

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 24pt; text-align: center;">24 OF 24</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="checkbox"/> MR FIRST MI <div style="font-size: 24pt; text-align: center;">JOE</div> NICKNAME LAST SUFFIX <div style="font-size: 24pt; text-align: center;">BENAVIDES</div>	<b>OFFICE USE ONLY</b> Date Received <div style="text-align: center; color: blue; font-weight: bold;">FILED FOR RECORD AT 4:55 PM</div> <div style="text-align: center; color: red; font-weight: bold;">OCT 11 2016</div> <div style="text-align: center; color: blue; font-weight: bold;">KARA SANDS CLERK COUNTY CLERK NUECES COUNTY TEXAS BY  DEPUTY</div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 24pt;">410 ATLANTIC ST. CORPUS CHRISTI, TX 78404</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 24pt;">(361) 633-9308</div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="font-size: 24pt; text-align: center;">ADELFINO</div> NICKNAME LAST SUFFIX <div style="font-size: 24pt; text-align: center;">FINO PALACIOS JR.</div>										
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 24pt;">402 PEOPLE ST, SUITE 3A CORPUS CHRISTI, TX 78401</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 24pt;">(361) 884-8322</div>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)								
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 24pt;">07/01/16</td> <td></td> <td style="text-align: center; font-size: 24pt;">09/29/16</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	07/01/16		09/29/16		
Month Day Year	THROUGH	Month Day Year									
07/01/16		09/29/16									
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 24pt;">11/08/16</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 24pt;">JUSTICE OF THE PEACE PCT. 1, PL. 1 NUECES COUNTY</div>	13 OFFICE SOUGHT (if known) <div style="font-size: 24pt;">JUSTICE OF THE PEACE PCT. 1, PL. 1 NUECES COUNTY</div>									

GO TO PAGE 2

**2016-155**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME JOE BENAVIDES 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ N/A
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,670.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ N/A
	4. TOTAL POLITICAL EXPENDITURES	\$ 7206.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3974.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2330.52

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Joe Benavides  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe Benavides, this the 11th day of October, 2016, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Lorraine L Villanueva  
Printed name of officer administering oath

Admin. Secretary  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,670.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7206.65
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 655.81
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
**9**

2 FILER NAME **JOE BENAVIDES** 3 Filer ID (Ethics Commission Filers)

4 Date <b>7-1-16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ALVARO MARTINEZ</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>7709 JIM WELLS DR. CORPUS CHRISTI, TX 78413</b>		

8 Principal occupation / Job title (See Instructions) **EDUCATOR** 9 Employer (See Instructions)

Date <b>7-14-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PHILLIP WESTERGREN</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>1750 SANTE FE CORPUS CHRISTI, TX 78404</b>		

Principal occupation / Job title (See Instructions) **RETIRED - ATTORNEY** Employer (See Instructions)

Date <b>7-14-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HENRY SANTA</b>	Amount of contribution (\$) <b>150.00</b>
Contributor address; City; State; Zip Code <b>4033 CAPITOL DR. CORPUS CHRISTI, TX 78413</b>		

Principal occupation / Job title (See Instructions) **PUBLIC SERVANT** Employer (See Instructions)

Date <b>7-16-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RANOL L. MALONADO</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>6001 KING TRAIL CORPUS CHRISTI, TX 78414</b>		

Principal occupation / Job title (See Instructions) **BUSINESS OWNER** Employer (See Instructions)

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

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>JOE BENAVIDES</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7-18-14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RUBEN BONILLA</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. BOX 5080 CORPUS CHRISTI, TX 78465</i>		
8 Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		9 Employer (See Instructions)
Date <i>7-18-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROBERT ADLER</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>P.O. BOX 5405 CORPUS CHRISTI, TX 78465</i>		
Principal occupation / Job title (See Instructions) <i>BUSINESS OWNER</i>		Employer (See Instructions)
Date <i>7-18-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LINDBARBER GOGGAN BLAIR</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>P.O. BOX 17428 AUSTIN, TX 78760</i>		
Principal occupation / Job title (See Instructions) <i>ATTORNEY'S</i>		Employer (See Instructions)
Date <i>7-19-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARY GLEASON</i>	Amount of contribution (\$) <i>20.00</i>
Contributor address; City; State; Zip Code <i>301 CATALINA PL. CORPUS CHRISTI, TX 78411</i>		
Principal occupation / Job title (See Instructions) <i>DIRECTOR</i>		Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*JOE BENAVIDES*

