CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		4 Files ID (Fabica Commission Floral	2 Total pages filed:
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	38
3 CANDIDATE/	MS / MRS / MR FIRST	МІ	OFFICE USE ONLY
OFFICEHOLDER NAME	JOE		Date Received
986.40°00.1	NICKNAME LAST	SUFFIX	
.:00	BENAVIDES		FILED FOR RECORD
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	A1 4:57 M
MAILING	410 ATLANTIC ST.	•	JAN 15 2016
ADDRESS Change of Address	CORPUS CHRISTI, TX 78404	0 8	KARA SANDS
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	LERKY OUT TO COMP THE CONTROL OF THE
OFFICEHOLDER PHONE	(361) 633–9308		Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	ADELFINO LAST	SUFFIX	Date Processed
	FINO PALACIO JR.	0011 111	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT /	SUITE #; CITY; STATE;	ZIP CODE
TREASURER	402 PEOPLE ST., SUITE 3A		
ADDRESS (Residence or Business)	CORPUS CHRISTI, TX 78401		et e
X	XI		×
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(361) 884–8322		
	9		
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment
9		election Exceeded \$500 limit	(Officeholder Only) Final Report (Attach C/OH - FR)
27	July 15 8th day before 6	election Exceeded \$500 military	That report visitors of the
10 PERIOD	Month Day Year	Month	Day Year
COVERED	07/01/15	THROUGH 12/	31 /15
11 ELECTION	ELECTION DATE	ELECTION TYP	E «
	Month Day Year Primary	Description	U as
්ර්කණ්ර ප	11 / 08 / 16 X Genera	al Special —————	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	vn)
-	JUSTICE OF THE PEACE PCT.1, PL.1		
	NUECES COUNTY	12.0	

GO TO PAGE 2

2016-044

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		. 15 File	r ID (Ethics Commission Filers)	
JOE BENAVID	ES			
16 NOTICE FROM POLITICAL COMMITTEE(S)	TICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S			
	COMMITTEE TYPE	COMMITTEE NAME		
, v	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS	,	
	64. 100			
		COMMITTEE CAMPAIGN TREASURER NAME		
# Management 100	5 * ·	Constitution and Consti		
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
sc.		COMMITTEE CAMPAIGN TREASURER ADDRESS		
	**			
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ N/A	
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS 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		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ N/A	
18 AFFIDAVIT		- Madely (1992)		
		I swear, or affirm, under penalty of perjury true and correct and includes all informat	that the accompanying report is	
BOLARY PURE	ORRAINE L VILLANU	under Title 15 Flection Code	on required to be reported by	
	My Commission Expi			
State on 18 Har	June 3, 2018	tol Cerron	&r-)	
		Signature of Candidate	or Officeholder	
AFFIX NOTARY STAM	IP/SEALABOVE			
Sworn to and subsc	arihad hafara m-	by the said Joe Benavides	, this the 15	
2-00	- 0	to certify which, witness my hand and seal of office.		
day of A			11.	
		Lorraine Villanuera	Hamin-Secretar	
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 2	70 Filer ID (Ethics Commission Filers)
JOE BENAVIDES	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 22,235.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ N/A
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ N/A
4. SCHEDULE E: LOANS	\$ N/A
5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	\$ 23,500.18
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ N/A
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS \$ N/A
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ N/A
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	s N/A
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	USINESS OF C/OH \$ N/A
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$ N/A
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	s N/A

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. (Ethics Commission Filers) 2 FILER NAME JOE BENAVIDES 7 Amount of contribution (\$) 4 Date 5 Full name of contributor ut-of-state PAC (ID#:_ MARIE ADAMS 8-29-15 6 Contributor address; City; State; Zip Code 156 CORDULA ST., CORPUS CHRISTI, TX 78411 \$100.00 9 Employer (See Instructions) Principal occupation / Job title (See Instructions) RETIRED Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) ERNEST R. GARZA 8-29-15 Contributor address; City; State; Zip Code \$1000.00 10201 LEOPARD ST., CORPUS CHRISTI, TX 78410 Employer (See Instructions) Principal occupation / Job title (See Instructions) CPA out-of-state PAC (ID#:_ Full name of contributor Date Amount of contribution (\$) 8-30-15 DAWN HEALD City; State; Zip Code Contributor address; \$200.00 P.O. BOX 142, FULTON, TX 78358 Principal occupation / Job title (See Instructions) Employer (See Instructions) PRODUCTION/OWNER Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ CHRISTINA KRESSER 8-30-15 Contributor address; City; State; Zip Code \$200.00 9701 COMPTON DR., CORPUS CHRISTI, TX 78418 Employer (See Instructions) Principal occupation / Job title (See Instructions) VETERINARIAN 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. 2 FILER NAME JOE BENAVIDES 7 Amount of contribution (\$) 4 Date 5 Full name of contributor ut-of-state PAC (ID#:_ 8-31-15 JOHN R. GOUIN 6 Contributor address; City; State; Zip Code P.O. BOX 5267, CORPUS CHRISTI, TX 78418 \$800.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) MEDICAL DOCTOR Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Date 8-31-15 DANIEL PUCKETT Contributor address; City; State; Zip Code P.O. BOX 271214, CORPUS CHRISTI, TX 78427 \$1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) BUSINESS OWNER Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) 9-1-15 . NOEL. E. GARCES . . . City; State; Zip Code Contributor address; \$100.00 P.O. BOX 1297, ROCKPORT, TX 78381 Employer (See Instructions) Principal occupation / Job title (See Instructions) REALTOR/AGENT Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ 9-2-15 LOU VILLAGOMEZ City; State; Zip Code Contributor address; 5029 BROMLEY DR., CORPUS CHRISTI, TX 78413 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED CCPD/SECURITY SUPERVISOR AEP ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 9/8/2015

