACE, PCT.1, PL.1 Office sought: JP1-1 Office held: JP1-1	
Date 12-10-15	Payee name TEJANO ROOTS	
Amount (\$) \$175.00	Payee address; City; State; Zip Code 4433 VALDEZ, CORPUS CHRISTI, TX 78416	
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 12-11-15	Payee name MENGER ELEMENTARY SCHOOL	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 2401 SOUTH ALAMEDA, CORPUS CHRISTI, TX 78404	
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
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: <i>16 OF 17</i>	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
4 Date 12-11-15	5 Payee name LIGHTHOUSE GRAPHICS	
6 Amount (\$) \$2641.84	7 Payee address; City; State; Zip Code ADVERTISING EXPENSE 3046 SPID, CORPUS CHRISTI, TX 78415	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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, JUSTICE OF THE PEACE, PCT.1, PL.1 Office sought: JUSTICE OF THE PEACE, PCT.1, PL.1 Office held: JP1-1	
Date 12-14-15	Payee name KIII-3	
Amount (\$) \$1069.65	Payee address; City; State; Zip Code 5002 SPID 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, JUSTICE OF THE PEACE, PCT.1, PL1 Office sought: JUSTICE OF THE PEACE, PCT.1, PL1 Office held: JP1-1	
Date 12-14-15	Payee name KRIS-6	
Amount (\$) \$1015.00	Payee address; City; State; Zip Code 301 ARTESIAN CORPUS CHRISTI, TX 78401	
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, JUSTICE OF THE PEACE, PCT.1, PL.1 Office sought: JUSTICE OF THE PEACE, PCT.1, PL.1 Office held: JP1-1	

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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: <i>17 OF 17</i>	2 FILER NAME JOE BENAVIDES	3 Filer ID (Ethics Commission Filers)
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4 Date 12-16-15	5 Payee name KMTV 8 LOPEZ BROADCASTING
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 2209 NPID CORPUS CHRISTI, TX 78408
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES, JUSTICE OF THE PEACE, PCT.1, PL.1	Office sought JP1-1	Office held
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Date 12-19-15	Payee name MISSION FIT POSSIBLE
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Amount (\$) \$750.00	Payee address; City; State; Zip Code 400 MANN ST., STE.800, CORPUS CHRISTI, TX 78401
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-19-15	Payee name COASTAL BEND TEXAS DEMOCRATIC WOMEN
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Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. BOX 8396, CORPUS CHRISTI, TX 78468
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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