3 Filer ID (Ethics Commission Filers)

4 Date

*7-20-14*

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*JERRY CURSEY*

6 Contributor address; City; State; Zip Code

*301 LOUISIANA AVE.  
CORPUS CHRISTI, TX 78404*

7 Amount of contribution (\$)

*50.00*

8 Principal occupation / Job title (See Instructions)

*RETIRED*

9 Employer (See Instructions)

Date

*7-21-14*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*PREIS PROPERTIES*

Contributor address; City; State; Zip Code

*5734 CROSSTOWN HWY 284  
CORPUS CHRISTI, TX 78417*

Amount of contribution (\$)

*250.00*

Principal occupation / Job title (See Instructions)

*BUSINESS*

Employer (See Instructions)

Date

*7-21-14*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*COWAN ELIZONDO*

Contributor address; City; State; Zip Code

*535 N. CARANCAHUA STE. 1400  
CORPUS CHRISTI, TX 78401*

Amount of contribution (\$)

*200.00*

Principal occupation / Job title (See Instructions)

*ATTORNEY'S*

Employer (See Instructions)

Date

*7-21-14*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*DAVID MONTAGNE*

Contributor address; City; State; Zip Code

*1610 HYDE COURT  
BEAUMONT, TX 77706*

Amount of contribution (\$)

*500.00*

Principal occupation / Job title (See Instructions)

*BUSINESS OWNER*

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>JOE BENAVIDES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7-21-16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COASTAL BEND SIDING / WINDOWS</b>	7 Amount of contribution (\$) <b>200.00</b>
6 Contributor address; City; State; Zip Code <b>P.O. BOX 3422 CORPUS CHRISTI, TX 78463</b>		
8 Principal occupation / Job title (See Instructions) <b>BUSINESS</b>		9 Employer (See Instructions)
Date <b>7-21-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NU DRAIN SERVICES</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>805 S. STARKES STE E CORPUS CHRISTI, TX 78404</b>		
Principal occupation / Job title (See Instructions) <b>BUSINESS</b>		Employer (See Instructions)
Date <b>7-21-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT VELA</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>1321 S. PORT AVE CORPUS CHRISTI, TX 78405</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>7-21-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CRISTINA KRESSER</b>	Amount of contribution (\$) <b>300.00</b>
Contributor address; City; State; Zip Code <b>9701 COMPTON DR. CORPUS CHRISTI, TX 78418</b>		
Principal occupation / Job title (See Instructions) <b>VETERANIAN</b>		Employer (See Instructions)

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

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

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 (\$)

*7-21-14*

*RENE RODRIGUEZ*  
 6 Contributor address; City; State; Zip Code  
*433 S. TANCAHUA ST.  
 CORPUS CHRISTI, TX 78401*

*200.00*

8 Principal occupation / Job title (See Instructions)

*ATTORNEY*

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

*7-21-14*

*MEZBA JIMENEZ*  
 Contributor address; City; State; Zip Code  
*4309 PHILIPINE DR.  
 CORPUS CHRISTI, TX 78411*

*100.00*

Principal occupation / Job title (See Instructions)

*BUSINESS OWNER*

Employer (See Instructions)

Date

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

Amount of contribution (\$)

*7-21-14*

*JOE A. GONZALEZ*  
 Contributor address; City; State; Zip Code  
*4009 OAK DR.  
 CORPUS CHRISTI, TX 78413*

*150.00*

Principal occupation / Job title (See Instructions)

*PUBLIC SERVANT*

Employer (See Instructions)

Date

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

Amount of contribution (\$)

*7-25-14*

*ARNOLD GONZALES JR.*  
 Contributor address; City; State; Zip Code  
*5337 YORKTOWN STE. 5-3  
 CORPUS CHRISTI, TX 78413*

*250.00*

Principal occupation / Job title (See Instructions)

*BUSINESS OWNER*

Employer (See Instructions)