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 form.			1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
JOE BEN	IAVIDES		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
9-4-15	TODD ROBINSON	*.	
	6 Contributor address; City; State	; Zip Code	
	102 N. STAPLES, CORPUS CHRISTI	, TX 78401	\$400.00
8 Principal of ATTORNE	ccupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
9–7–15	TERESA GOMEZ HENKEL Contributor address; City; State	; Zip Code	
	7 BAHAMA DR., ROCKPORT, TX 783	882	\$100.00
Principal of	ecupation / Job title (See Instructions)	Employer (See Instruct	tions)
HOUSEW]	FE		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
9–9–15	JOHN MADDEN		20
	Contributor address; City; State:	; Zip Code	
	P.O. BOX 1938, CORPUS CHRISTI,	TX 78403	\$100.00
Principal o	ccupation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
9–11–15	JANET MONTAGNE Contributor address; City; State; Zip Code		
	1610 HYDE COURT, BEAUMONT, TEXAS 77706		\$1000.00
Principal o	ccupation / Job title (See Instructions)	Employer (See Instruc	tions)
BUSINES	SS OWNER		

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:	
2 FILER NAME		3 File ID (Ethics Commission Filers)	
JOE BENAVI	DES		
4 Date	5 Full name of contributor ut-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
9–15–15	ALBERTO RIVERA	1	
		; Zip Code	
	7506 BISTINEAU DR., CORPUS CHI	RISTI. TX 78413	\$200.00
50.1V	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
INSURANCE	AGENT/OWNER		
Date	Full name of contributor uut-of-state PAC	C (ID#:)	Amount of contribution (\$)
9–16–15	GILBERT YMBERT JR.		
	Contributor address; City; State	e; Zip Code	
	6009 PARKVIEW DR. CORPUS CHRIS	STI, TX 78415	\$100.00
	-	31 5	
	eation / Job title (See Instructions)	Employer (See Instruct	tions)
TRUAINCY OF	FICER/CCISD		
Date	Full name of contributor ut-of-state PAC	C (ID#:)	Amount of contribution (\$)
9-16-15	SCOTT MANDELL		
	Contributor address; City; State	· · · · · · · · · · · · · · · · · · ·	
	5502 BURNHAM DR. STE.A, CORPUS	CUDICUIT UN 704	12 #1000 00
	A CONTRACTOR OF THE PROPERTY O		50 SAN SA NO SA PROSECULARIO
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
BUSINESS O	WNER/SECURITY SERVICES		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
9-23-15		,	(4)
J-23-13			
~			10
	4901 SARATOGA BLVD.1028, CORPU	JS CHRISTI, TX 78	413 \$100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
DIRECTOR		CENTENE CORPORAT	TION

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:	
2	2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)	
4	Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	9–23–15	HENRY A. SANTANA 6 Contributor address; City; State	; Zip Code	
		4033 CAPITOL DR., CORPUS CHRIS	TI, TX 78413	\$100.00
8	*2	pation / Job title (See Instructions) F THE PEACE 1-2	9 Employer (See Instruc-	tions)
	Date		; (ID#:)	Amount of contribution (\$)
	9–26–15		; Zip Code	
	_	4501 NICHOLSON ST., CORPUS CHRI	STI, TX 78415	\$100.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
7	9–27–15	DOMINGA FLORES Contributor address; City; State	; Zip Code	
		P.O. BOX 10385, CORPUS CHRISTI	T, TX 78460	\$1200.00
Principal occupation / Job title (See Instructions) RETIRED/COLLEGE STUDENT Employer (See Instructions)		tions)		
	Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
	9–28–15	ROLANDO BARRERA Contributor address; City; State		
		2621 CAMARGO, CORPUS CHRISTI, TX 78415		\$200.00
	R CAUSCINE S	pation / Job title (See Instructions) AGENT/OWNER	Employer (See Instruc	tions)
		Edition of the second control of the second		

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	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
JOE BENAVII	DES		
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
9-28-15	HECTOR GONZALEZ	*.	
	6 Contributor address; City; State	; Zip Code	
	14218 ALLAMANDA DR., CORPUS CH	RISTI, TX 78418	\$200.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor uut-of-state PAC	(ID#:)	Amount of contribution (\$)
9–28–15	JOSE G. RIOS		
	Contributor address; City; State	; Zip Code	
	3208 CRESTWATER DR., CORPUS CH	RISTI, TX 78415	\$200.00
Principal occupation / Job title (See Instructions) Employer (See Instruc		Employer (See Instruc	tions)
RETAIL/DIS	IRICT AREA DIRECTOR		
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
9-29-15	ADELFINO PALACIOS		
	Contributor address; City; State	A) VAN	
	402 PEOPLES ST., STE.3A, CORPUS	CHRISTI, TX 784	01 \$200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
CPA		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
10-01-15	CARLOS ISSAC		
		:	
		20 1000 Pro 1000 Protection (\$500.00
	27446 CAMINO TOWER, BOERNE, T	A 76015	
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
FINANCE C	JET L CEK		
Western Teaching and Teaching			

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 BENAVI	DES		u .
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
10-01-15	GRACIELA G. FLORES		
	6 Contributor address; City; State	Zip Code	
	425 ASHLAND DR., CORPUS CHRIST		\$200.00
	15		
1 522 11 1	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
ACCOUNTANT			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10-02-15	GABRIEL YBARRA JR.		
	Contributor address; City; State	; Zip Code	
	3036 CREST COLONY LN., CORPUS		5 \$200.00
	5050 CREST COLONI IIV., CORTOS	CIRIBIL, IN 704	5 Ψ200:00
Principal occup	action / Job title (See Instructions)	Employer (See Instruc	tions)
RETIRED			
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
10-02-15	RAUL MUNOZ		
	Contributor address; City; State	; Zip Gode	
	2182 CR 53, CORPUS CHRISTI, T	x 78415	\$200.00
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
AC MECHAN	IC/OWNER		-
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)
10-6-15 JULIO REYES			
10 (100) 000 000 000 000 000 000 000 000 00	Contributor address; City; State	; Zip Code	
52 W BAR LE DOC DR., CORUPS CHRISTI, TX 78414 \$250.00			\$250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
VP/INTERNA	AL AFFAIRS	AEP	

