

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <b>7</b>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI			
JOE		BENAVIDES		FILED FOR RECORD AT M JUL 15 2016 KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY <u>Cattinell</u> DEPUTY	
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Hand-delivered or Date Postmarked	
5 ORIGINAL PERIOD COVERED		Month Day Year      THROUGH      Month Day Year 07 / 01 / 15      THROUGH      12 / 31 / 15		Receipt #      Amount \$	
				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 ONLY 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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Joe Benavides*  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Judge Joe Benavides, this the 15 day of July, 2016, to certify which, witness my hand and seal of office.

*Lorraine L. Villanueva*      Lorraine L. Villanueva      Admin. Secretary  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G:  1 of 6	<b>2</b> FILER NAME  JOE BENAVIDES	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7-24-15	<b>5</b> Payee name PENS R US	
<b>6</b> Amount (\$) 212.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 433 TENNYSON DR., STATEN ISLAND, NY 10312	
<b>8</b> 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
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought JP1-1
		Office held JP1-1

Date 9-6-15	Payee name PIER 99	
Amount (\$) 201.32 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2822 N. SHORELINE, CORPUS CHRISTI, TX 78401	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought JP1-1
		Office held JP1-1

Date 9-19-15	Payee name OFFICE DEPOT	
Amount (\$) 41.67 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2220 N. STATE HWY 368, GRAND PRAIRIE, TX 75050	
PURPOSE OF EXPENDITURE	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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought JP1-1
		Office held JP1-1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G:  2 of 6	<b>2</b> FILER NAME  JOE BENAVIDES	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10-7-15	<b>5</b> Payee name PARTY CITY	
<b>6</b> Amount (\$) 135.83  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 5425 SPID, CORPUS CHRISTI, TX 78411	
<b>8</b> 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
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought JP1-1
		Office held JP1-1
Date 10-9-15	Payee name BUTLERS	
Amount (\$) 58.45  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5826 WOOLRIDGE RD., CORPUS CHRISTI, TX 78414	
PURPOSE OF EXPENDITURE	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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought JP1-1
		Office held JP1-1
Date 10-9-15	Payee name PIER 99	
Amount (\$) 50.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2822 N. SHORELINE, CORPUS CHRISTI, TX 78402	
PURPOSE OF EXPENDITURE	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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE BENAVIDES	Office sought JP1-1
		Office held JP1-1

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: <b>3 of 6</b>		2 FILER NAME <b>JOE BENAVIDES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10-9-15</b>		5 Payee name <b>FAJITAVILLE</b>			
6 Amount (\$) <b>50.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>221 S. HOTEL, CORPUS CHRISTI, TX 78402</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>SOLICITATION/FUNDRAISING</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JOE BENAVIDES</b>		Office sought <b>JP1-1</b>	
				Office held <b>JP1-1</b>	

Date <b>10-9-15</b>		Payee name <b>PALMERA MALL</b>			
Amount (\$) <b>250.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>5488 SPID CORPUS CHRISTI, TX 78411</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>SOLICITATION/FUNDRAISING</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JOE BENAVIDES</b>		Office sought <b>JP1-1</b>	
				Office held <b>JP1-1</b>	

Date <b>10-9-15</b>		Payee name <b>HOEGEMEYER</b>			
Amount (\$) <b>44.97</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>711 CONCRETE ST., CORPUS CHRISTI, TX 78401</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>SOLICITATION/FUNDRAISING</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JOE BENAVIDES</b>		Office sought <b>JP1-1</b>	
				Office held <b>JP1-1</b>	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: <b>4 of 6</b>		2 FILER NAME <b>JOE BENAVIDES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10-10-15</b>		5 Payee name <b>SAMS</b>			
6 Amount (\$) <b>91.58</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>4833 SPID, CORPUS CHRISTI, TX 78411</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSES</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JOE BENAVIDES</b>		Office sought <b>JP1-1</b>	
				Office held <b>JP1-1</b>	

Date <b>10-10-15</b>		Payee name <b>WALMART</b>			
Amount (\$) <b>15.41</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>1821 SPID, CORPUS CHRISTI, TX 78416</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSES</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JOE BENAVIDES</b>		Office sought <b>JP1-1</b>	
				Office held <b>JP1-1</b>	

Date <b>10-10-15</b>		Payee name <b>PARTY CITY</b>			
Amount (\$) <b>29.06</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>5425 SPID, CORPUS CHRISTI, TX 78411</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSES</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JOE BENAVIDES</b>		Office sought <b>JP1-1</b>	
				Office held <b>JP1-1</b>	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: <b>5 of 6</b>	2 FILER NAME <b>JOE BENAVIDES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10-10-15</b>	5 Payee name <b>ACADEMY</b>
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6 Amount (\$) <b>559.58</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>5001 SPID, CORPUS CHRISTI, TX 78411</b>
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8 PURPOSE OF EXPENDITURE <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(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 <b>JOE BENAVIDES</b>	Office sought <b>JP1-1</b>	Office held <b>JP1-1</b>
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Date <b>10-12-15</b>	Payee name <b>STRIPES</b>
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Amount (\$) <b>17.98</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1303 THIRD ST., CORPUS CHRISTI, TX 78404</b>
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PURPOSE OF EXPENDITURE <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JOE BENAVIDES</b>	Office sought <b>JP1-1</b>	Office held <b>JP1-1</b>
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Date <b>12-08-15</b>	Payee name <b>SAMS</b>
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Amount (\$) <b>27.42</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>4833 SPID, CORPUS CHRISTI, TX 78411</b>
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PURPOSE OF EXPENDITURE <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JOE BENAVIDES</b>	Office sought <b>JP1-1</b>	Office held <b>JP1-1</b>
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: <b>6 of 6</b>	2 FILER NAME <b>JOE BENAVIDES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>12-15-15</b>	5 Payee name <b>PENS R US</b>
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6 Amount (\$) <b>113.49</b>	7 Payee address; City; State; Zip Code <b>433 TENNYSON DR. , STATON ISLAND, NY 10312</b>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>SOLICITATION/DUNDRAISING</b>	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JOE BENAVIDES</b>	Office sought <b>JP1-1</b>	Office held <b>JP1-1</b>
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Date <b>12-15-15</b>	Payee name <b>SAMS</b>
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Amount (\$) <b>475.95</b>	Payee address; City; State; Zip Code <b>4833 SPID, CORPUS CHRISTI, TX 78411</b>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JOE BENAVIDES</b>	Office sought <b>JP1-1</b>	Office held <b>JP1-1</b>
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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