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



**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>JOE BENAVIDES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8-2-16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TINA A. TREVINO</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>5214 NORTHWEST TRAIL CORPUS CHRISTI, TX 78410</b>		
8 Principal occupation / Job title (See Instructions) <b>EDUCATOR</b>		9 Employer (See Instructions)
Date <b>8-3-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MOHAMMED MOTALBI</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 3696 CORPUS CHRISTI, TX 78463</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>8-3-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>THOMAS FISCHER</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>409 ATLANTIC ST CORPUS CHRISTI, TX 78404</b>		
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions)
Date <b>8-3-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HOMERO VICARREAL</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>3229 CASA BONITA DR. CORPUS CHRISTI, TX 78411</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*JOE BENAVIDES*

3 Filer ID (Ethics Commission Filers)

4 Date

*8-4-16*

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

*ABEL HENNERO*

7 Amount of contribution (\$)

*250.00*

6 Contributor address; City; State; Zip Code

*P.O. BOX 2923  
CORPUS CHRISTI, TX 78403*

8 Principal occupation / Job title (See Instructions)

*PUBLIC SERVANT*

9 Employer (See Instructions)

Date

*8-5-16*

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

*ALBERTO RIVERA*

Amount of contribution (\$)

*100.00*

Contributor address; City; State; Zip Code

*7506 BISTINEAU DR.  
CORPUS CHRISTI, TX 78413*

Principal occupation / Job title (See Instructions)

*BUSINESS OWNER*

Employer (See Instructions)

Date

*8-8-16*

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

*ALLEN RIKKE*

Amount of contribution (\$)

*500.00*

Contributor address; City; State; Zip Code

*16017 CUTTSARK  
CORPUS CHRISTI, TX 78418*

Principal occupation / Job title (See Instructions)

*BUSINESS OWNER*

Employer (See Instructions)

Date

*8-22-16*

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

*MBAI*

Amount of contribution (\$)

*150.00*

Contributor address; City; State; Zip Code

*6406 BELLAC  
CORPUS CHRISTI, TX 78414*

Principal occupation / Job title (See Instructions)

*BUSINESS OWNER*

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>JOE BENAVIDES</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8-23-16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>THEODOROS POLAKIS</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>5302 GOSHEN CT. CORPUS CHRISTI, TX 78413</i>		
8 Principal occupation / Job title (See Instructions) <i>BUSINESS OWNER</i>		9 Employer (See Instructions)
Date <i>8-29-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ADRIAN TELLO</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>6018 KING TRAIL CORPUS CHRISTI, TX 78414</i>		
Principal occupation / Job title (See Instructions) <i>BUSINESS OWNER</i>		Employer (See Instructions)
Date <i>9-14-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROCKS DISCOUNT VITAMINS</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>5634 WEBER ROAD CORPUS CHRISTI, TX 78411</i>		
Principal occupation / Job title (See Instructions) <i>BUSINESS OWNER</i>		Employer (See Instructions)
Date <i>9-15-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CARL LEVY</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>4701 S. STAPLES STE. B1 CORPUS CHRISTI, TX 78411</i>		
Principal occupation / Job title (See Instructions) <i>BUSINESS OWNER</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
9/15/14	DELUXE 6 Contributor address; City; State; Zip Code 3540 Agnes St. Corpus Christi TX 78405	\$ 500 <sup>00</sup>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Business Owner		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
9/27/14	Jaime Rios Contributor address; City; State; Zip Code 5538 King Trail Corpus Christi TX. 78414	\$1,000. <sup>00</sup>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Financial Business Owner		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
9/28/14	Mr. + Mrs. David P. Engel Contributor address; City; State; Zip Code 230 Amistad Corpus Christi TX 78404-1606	\$ 500. <sup>00</sup>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Retired		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
9/29/14	Ben Grande Jr. Contributor address; City; State; Zip Code 1021 Chamberlain St. Corpus Christi TX. 78404-2406	\$ 100. <sup>00</sup>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Business Owner		