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 BENAVII	DES		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
10-6-15	WEBB CASON	2	
	6 Contributor address; City; State;	Zip Code	
	710 NORTH MESQUITE ST., CORPUS	CHRISTI, TX 784	\$1000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
ATTORNEY			
Date	Full name of contributor	(ID#)	Amount of contribution (\$)
10-7-15	RENE M. PENA		
	Contributor address; City; State;	Zip Code	
	13333 SCENIC CIR. , CORPUS CHR	ISTI, TX 78410	\$100.00
(5)	ation / Job title (See Instructions)	Employer (See Instruc	tions)
LOAN OFFIC	ER		
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
- 10–7–15	TERRY B. MILLS		
	Contributor address; City; State;	Zip. Code	
_	P.O. BOX 1402, CORPUS CHRISTI,	TX 78403	\$100.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
LOAN OFFICE	ER		
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
10-9-15	TERESA RAMIREZ		
	Contributor address; City; State; Zip Code		
	4406 GREENSBORO DR., CORPUS CH	RISTI, TX 78413	\$200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
JOE BENAV	IDES	JE3	
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
10-9-15	VINCENT ORTIZ		
	6 Contributor address; City; State	; Zip Code	
	5617 LEICESTER DR., CORPUS CHR	ISTI, TX 78414	\$100.00
8 Principal occur RETIRED US	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10-9-15	HERBERT RUBIO		
	Contributor address; City; State	; Zip Code	
	1713 CITATION DR., CORPUS CHRI	STI, TX 78417	\$200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
RETIRED			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10–10–15	ABEL HERRERO		
	PROVIDED THE PROPERTY OF THE P	; Zip Code	
	P.O. BOX 2923, CORPUS CHRISTI,	TX 78403	\$750.00
and the second s	pation / Job title (See Instructions)	Employer (See Instruc	tions)
ATTORNEY			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10-10-15	CANDY S. VILLARREAL		
	Contributor address; City; State	e; Zip Code	
	P.O. BOX 5190, CORPUS CHRISTI,	, TX 78465	\$100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)
,			
	*		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. DQ 10 01 1 2 FILER NAME JOE BENAVIDES 4 Date 7 Amount of contribution (\$) 5 Full name of contributor ut-of-state PAC (ID#:_ 10-10-15 BETTY GONZALEZ TRIGO 6 Contributor address; City; State; Zip Code 4717 MAYO DR., CORPUS CHRISTI, TX 78413 \$200.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) RETIRED TEACHER/ADMINISTRATOR Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 10-10-15 ROLAND VERA Contributor address; City; State; Zip Code 922 OAK PARK AVE., CORPUS CHRISTI, TX 78408 \$25.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) COPIER TECHNIAN/OWNER Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) 10-12-15 GOWAN ELIZONDO tributor address: City; State; Zip Code Contributor address; 555 N. CARANCAHUA, STE.1400, CORPUS CHRISTI, TX 78401 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTORNEY Date Full name of contributor Amount of contribution (\$) Out-of-state PAC (ID#: 10-18-15 PRISCILLA VASQUEZ City; State; Zip Code Contributor address; P.O. BOX 8734, CORPUS CHRISTI, TX 78468 \$250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) NURSE/OWNER HOME HEALTH

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME JOE BENAVIDES 4 Date 7 Amount of contribution (\$) 5 Full name of contributor ut-of-state PAC (ID#:__ ZORALU GUERRERO 10-27-15 6 Contributor address; City; State; Zip Code 1800 SOUTH ALAMEDA, CORPUS CHRISTI, TX 78404 \$400.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) BUSINESS OWNER Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 10-29-15 ERICK CANTU Contributor address; City; State; Zip Code P.O. BOX 271477, CORPUS CHRISTI, TX 78427 \$1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) BUSINESS OWNER Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 10-30-15 LENCHO RENDON Contributor address; City; State; Zip Code 5806 PEAUVAIS, CORPUS CHRISTI, TX 78414 \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) BUSINESS OWNER Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) 11-7-15 CECILIA G. AKERS Contributor address; City; State; Zip Code 2014 ENCINO VISTA, SAN ANTONIO, TX 78259 \$250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) THERAPIST

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1; The Instruction Guide explains how to complete this form. 2 FILER NAME JOE BENAVIDES 4 Date 7 Amount of contribution (\$) 5 Full name of contributor ut-of-state PAC (ID#:__ 12-1-15 JAIME RIOS 6 Contributor address; City; State; Zip Code 5538 KING TRAIL, CORPUS CHRISTI, TX 78414 \$2000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) FINANCIAL ADVISOR/OWNER Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Date 12-03-15 JOE A. FLORES City; State; Zip Code Contributor address; 500 N. WATER STE. 515, CORPUS CHRISTI, TX 7840 \$500.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTORNEY Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) 12-5-15 SADIE ORSHANSKI City; State; Zip Code Contributor address; P.O. BOX 822, CORPUS CHRISTI, TX 78404 \$250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) REALTOR Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ 12-16-15 ROBERT (BOBBY) BALDERAS Contributor address; City; State; Zip Code P.O. BOX 10807, CORPUS CHRISTI, TX 78460 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) JUSTICE OF THE PEACE 1-3

