CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	(Ethics Commission Filers) 2 Total pages filed: 7		OFFICE USE ONLY				
3 CANDIDATE / OFFICEHOLDER NAME	ER JOE NICKNAME LAST SUFFIX BENAVIDES			Date Received FILED FOR RECORD AT M JUL 1 5 2016 KARA SANDS			
4 ORIGINAL REPORT TYPE	30th day before election 15th app	ooff Other (specify) seeded \$500 limit n day after treasurer pointment (officeholder only) al report	Date Hand-delivered or	T, NUECES COUNTY, TEXAS DEPUTY			
5 ORIGINAL PERIOD COVERED	Month Day Year 07 / 01 / 15 TH	Month Day Year HROUGH 12 / 31 /15	Date Processed Date Imaged				
6 EXPLANATION OF CORRECTION POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS DURING THIS PERIOD WERE ADMINISTRATIVELY MISPLACED DURING REPORTING PERIOD. ALL RECEIPTS AND INFORMATION PERTAINING TO SUCH POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS WERE FOUND AND SUBMITTED AS PER PHONE CONVERSATION WITH THE STATE SECRETARY ETHICS COMMITTEE COUNSEL (ATTORNEY).							
7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.							
	Check C	DNLY if applicable:					
Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.							
Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.							
June 3, 2018 June 3, 2018							
Sworn to and subscribed before me, by the said Judge Joe Benaviahis the 15 day of July							
20							

Remember To Attach Any Part Of The Campaign Finance
Needed To Report And Explain Corrections

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Legal Services Candidate/Officeholder/Political Committee 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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) JOE BENAVIDES 10f6 4 Date 5 Payee name 7-24-15 PENS R US 6 Amount (\$) 7 Payee address; City; State; Zip Code 212.00 433 TENNYSON DR., STATEN ISLAND, NY 10312 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** _ Check if Austin, TX, officeholder living expense ADVERTISING EXPENSE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH JOE BENAVIDES JP1-1 JP1-1 Payee name Date 9-6-15 PIER 99 City; State; Zip Code Amount (\$) Payee address; 201.32 2822 N. SHORELINE, CORPUS CHRISTI, TX 78401 Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF FOOD BEVERAGE EXPENSE EXPENDITURE __ Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH JP1-1 JOE BENAVIDES JP1-1 Date Payee name 9-19-15 OFFICE DEPOT Amount (\$) Payee address; City; State; Zip Code 41.67 2220 N. STATE HWY 368, GRAND PRAIRIE, TX 75050 Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** ADVERTISING EXPENSE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH JP1-1 JP1-1 JOE BENAVIDES

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

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

Contributions/Donations Made l Candidate/Officeholder/Politic Credit Card Payment		rinting Expense alaries/Wages/Contract Labor ow to complete this form.	Travel Out Of District Other (enter a category not listed above)		
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2of6	JOE BENAVIDES 5 Payee name				
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Reimbursement from political contributions intended					
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Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/C	JOE BENAVIDES	JP1-1	JP1-1		
Date	Payee name				
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58.45	5826 WOOLRIDGE RD., CORPUS CHRISTI, TX 78414				
Reimbursement from political contributions intended	a	The second of the second			
	Category (See Categories listed at the top of this schedu	(b) Description			
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EXPENDITURE	SOLICITATION/FUNDRAISING	Check if Austin, TX	K, officeholder living expense		
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expenditure to benefit C/C	JOE BENAVIDES	JP1-1	JP1-1		
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10-9-15	PIER 99				
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50.00	2822 N. SHORELINE, CORPUS	CHRISTI, TX 78402	2		
Reimbursement from political contributions intended					
	Category (See Categories listed at the top of this schedu	(b) Description			
PURPOSE OF	SOLICITATION/FUNDRAISING	Check if travel outside	e of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, T)	K, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/C	JOE BENAVIDES	JP1-1	JP1-1		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED	ED		

SCHEDULE G

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

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	Payee name	10		
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50.00	221 S. HOTEL, CORPUS CHRISTI,	TX 78402		
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	a) Category (See Categories listed at the top of this schedule)	(b) Description		
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EXPENDITURE	SOLICITATION/FONDRAISING	Check if Austin, TX, officeholder living expense		
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expenditure to benefit C/OF	JOE BENAVIDES	JP1-1	JP1-1	
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44.97	711 CONCRETE ST., CORPUS CHRI	STI, TX 78401		
Reimbursement from political contributions intended				
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expenditure to benefit C/OI	JOE BENAVIDES	JP1-1	JP1-1	
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SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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91.58	4833 SPID, CORPUS CHRISTI, TX 78411					
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10-10-15	WALMART					
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Reimbursement from political contributions intended			r.			
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expenditure to benefit C/	OH JOE BENAVIDES	JP1-1	JP1-1			
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SCHEDULE G

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Reimbursement from political contributions intended	Reimbursement from political contributions						
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expenditure to benefit C/C		JOE BENAVIDES		JP1-1	JP1-1		
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EXPENDITURE CATEGORIES FOR BOX 8(a)

SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
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	Reimbursement from political contributions intended	,			9		ok:	
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	475.95 4833 SPID, CORPUS CHRISTI, TX 78411							
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