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

**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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>0</b>	2 FILER NAME <b>JOE BENAVIDES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>6-20-14</b>	5 Payee name <b>OFFICE DEPOT - OFFICE MAX</b>
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6 Amount (\$) <b>131.52</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>1737 S. STAPLES ST. CORPUS CHRISTI, TX 78404</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>OFFICE ADMIN. EXPENSE (OTHER)</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>JPI-1</b>	Office held <b>JPI-1</b>
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Date <b>6-22-14</b>	Payee name <b>WAL-MART</b>
------------------------	-------------------------------

Amount (\$) <b>28.83</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>4109 S. STAPLES CORPUS CHRISTI, TX 78411</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OFFICE ADMIN. EXPENSE (OTHER)</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>JPI-1</b>	Office held <b>JPI-1</b>
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Date <b>7-6-14</b>	Payee name <b>WAL-MART</b>
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Amount (\$) <b>18.97</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1821 SPID CORPUS CHRISTI, TX 78416</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OFFICE ADMIN. EXPENSE (OTHER)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JOE BENAVIDES</b>	Office sought <b>JPI-1</b>	Office held <b>JPI-1</b>
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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.

1 Total pages Schedule G:	2 FILER NAME <b>JOE BENAVIDES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>7-7-16</b>	5 Payee name <b>OFFICE DEPT - OFFICE MAX</b>
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6 Amount (\$) <b>21.63</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>1737 S. STAPLES ST. CORPUS CHRISTI, TX 78404</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>OFFICE ADMIN EXPENSE (OTHER)</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>JPI-1</b>	Office held <b>JPI-1</b>
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Date <b>7-31-16</b>	Payee name <b>THE HOME DEPOT</b>
------------------------	-------------------------------------

Amount (\$) <b>104.55</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>4038 SOUTH POET AVE. CORPUS CHRISTI, TX 78415</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FIELD/MATERIALS 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
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JOE BENAVIDES, JPI-1</b>	Office sought <b>JPI-1</b>	Office held <b>JPI-1</b>
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Date <b>8-22-16</b>	Payee name <b>OFFICE DEPT - OFFICE MAX</b>
------------------------	---

Amount (\$) <b>8.09</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1737 S. STAPLES ST. CORPUS CHRISTI, TX 78404</b>
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OFFICE ADMIN EXPENSE (OTHER)</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>JPI-1</b>	Office held <b>JPI-1</b>
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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.

1 Total pages Schedule G:	2 FILER NAME <b>JOE BENAVIDES</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>8-25-14</b>	5 Payee name <b>COUNTY CLERK</b>	
6 Amount (\$) <b>7.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>901 LEOPARD ST. CORPUS CHRISTI, TX 78401</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>OFFICE ADMIN EXPENSE - OTHER</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>JPH</b>
		Office held <b>JPH</b>
Date <b>8-25-14</b>	Payee name <b>COUNTY CLERK</b>	
Amount (\$) <b>14.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>901 LEOPARD ST. CORPUS CHRISTI, TX 78401</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OFFICE ADMIN EXPENSE - OTHER</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>JPH</b>
		Office held <b>JPH</b>
Date <b>8-25-14</b>	Payee name <b>OFFICE DEPT - OFFICE MAX</b>	
Amount (\$) <b>18.38</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1737 J. STAPLES ST. CORPUS CHRISTI, TX 78404</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OFFICE ADMIN EXPENSE - OTHER</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>JPH</b>
		Office held <b>JPH</b>

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.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <b>8-25-16</b>	5 Payee name <b>HEB</b>
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6 Amount (\$) <b>59.78</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>3133 ALAMEDA CORPUS CHRISTI, TX 78404</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JOE BENAVIDES</b>	Office sought <b>JPH</b>	Office held <b>JPH</b>
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Date <b>8-25-16</b>	Payee name <b>THE HOME DEPOT</b>
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Amount (\$) <b>25.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>4038 SOUTH PORT AVENUE CORPUS CHRISTI, TX 78415</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>SIGNAGE MATERIAL 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>JPH</b>	Office held <b>JPH</b>
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Date <b>8-27-16</b>	Payee name <b>HEB</b>
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Amount (\$) <b>28.34</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>3133 ALAMEDA CORPUS CHRISTI, TX 78404</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE 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>JPH</b>	Office held <b>JPH</b>
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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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>JOE BENAVIDES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>9-7-14</b>	5 Payee name <b>PIZZA HUT</b>
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6 Amount (\$) <b>57.37</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>2120 S. STAPLES CORPUS CHRISTI, TX 78404</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JOE BENAVIDES</b>	Office sought <b>JPI-1</b>	Office held <b>JPI-1</b>
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Date <b>9-7-14</b>	Payee name <b>HERB</b>
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Amount (\$) <b>17.50</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>3133 S. ALAMEDA CORPUS CHRISTI, TX 78404</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE 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>JPI-1</b>	Office held <b>JPI-1</b>
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Date <b>9-26-14</b>	Payee name <b>OFFICE DEPT - OFFICE MAX</b>
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Amount (\$) <b>18.38</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1737 S. STAPLES ST. CORPUS CHRISTI, TX 78404</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OFFICE ADMIN EXPENSE (OTHER)</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>JPI-1</b>	Office held <b>JPI-1</b>
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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.