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 7 Amount of contribution (\$) 4 Date 5 Full name of contributor ut-of-state PAC (ID#:_ 12-30-15 JIM BOUNDS 6 Contributor address; City; State; Zip Code \$200.00 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_ Full name of contributor Amount of contribution (\$) Date 12-30-15 JORGE SIFUENTES City; State; Zip Code Contributor address; 3046 SPID, CORPUS CHRISTI, TX 78415 \$200.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#_ Amount of contribution (\$) Date 12-30-15 MARISSA MORENO Contributor address; City; State; Zip Code \$200.00 7302 CLEMET DR., CORPUS CHRISTI, TX 78414 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ 12-30-15 TED BONILLA Contributor address; City; State; Zip Code \$200.00 Employer (See Instructions) Principal occupation / Job title (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1; The Instruction Guide explains how to complete this form. 2 FILER NAME JOE BENAVIDES 7 Amount of contribution (\$) 5 Full name of contributor 4 Date ut-of-state PAC (ID#:_ 12-30-15 ABLE SANCHEZ 6 Contributor address; City; State; Zip Code \$100.00 3606 SWISS, CORPUS CHRISTI, TX 78415 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#. Amount of contribution (\$) Date 12-30-15 RUDY BENAVIDES Contributor address; City; State; Zip Code \$100.00 4758 S, CEDAR PASS, CORPUS CHRISTI, TX 78413 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#: Date 12-30-15 JUAN VALVERDE City; State; Zip Code Contributor address; \$100.00 221 TROPICAL DR., CORPUS CHRISTI, TX 78408 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor Date ut-of-state PAC (ID#:_ 12-30-15 SHARLA BROOKS Contributor address; City; State; Zip Code \$200.00 Employer (See Instructions) Principal occupation / Job title (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 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 7 Amount of contribution (\$) 4 Date 5 Full name of contributor ut-of-state PAC (ID#:_ CYNTHIA AGUIRRE-NARRANJO 12-30-15 6 Contributor address; City; State; Zip Code \$200.00 \$%#) MOKRY, CORPUS CHRISTI, TX 78415 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#: Full name of contributor Amount of contribution (\$) Date ARTHUR MERU 12-30-15 Contributor address; City; State; Zip Code 4509 COODY, CORPUS CHRISTI, TX 78413 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date 12-30-15 DARRELL DUBQUE City; State; Zip Code Contributor address; \$200.00 1701 AMAZON DR., CORPUS CHRISTI, TX 78412 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor ut-of-state PAC (ID#:_ 12-30-15 BRIDGET EMERY City; State; Zip Code Contributor address; \$100.00 10837 LEOPARD ST., CORPUS CHRISTI, TX 78410 Employer (See Instructions) Principal occupation / Job title (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.

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Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME JOE BENAVIDES 7 Amount of contribution (\$) 4 Date 5 Full name of contributor ut-of-state PAC (ID#:_ 12-30-15 ERNESTO GARIBAY City; State; Zip Code 6 Contributor address; 6922 SOUTHWIND DR., CORPUS CHRISTI, TX 78413 \$200.00 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#: Full name of contributor Amount of contribution (\$) Date 12-30-15 MONICA SALINAS Contributor address; City; State; Zip Code \$200.00 5634 FRESNO DR., CORPUS CHRISTI, TX 78411 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#: Date 12-30-15 SANDI LEE MADDOX City; State; Zip Code Contributor address; \$160.00 7409 LAKE BUCHANAN CORPUS CHRISTI, TX 78413 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor ut-of-state PAC (ID#:_ 12-30-15 VALARIE SANTOS Contributor address; City; State; Zip Code \$200.00 4051 KILLARMET, CORPUS CHRISTI, TX 78413 Employer (See Instructions) Principal occupation / Job title (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 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 7 Amount of contribution (\$) 4 Date 5 Full name of contributor ut-of-state PAC (ID#:_ 12-30-15 DIANA SUPEVELA City; State; Zip Code 6 Contributor address; 4558 SILVER HOLLOW, CORPUS CHRISTI, TX 78414 \$200.00 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date 12-30-15 | MAGDALENA NAVA Contributor address; City; State; Zip Code \$100.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) ut-of-state PAC (ID#:_ Date Full name of contributor Amount of contribution (\$) 12-30-15 YVETTE ORTIZ CARRANZA City; State; Zip Code Contributor address; 7418 LAKE NEUCHATEL DR. CORPUS CHRISTI, TX 78413 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#:___ 12-30-15 CYNTHIA LONGORIA City; State; Zip Code Contributor address; 8029 SIR GREG DR. CORPUS CHRISTI, TX 78414 \$200.00 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A): The Instruction Guide explains how to complete this form. 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#:___ 12-30-15 BOBBY TAGLE 6 Contributor address; City; State; Zip Code \$200.00 6041 TIMBERGATE DR., CORPUS CHRISTI, TX 78414 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#_ Full name of contributor Amount of contribution (\$) Date 12-30-15 RUBY LOPEZ City; State; Zip Code Contributor address; \$100.00 1223 ACAPULCO CIRCLE, ALICE, TX 78332 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#:_ Date City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor ut-of-state PAC (ID#._ City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (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.

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Revised 9/8/2015

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
1 OF 17	JOE BENAVIDES		
4 Date	5 Payee name		
7–10–15	GREENWOOD SENIOR CENTER		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$400.00	4040 GREENWOOD DR., CORPUS CH	RISTI, TX 78	416
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	CONTINUE ON PONTAGE ON	Check if travel of	outside of Texas. Complete Schedule T.
OF	CONTRIBUTION/DONATION	Check if Austi	in, TX, officeholder living expense
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		11
7–16–15	DAVID MUSIC AWARDS		
Amount (\$)	Payee address; City; State; Zip Code	1	N.
\$100.00			
ψ.00 . 00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel o	utside of Texas. Complete Schedule T.
OF EXPENDITURE	CONTRIBUTION/DONATION	Check if Austi	n, TX, officeholder living expense
EXPENDITURE	2		
	dest		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	•		
Date	Payee name		
Date	Tayor name		
7–16–15	COASTAL BEND TEXAS DEMOCRATIC	WOMEN	
Amount (\$)	Payee address; City; State; Zip Code		
\$600.00	P.O. BOX 8396, CORPUS CHRISTI,	TEXAS 78468	
		,	
φ.	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	CONTRIBUTION/DONATION		utside of Texas. Complete Schedule T.
EXPENDITURE	CONTEXTOLITON/ DOMATION	Check if Austi	n, TX, officeholder living expense
Complete CMIV if direct	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/O		200g.it	S555.4
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
7–16–15	COASTAL BEND TEXAS DEMOCRATIC	WOMEN	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$20.00	P.O. BOX 8396, CORPUS CHRISTI,	TX 78468	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	F	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name JOE BENAVIDES JUSTICE OF	Office sought	Office held PCT1,PL1 JP1-1
Date	Payee name	and the second second	11
7–28–15	JOHN PAUL II HIGH SCHOOL		
Amount (\$)	Payee address; City; State; Zip Code		
\$150.00	3036 SARATOGA BLVD. CORPUS CHRI	STI, TX 7841	5
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION		ntside of Texas. Complete Schedule T. I, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	Anne de la constantina della c	
7–30–15	CORPUS CHRISTI, REALTOR ASSOCIAT	TION	
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	4825 EVERHART ROAD, STE.1, CORPUS CHRISTI, TX 78411		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF THIS	CUEDIII E AC NEI	EDED

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 Gilft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salanes/W The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)
4 Date 8-14-15	5 Payee name LEAD FIRST FOUNDATION	and the second s	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$500.00	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		itside of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8–14–15	CORPUS CHRISTI BLACK CHAMBER		
Amount (\$)	Payee address; City; State; Zip Code		70
\$50.00	4422 S. ALAMEDA, CORPUS CHRIST	I, TX 78413	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION .	0	tside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 8-15-15	Payee name SOUTHERN JUSTICE OF CORPUS CHR	ISTI	
Amount (\$) \$250.00	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULF AS NEF	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salanes/N The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME JOE BENAVIDES	*	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
8-14-15	HEB (VICTORY LIFE FELLOWSHIP)				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$500.00	1201 S. BROWNLEE BLVD., CORPUS	CHRISTI, TX	78404		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	CONTRIBUTION/DONATION	Check if travel or	utside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austi	n, TX, officeholder living expense		
EXPENDITORE	,				
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
8–19–15	TEXAS JAZZ FESTIVAL CORPUS CHR	ISTI			
Amount (\$)	Payee address; City; State; Zip Code				
\$100.00	1581 NORTH CHAPARRAL ST., CORP	US CHRISTI, I	X 78350		
-	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	CONTRIBUTION/DONATION	Check if travel or	utside of Texas. Complete Schedule T.		
OF EXPENDITURE	25	Check if Austir	n, TX, officeholder living expense		
LAI ENDITORIE			æ		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
8-19-15	CALALLEN TOPCATS				
0-15-15	CALADILIN TOPCATS				
Amount (\$)	Payee address; City; State; Zip Code	1			
\$150.00	4001 WILDCAT DR. CORPUS CHRIST	I, TX 78410			
-	Category (See Categories listed at the top of this schedule)	Description	***************************************		
PURPOSE	CONTRIBUTION/DONATION		utside of Texas. Complete Schedule T.		
OF EXPENDITURE	CONTINEDOTION, DONATION	Check if Austin	n, TX, officeholder living expense		
	,				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	FDFD		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
5 OF 17	JOE BENAVIDES			
4 Date	5 Payee name	15		
8-20-15	C-MATH FOR AT RISK STUDENTS			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$500.00	1133 FLORIDA AVE., CORPUS CHRI	STI, TX 78404	1	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	CONTRIBUTION/DONATION	Check if travel o	outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austi	in, TX, officeholder living expense	
EXPENDITORE				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	10000000000000000000000000000000000000	=	
8-20-15	BUCCANEER COMMISSION			
0 20 .0				
Amount (\$)	Payee-address; City; State; Zip Code		12	
250.00	1513 N. CHAPARRAL, CORPUS CHRI	STT TY 78401		
230.00	1313 III. CHETTHERE, COLUBB CHAI	.011/ 121 /0401	-	
Ni Ni	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	CONTROL TO THE CANADA	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	CONTRIBUTION/DONATION	Check if Austin, TX, officeholder living expense		
EXI ENDITORE			÷	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
8-21-15	RAYMOND MARTINEZ			
	the state of the s			
Amount (\$)	Payee address; City; State; Zip Code	E E		
\$100.00	5114 CARROLL LANE, CORPUS CHRI	STI, TX 78415	5	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	CONTRIBUTION/DONATION	Check if travel o	utside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E VS ME	EDED .	

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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Gredit Card Payment	The Instruction Guide explains how to c	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME JOE BENAVIDES		3 Filer ID (E	thics Commission Filers)
4 Date	5 Payee name			
8–27–15	LIGHTHOUSE GRAPHICS			
6 Amount (\$) \$155.88	7 Payee address; City; State; Zip Code 3046 SPID, CORPUS CHRISTI, TX 7	78415		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		outside of Texas. Comp in, TX, officeholder I	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name JOE BENAVIDES JUSTICE OF	Office sought THE PEACE, P	CT1,PL1	Office held JP1-1
Date	Payee name	#		
8–27–15	LIGHTHOUSE GRAPHICS		ś.	
Amount (\$)	Payee address; City; State; Zip Code			
\$75.78	3046 SPID, CORPUS CHRISTI, TX	78415		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		utside of Texas. Compl n, TX, officeholder li	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name JOE BENAVIDES JUSTICE OF THE 1	Office sought PEACE, PCT1,	PL1	Office held JP1-1
Date	Payee name			
8–27–15	LIGHTHOUSE GRAPHICS			
Amount (\$) \$80.27	Payee address; City; State; Zip Code 3046 SPID, CORPUS CHRISTI, TX	78415	¥I	\$i
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	AND CONTRACTOR OF THE PARTY OF	utside of Texas. Compl n, TX, officeholder li	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name JOE BENAVIDES JUSTICE OF THE]	Office sought PEACE, PCT.1.	PL.1	Office held JP1-1
	ATTACH ADDITIONAL COPIES OF THIS			