1 Total pages Schedule G:	2 FILER NAME <i>JOE BENAVIDES</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9-26-16</i>	5 Payee name <i>HEB</i>
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6 Amount (\$) <i>60.68</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>3133 S. ALAMEDA CORPUS CHRISTI, TX 78404</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>FOOD/BEVERAGE EXPENSE</i>	(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 <i>JOE BENAVIDES</i>	Office sought <i>JPH</i>	Office held <i>JPH</i>
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Date <i>9-28-16</i>	Payee name <i>HEB</i>
------------------------	--------------------------

Amount (\$) <i>75.77</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>3133 S. ALAMEDA CORPUS CHRISTI, TX 78404</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FOOD/BEVERAGE EXPENSE</i>	(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 <i>JOE BENAVIDES</i>	Office sought <i>JPH</i>	Office held <i>JPH</i>
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Date	Payee name
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Amount (\$) <i>AND NO OTHERS</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>6</b>	2 FILER NAME <b>JOE BENAVIDES</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>7-20-16</b>	5 Payee name <b>LIGHTHOUSE GRAPHICS</b>	
6 Amount (\$) <b>523.28</b>	7 Payee address; City; State; Zip Code <b>3046 SPID CORPUS CHRISTI, TX 78415</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  <b>ADVERTISING 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>JOE BENAVIDES</b> Office sought: <b>JPI-1</b> Office held: <b>JPI-1</b>	
Date <b>7-26-16</b>	Payee name <b>JEANNE ADAMS</b>	
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>215 LOUISIANA CORPUS CHRISTI, TX 78404</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>JOE BENAVIDES</b> Office sought: <b>JPI-1</b> Office held: <b>JPI-1</b>	
Date <b>8-2-16</b>	Payee name <b>DEMOCRATIC PARTY - NUECES</b>	
Amount (\$) <b>1000.00</b>	Payee address; City; State; Zip Code <b>2701 MORGAN AVE., SUITE 600, CORPUS CHRISTI, TX 78405</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>JOE BENAVIDES</b> Office sought: <b>JPI-1</b> Office held: <b>JPI-1</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>JOE BENAVIDES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>8-3-16</b>		5 Payee name <b>LIGHTHOUSE GRAPHICS</b>			
6 Amount (\$) <b>384.82</b>		7 Payee address; City; State; Zip Code <b>3046 SPID CORPUS CHRISTI, TX 78415</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JOE BENAVIDES</b>		Office sought <b>JPH</b>	
				Office held <b>JPH</b>	
Date <b>8-6-16</b>		Payee name <b>JOE BENAVIDES</b>			
Amount (\$) <b>700.00</b>		Payee address; City; State; Zip Code <b>410 ATLANTIC ST. CORPUS CHRISTI, TX 78404</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>REIMBURSEMENT</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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JOE BENAVIDES</b>		Office sought <b>JPH-1</b>	
				Office held <b>JPH-1</b>	
Date <b>8-19-16</b>		Payee name <b>LIGHTHOUSE GRAPHICS</b>			
Amount (\$) <b>1299.00</b>		Payee address; City; State; Zip Code <b>3046 SPID CORPUS CHRISTI, TX 78415</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JOE BENAVIDES</b>		Office sought <b>JPH</b>	
				Office held <b>JPH</b>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>JOE BENAVIDES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>8-26-14</b>		5 Payee name <b>CHRIS FLORES</b>			
6 Amount (\$) <b>500.00</b>		7 Payee address; City; State; Zip Code <b>4029 WESTERN DR. CORPUS CHRISTI, TX 78410</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>GIFT-MEDICAL</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>JPI-1</b>	