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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
7 OF 17	JOE BENAVIDES		
4 Date	5 Payee name		
8-27-15	JOHN GARCIA		=
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$150.00			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	9	Check if travel ou	utside of Texas. Complete Schedule T.
OF	CONTRIBUTION/DONATION	Check if Austin	n, TX, officeholder living expense
EXPENDITURE			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	₹		
Date	Payee name		
	0.00 T +0.01 100 100 100 100 100 100 100 100 100		
8–28–15	LEAGUE OF WOMENS VOTER OF CORP	US CHRISTI	
Amount (\$)	Payee address; City; State; Zip Code		
\$600.00	P.O. BOX 8276, CORPUS CHRISTI,	TY 78468	2
1	200 201 02707 CONTOD CHRIDIT,	1X 70400	
	Catagon, (Car Catagories listed at the tag of this pahadula)	Description	**EASON OCCUPANTANTON OF THE OWNER O
	Category (See Categories listed at the top of this schedule)	Description Check it travel out	tside of Texas. Complete Schedule T.
PURPOSE OF	CONTRIBUTION/DONATION		, TX, officeholder living expense
EXPENDITURE	<u>*</u>	Check in receiving	, try emechanical living expenses
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Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	to the control of the	100000 0000000 0000 0 0000	
	9 9		
Date	Payee name		
9–1–15	TRAN		
			3.12.2.10.103
Amount (\$)	Payee address; City; State; Zip Code		
\$300.00	5658 BEAR LANE, CORPUS CHRISTI	TX 78405	
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	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	CONTINUE DI TRITONI (DONIA TETONI	Check if travel ou	tside of Texas. Complete Schedule T.
OF	CONTRIBUTION/DONATION	Check if Austin.	, TX, officeholder living expense
EXPENDITURE	a a		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	1		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	:リヒリ

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Sins (sins a satisfier)
1 Total pages Schedule F1:	Allegation and a supplication of the supplicat		3 Filer ID (Ethics Commission Filers)
	JOE BENAVIDES		
4 Date	5 Payee name		
9–1–15	BRUSH COUNTY CATERING	P	
6 Amount (\$) \$1500.00	7 Payee address; City; State; Zip Code 1304 N. HARBORTH AVE., THREE R.	IVERS, TX 780	71
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H JOE BENAVIDES JUSTICE OF THE 1	Office sought PEACE, PCT.1,	Office held PL.1 JP1-1
Date	Payee name		
9–9–15	CORPUS CHRISTI, POLICE FOUNDAT:	ION	
Amount (\$)	Payee address; City; State; Zip Code		3
\$1000,00	321 SARTAIN, CORPUS CHRISTI,	TX 78401	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION		utside of Texas. Complete Schedule T. 1, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
	Col. And Projection to the contraction of		
9-10-15	DM PRODUCTION		
Amount (\$)	Payee address; City; State; Zip Code		
Participation of the Control of the			
\$300.00	P.O. BOX 71803, CORPUS CHRISTI	, TX 78467	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	JOE BENAVIDES JUSTICE OF THE		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

*	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		1
9–12–15	INSTITUTO DE CULTURA Y HISPNIC	A DE CC	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1000.00	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CHAPPARRAL, (CORPUS CHRISTI, TX 78401
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	V. 6.07 MIN CO. 17 MIN CO. 18 MIN CO.
PURPOSE OF EXPENDITURE	CONTRIBUTION/DONATION	1	outside of Texas. Complete Schedule T. in, TX, officeholder living expense
EXPENDITORE	9		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
9–15–15	FANNIN ELEMENTARY SCHOOL		
Amount (\$)	Payee address; City; State; Zip Code		No. of the second secon
\$100.00	1945 GOLLIHAR, CORPUS CHRISTI,	TX 78416	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	CONTRIBUTION/DONATION		utside of Texas. Complete Schedule T.
EXPENDITURE		Check it Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
9–22–15	METRO ELEMENTARY SCHOOL OF DES	IGN	
Amount (\$)	Payee address; City; State; Zip Code		
\$72.00	1707 AYERS ST., CORPUS CHRISTI	, TX 78404	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	CONTRIBUTION/DONATION		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	1		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	0	3 Filer ID (Ethics Commission Filers)
10 OF 17	JOE BENAVIDES		
4 Date	5 Payee name		
9-23-15	BUCKIN FOR BOOBS CANCER		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$500.00	P.O. BOX 142, FULTON, TX 78358		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION/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		M
10-4-15	DJ ROY VELASQUEZ		
Amount (\$) \$200.00	Payee address; City; State; Zip Code 11121 MAYFIELD, CORPUS CHRIST	I, TX 78410	- g
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		Office sought	Office held
	JOE BENAVIDES, JUSTICE OF THE	PEACE, PCT.1	,PL.1 JP1-1
Date 10-5-15	Payee name BUTLER SIGNATURE		s
Amount (\$)	Payee address; City; State; Zip Code	8 .	
\$534.76	5826 WOOLDRIDGE RD., CORPUS CHE	RISTI, TX 784	14
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES, JUSTICE OF THE F	Office sought	Office held PL.1 JP1-1
	ATTACH ADDITIONAL COPIES OF THIS		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name		I.			
10-7-15	LOS ENCINOS ELEMENTARY SCHOOL					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$145.00	1826 FRIO, CORPUS CHRISTI, TX 7	8417				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION		utside of Texas. Complete Schedule T. n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
Date 10-10-15	Payee name BRUSH COUNTY CATERING					
Amount (\$)	Payee address; City; State; Zip Code	XX	:			
\$1500.00	1304 N. HARBORTH AVE., THREE RI	VER, TX 7807	1			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE		utside of Texas. Complete Schedule T. n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name JOE BENAVIDES, JUSTICE OF THE	Office sought PEACE PCT 1	Office held , PL.1 JP1-1			
D-1-	Payee name					
Date 10–13–15	I BELIEVE IN ME FOUNDATION	78.1				
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1701 THAMES DR. #133, CORPUS CH	RISTI, TX 78	412			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION		utside of Texas. Complete Schedule T. n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
10.000	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED			