Date <b>8-31-14</b>		Payee name <b>TEXAS JAZZ FESTIVAL</b>			
Amount (\$) <b>50.00</b>		Payee address; City; State; Zip Code <b>4214 VALLEY CIRCLE CORPUS CHRISTI, TX 78413</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>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 <b>JOE BENAVIDES</b>		Office sought <b>JPI-1</b>	
Date <b>9-1-14</b>		Payee name <b>CCAUSE</b>			
Amount (\$) <b>137.00</b>		Payee address; City; State; Zip Code <b>4855 S. ALAMEDA ST., STE 202 CORPUS CHRISTI, TX 78404</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>EVENT 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 <b>JOE BENAVIDES</b>		Office sought <b>JPI-1</b>	
		Office held <b>JPI-1</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>JOE BENAVIDES</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>9-2-16</b>	5 Payee name <b>TOP CATS CALLEN</b>	
6 Amount (\$) <b>200.00</b>	7 Payee address; City; State; Zip Code <b>4205 WILCAT DR. CORPUS CHRISTI, TX 78410</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name <b>JOE BENAVIDES</b>	Office sought <b>JPI-1</b>
		Office held <b>JPI-1</b>
Date <b>9-4-16</b>	Payee name <b>LARRY OLIVAREZ CAMPAIGN</b>	
Amount (\$) <b>328.00</b>	Payee address; City; State; Zip Code <b>P.O. BOX 271047 CORPUS CHRISTI, TX 78427</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name <b>JOE BENAVIDES</b>	Office sought <b>JPI-1</b>
		Office held <b>JPI-1</b>
Date <b>9-14-16</b>	Payee name <b>CCPOA</b>	
Amount (\$) <b>200.00</b>	Payee address; City; State; Zip Code <b>3122 LEOPARD ST. CORPUS CHRISTI, TX 78408</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name <b>JOE BENAVIDES</b>	Office sought <b>JPI-1</b>
		Office held <b>JPI-1</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>JOE BENAVIDES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>9-15-16</b>		5 Payee name <b>CCPOA</b>			
6 Amount (\$) <b>300.00</b>		7 Payee address; City; State; Zip Code <b>3122 LEOPARD ST. CORPUS CHRISTI, TX 78408</b>			
8 PURPOSE OF EXPENDITURE		(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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JOE BENAVIDES</b>		Office sought <b>JPI-1</b>	
Date <b>9-16-14</b>		Payee name <b>CCPOA</b>			
Amount (\$) <b>100.00</b>		Payee address; City; State; Zip Code <b>3122 LEOPARD ST. CORPUS CHRISTI, TX 78408</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>EVENT 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 <b>JOE BENAVIDES</b>		Office sought <b>JPI-1</b>	
Date <b>9-21-16</b>		Payee name <b>WALK &amp; ROLL</b>			
Amount (\$) <b>250.00</b>		Payee address; City; State; Zip Code <b>1526 OCEAN DR. CORPUS CHRISTI, TX 78404</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>EVENT 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 <b>JOE BENAVIDES</b>		Office sought <b>JPI-1</b>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>JOE BENAVIDES</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>9-23-16</b>	5 Payee name <b>LIGHTHOUSE GRAPHICS</b>	
6 Amount (\$) <b>584.55</b>	7 Payee address; City; State; Zip Code <b>3046 SPID CORPUS CHRISTI, TX 78415</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name <b>JOE BENAVIDES</b>	Office sought <b>JPH</b>
		Office held <b>JPH</b>
Date <b>9-27-16</b>	Payee name <b>LOS ENCINOS ELEMENTARY SCHOOL</b>	
Amount (\$) <b>150.00</b>	Payee address; City; State; Zip Code <b>1826 FRIO CORPUS CHRISTI, TX 78417</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name <b>JOE BENAVIDES</b>	Office sought <b>JPH</b>
		Office held <b>JPH</b>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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