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10-15-15	SANDERS ELEMENTARY SCHOOL		
6 Amount (\$)	7 Payee address; City; State; Zip Code		4
\$250.00	4102 REPUBLIC DR., CORPUS CHRIS	STI, TX 78413	3
200		parteen (*	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	CONTRIBUTION/DONATION	Check if travel o	outside of Texas. Complete Schedule T.
OF	001111111111111111111111111111111111111	Check if Austi	in, TX, officeholder living expense
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
10+23-15	GARCIA ELEMENTARY SCHOOL		
10.20.10	Garcer Englishment Delloon		
Amount (\$)	Payee address; City; State; Zip Code		
\$215.00	4401 GREENWOOD, CORPUS CHRISTI,	TX 78416	
		2	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	CONTRIBUTION/DONATION	Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE	CONTRIBUTION/ DONATION	Check if Austin	n, TX, officeholder living expense
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			Office health
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
10-31-15	HOMERO VILLARREAL		
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Amount (\$)	Payee address; City; State; Zip Code		e985c
\$100.00	50		
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	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE	ADVERTISING EXPENSE	Check if Austin	n, TX, officeholder living expense
EXPENDITORE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	JOE BENAVIDES, JUSTICE OF THE P	EACE, PCT.1,	PI_1
	ATTACH ADDITIONAL COPIES OF THIS	,,	

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

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1 Total pages Schedule F1:	2 FILER NAME	æ	3 Filer ID (Ethics Commission Filers)		
13 OF 17	JOE BENAVIDES				
4 Date	5 Payee name				
11–10–15	NORTHWEST SENIOR CENTER				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$150.00	9725 UP RIVER ROAD, CORPUS CHE	RISTI, TX 784	10		
3 3 3		1			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	and discussion of the Colonial Colonia Colonial Colonial Colonial		
PURPOSE	CONTRIBUTION/DONATION	100000	utside of Texas. Complete Schedule T.		
OF EXPENDITURE	e n	Check if Austi	in, TX, officeholder living expense		
	0 514 /0% hald	0/5	Office hold		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
11–10–15	NORTHWEST SENIOR CENTER				
11 10 10	1.01(2111)201 021(221)				
Amount (\$)	Payee address; City; State; Zip Code		*		
\$100.00	9725 UP RIVER ROAD, CORPUS CHE	RISTI, TX 784	10		
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	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	CONTRIBUTION/DONATION		utside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense		
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Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
oxponentare to perioni or or					
Date	Payee name				
11-20-15	JAIME RIOS				
11-20-15	DAILE RIOD				
Amount (\$)	Payee address; City; State; Zip Code				
\$2000.00	3649 LEOPARD ST., STE.404, COR	PUS CHRISTI.	TX 78408		
1-11-11					
	Category (See Categories listed at the top of this schedule)	Dessisting			
		Description Check if travel of	utside of Texas. Complete Schedule T.		
PURPOSE OF	OTHER/CHECK NOT ACCEPTED		AND THE CONTROL OF TH		
EXPENDITURE	RETURNED	Gneck if Austii	n, TX, officeholder living expense		
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Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/O					
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
14 OF 17	JOE BENAVIDES		
4 Date	5 Payee name	•	
11-30-15	LULAC #1		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$100.00	XXNXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ST., CORPUS	CHRISTI, TX 78416
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	2000	
12–4–15	FOOD BANK OF THE COASTAL BEND		
Amount (\$)	Payee address; City; State; Zip Code		***************************************
\$100.00	826 KRILL ST., CORPUS CHRISTI,	TX 78408	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	CONTRIBUTION/DONATION	Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense
			ii #
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12-8-15	CALALLEN POWERLIFTING TEAM		
Amount (\$)	Payee address; City; State; Zip Code		
\$125.00	4001 WILDCAT, CORPUS CHRISTI,	TX 78410	
2	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	CONTRIBUTION/DONATION		utside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OI		Office sought	Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
15 OF 17	JOE BENAVIDES				
4 Date	5 Payee name				
11–19–15	NUECES COUNTY DEMOCRATIC PARTY				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1000.00	3765 SOUTH ALAMEDA, CORPUS CHRISTI, TX 78411				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) FEES		utside of Texas. Complete Schedule T.		
EXPENDITURE	,	Original Addition	, 174 omentions will expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OI	HJOE BENAVIDES, JUSTICE OF THE PE	EACE, PCT.1,P	L.1 JP1-1		
Date	Payee name	×.	21		
12–10–15	TEJANO ROOTS				
Amount (\$)	Payee-address; City; State; Zip Code		8		
\$175.00	4433 VALDEZ, CORPUS CHRISTI, TX 78416				
ψ ;	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	CONTRIBUTION/DONATION	Check if travel outside of Texas, Complete Schedule T.			
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense		
			186		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/Ol	1				
Date	Payee name				
12–11–15	MENICED ET EMENITADA COTTOOT				
12-11-15	MENGER ELEMENTARY SCHOOL				
Amount (\$)	Payee address; City; State; Zip Code				
\$300.00	2401 SOUTH ALAMEDA, CORPUS CHRISTI, TX 78404				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	1	Check if travel or	rtside of Texas. Complete Schedule T.		
	CONTRIBUTION/DONATION	CLL-1/4 A	TV affineholder living over		
EXPENDITURE	CONTRIBUTION/DONATION	Check if Austin	n, TX, officeholder living expense		
	CONTRIBUTION/DONATION	Check if Austin	n, TX, officeholder living expense		
	Candidate / Officeholder name	Check if Austin	n, TX, officeholder living expense Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1:			3 Filer ID (Ethics Comm	ission Filers)	
16 OF 17	JOE BENAVIDES				
4 Date	5 Payee name				
12-11-15	LIGHTHOUSE GRAPHICS				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$2641.84	ARXENTISTI, TX 78415				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	ADVERTISING EXPENSE	Check if travel outside of Texas. Complete Schedule T.			
OF		Check if Austi	n, TX, officeholder living expense		
EXPENDITURE	-				
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office	held	
expenditure to benefit C/O	H JOE BENAVIDES, JUSTICE OF THE 1	PEACE, PCT.1,	PL.1 JP1-	Ī	
	T .				
Date	Payee name				
12–14–15	KIII-3	9			
Amount (6)	Payee-address; City; State; Zip Code		(4-4-1-10		
Amount (\$)		E0.444		8	
\$1069.65	5002 SPID CORPUS CHRISTI, TX	78411			
	g.			П	
	Category (See Categories listed at the top of this schedule)	Description			
1		Description			
PURPOSE			utside of Texas. Complete Schedule T.		
OF	ADVERTISING EXPENSE	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
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OF EXPENDITURE Complete ONLY if direct	ADVERTISING EXPENSE Candidate / Officeholder name	Check if travel or		held	
OF EXPENDITURE	ADVERTISING EXPENSE Candidate / Officeholder name	Check if travel or Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	ADVERTISING EXPENSE Candidate / Officeholder name JOE BENAVIDES, JUSTICE OF THE 1	Check if travel or Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	ADVERTISING EXPENSE Candidate / Officeholder name JOE BENAVIDES, JUSTICE OF THE I	Check if travel or Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	ADVERTISING EXPENSE Candidate / Officeholder name JOE BENAVIDES, JUSTICE OF THE 1	Check if travel or Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI Date 12–14–15	ADVERTISING EXPENSE Candidate / Officeholder name JOE BENAVIDES, JUSTICE OF THE I Payee name KRIS-6	Check if travel or Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	ADVERTISING EXPENSE Candidate / Officeholder name JOE BENAVIDES, JUSTICE OF THE I	Check if travel or Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI Date 12-14-15 Amount (\$)	ADVERTISING EXPENSE Candidate / Officeholder name H JOE BENAVIDES, JUSTICE OF THE I Payee name KRIS-6 Payee address; City; State; Zip Code	Check if travel of Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI Date 12–14–15	ADVERTISING EXPENSE Candidate / Officeholder name JOE BENAVIDES, JUSTICE OF THE I Payee name KRIS-6	Check if travel of Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI Date 12-14-15 Amount (\$)	ADVERTISING EXPENSE Candidate / Officeholder name H JOE BENAVIDES, JUSTICE OF THE I Payee name KRIS-6 Payee address; City; State; Zip Code	Check if travel of Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI Date 12-14-15 Amount (\$)	ADVERTISING EXPENSE Candidate / Officeholder name JOE BENAVIDES, JUSTICE OF THE I Payee name KRIS-6 Payee address; City; State; Zip Code 301 ARTESIAN CORPUS CHRISTI, T.	Check if travel of Check if Austin	n, TX, officeholder living expense	1	
Complete ONLY if direct expenditure to benefit C/Ol Date 12–14–15 Amount (\$) \$1015.00	ADVERTISING EXPENSE Candidate / Officeholder name JOE BENAVIDES, JUSTICE OF THE Payee name KRIS-6 Payee address; City; State; Zip Code 301 ARTESIAN CORPUS CHRISTI, T. Category (See Categories listed at the top of this schedule)	Check if travel of Check if Austin	Office PL1 JP1-	1	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 12-14-15 Amount (\$) \$1015.00	ADVERTISING EXPENSE Candidate / Officeholder name JOE BENAVIDES, JUSTICE OF THE Payee name KRIS-6 Payee address; City; State; Zip Code 301 ARTESIAN CORPUS CHRISTI, T. Category (See Categories listed at the top of this schedule)	Check if travel of Check if Austin	Office PL1 JP1-	1	
Complete ONLY if direct expenditure to benefit C/Ol Date 12–14–15 Amount (\$) \$1015.00	ADVERTISING EXPENSE Candidate / Officeholder name JOE BENAVIDES, JUSTICE OF THE Payee name KRIS-6 Payee address; City; State; Zip Code 301 ARTESIAN CORPUS CHRISTI, T. Category (See Categories listed at the top of this schedule)	Check if travel of Check if Austin	Office PL1 JP1-	1	
Complete ONLY if direct expenditure to benefit C/Ol Date 12–14–15 Amount (\$) \$1015.00	ADVERTISING EXPENSE Candidate / Officeholder name JOE BENAVIDES, JUSTICE OF THE I Payee name KRIS-6 Payee address; City; State; Zip Code 301 ARTESIAN CORPUS CHRISTI, T. Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE Candidate / Officeholder name	Check if travel of Check if Austin	Office PL1 JP1- utside of Texas. Complete Schedule T. n, TX, officeholder living expense	1	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 12-14-15 Amount (\$) \$1015.00 PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE Candidate / Officeholder name JOE BENAVIDES, JUSTICE OF THE I Payee name KRIS-6 Payee address; City; State; Zip Code 301 ARTESIAN CORPUS CHRISTI, T. Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE Candidate / Officeholder name	Check if travel of Check if Austin	Office PL1 JP1- utside of Texas. Complete Schedule T. n, TX, officeholder living expense	1 held	
Complete ONLY if direct expenditure to benefit C/Ol Date 12–14–15 Amount (\$) \$1015.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	ADVERTISING EXPENSE Candidate / Officeholder name JOE BENAVIDES, JUSTICE OF THE I Payee name KRIS-6 Payee address; City; State; Zip Code 301 ARTESIAN CORPUS CHRISTI, T. Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE Candidate / Officeholder name	Check if travel of Check if Austin	Office PL1 JP1- utside of Texas. Complete Schedule T. n, TX, officeholder living expense	1 held	

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

	The instruction duide explains now to co	ompiete una torni.			
1 Total pages Schedule F1:	2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)		
4 Date 12-16-15	5 Payee name KMTV 8 LOPEZ BROADCASTING				
\$500.00	7 Payee address; City; State; Zip Code 2209 NPID CORPUS CHRISTI, TX 78	3408			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		outside of Texas. Complete Schedule T. in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H JOE BENAVIDES, JUSTICE OF THE I	Office sought PEACE, PCT.1,	Office held , PL.1 JP1-1		
Date 12–19–15	Payee name MISSION FIT POSSIBLE				
Amount (\$) \$750.00	Payee address; City; State; Zip Code 400 MANN ST., STE.800, CORPUS CHRISTI, TX 78401				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/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		a a		
12–19–15	COASTAL BEND TXAS DEMOCRATIC W	OMEN			
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	P.O. BOX 8396, CORPUS CHRISTI,	TX 78468			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/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		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					