

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:  27														
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI  JOE NICKNAME                      LAST                      SUFFIX  BENAVIDES	<b>OFFICE USE ONLY</b>															
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE  410 ATLANTIC ST. CORPUS CHRISTI, TX 78404	Date Received  <div style="text-align: center; color: blue; font-weight: bold;">                     FILED FOR RECORD                      AT 3:00 PM                       JUL 16 2015                       KARA SANDS                      CLERK, COUNTY COURT, NUECES COUNTY, TEXAS                      BY <u>Kathelle Fisher</u> DEPUTY                 </div>															
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION  ( 361 )    633-9308	Date Hand-delivered or Date Postmarked															
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI  ADELFINO NICKNAME                      LAST                      SUFFIX  FINO PALACIO JR.	Receipt #	Amount \$														
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)		Date Processed															
STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE  402 PEOPLE ST., SUITE 3A CORPUS CHRISTI, TX 78401		Date Imaged															
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION  ( 361 )    884-8322																
<b>9</b> REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input 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 checked="" 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 type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" 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 type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)														
<input checked="" 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)														
<b>10</b> PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">/ 01</td> <td style="text-align: center;">/ 15</td> <td></td> <td style="text-align: center;">06</td> <td style="text-align: center;">/ 30</td> <td style="text-align: center;">/ 15</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	01	/ 01	/ 15		06	/ 30	/ 15
Month	Day	Year	THROUGH	Month	Day	Year											
01	/ 01	/ 15		06	/ 30	/ 15											
<b>11</b> ELECTION	ELECTION DATE  Month                      Day                      Year  /                      /	ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special															
<b>12</b> OFFICE	OFFICE HELD (if any)  JUSTICE OF THE PEACE PCT.1, PL.1 NUECES COUNTY	<b>13</b> OFFICE SOUGHT (if known)															

GO TO PAGE 2

2015-069

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME <b>JOE BENAVIDES</b>	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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.	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE      COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

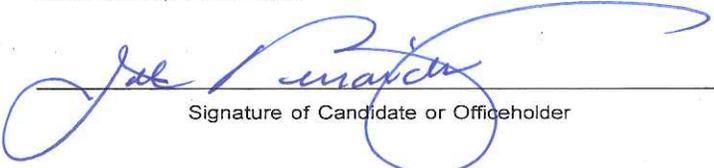
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,880.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,497.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,527.53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 134.62

18 AFFIDAVIT

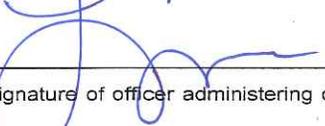


AFFIX NOTARY STAMP / SEAL ABOVE

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

  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Judge Joe Benavides, this the 16<sup>th</sup> day of July, 20 15, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

Lorraine L Villanueva  
 Printed name of officer administering oath

Admin. Secretary  
 Title of officer administering oath

# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME JOE BENAVIDES		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20,880.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ N/A
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ N/A
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ N/A
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 14,497.43
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ N/A
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ N/A
8.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 1000.05
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ N/A
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ N/A

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
1 OF 15

2 FILER NAME

JOE BENAVIDES

3 Filer ID (Ethics Commission Filers)

4 Date

2-16-15

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

ALBERTO PENA  
6 Contributor address; City; State; Zip Code

42 GREAT LAKES DR., CORPUS CHRISTI, TX 78413

7 Amount of contribution (\$)

\$75.00

8 Principal occupation / Job title (See Instructions)

BUSINESS OWNER

9 Employer (See Instructions)

Date

2-18-15

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

DAVE JOHNSON

Contributor address; City; State; Zip Code

555 N. CARANCAHUA, STE.1400, CORPUS CHRISTI, TX 78401

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

INVESTIGATOR

Employer (See Instructions)

Date

2-19-15

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

EDDIE GARZA

Contributor address; City; State; Zip Code

4333 KOSTORYZ RD., CORPUS CHRISTI, TX 78415

Amount of contribution (\$)

\$75.00

Principal occupation / Job title (See Instructions)

INVESTIGATOR

Employer (See Instructions)

Date

2-20-15

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

MOHAMMED MOTAGHI

Contributor address; City; State; Zip Code

P.O. BOX 3696 CORPUS CHRISTI, TX 78463

Amount of contribution (\$)

\$600.00

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 OF 15

2 FILER NAME  
JOE BENAVIDES

3 Filer ID (Ethics Commission Filers)

4 Date  
2-21-15

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

1809 YALE ST., CORPUS CHRISTI, TX 78416

\$25.00

8 Principal occupation / Job title (See Instructions)  
HOUSEWIFE/RETIRED

9 Employer (See Instructions)

Date  
2-23-15

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

8400 SPID LOT #336, CORPUS CHRISTI, TX 78412

\$150.00

Principal occupation / Job title (See Instructions)  
TEACHER

Employer (See Instructions)

Date  
2-23-15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
JOE A. FLORES

Amount of contribution (\$)

Contributor address; City; State; Zip Code 78401

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

\$150.00

Principal occupation / Job title (See Instructions)  
ATTORNEY

Employer (See Instructions)

Date  
2-25-15

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code 78411

5350 S. STAPLES, STE. 401, CORPUS CHRISTI, TX

\$75.00

Principal occupation / Job title (See Instructions)  
ATTORNEY

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: <b>3 OF 15</b>
2 FILER NAME <b>JOE BENAVIDES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2-25-15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RANDALL BARRERA</b> 6 Contributor address; City; State; Zip Code <b>5959 S. STAPLES, STE.208, CORPUS CHRISTI, TX 78413</b>	7 Amount of contribution (\$) <b>\$200.00</b>
8 Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		9 Employer (See Instructions)
Date <b>2-26-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ARTHUR MERU</b> Contributor address; City; State; Zip Code <b>4509 CODY, CORPUS CHRISTI, TX 78413</b>	Amount of contribution (\$) <b>\$200.00</b>
Principal occupation / Job title (See Instructions) <b>INVESTIGATOR</b>		Employer (See Instructions)
Date <b>2-26-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GONZALEZ &amp; GONZALEZ</b> Contributor address; City; State; Zip Code <b>78413</b> <b>5959 S. STAPLES, STE.205, CORPUS CHRISTI, TX</b>	Amount of contribution (\$) <b>\$200.00</b>
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions)
Date <b>2-27-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAIME RIOS</b> Contributor address; City; State; Zip Code <b>78408</b> <b>3649 LEOPARD ST., STE.404, CORPUS CHRISTI, TX</b>	Amount of contribution (\$) <b>\$1000.00</b>
Principal occupation / Job title (See Instructions) <b>FINANCIAL SERVICES</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:  
4 OF 15

2 FILER NAME

JOE BENAVIDES

3 Filer ID (Ethics Commission Filers)

4 Date

2-27-15

5 Full name of contributor

GREGORY N. MAISEL

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

6 Contributor address; City; State; Zip Code

7413 LAKE COMO DR., CORPUS CHRISTI, TX 78413

7 Amount of contribution (\$)

\$150.00

8 Principal occupation / Job title (See Instructions)

RETIRED MARINE

9 Employer (See Instructions)

Date

2-27-15

Full name of contributor

ERNEST R. GARZA

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

Contributor address; City; State; Zip Code

10201 LEOPARD ST., CORPUS CHRISTI, TX 78410

Amount of contribution (\$)

\$600.00

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

Date

2-27-15

Full name of contributor

WEBB CASON

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

Contributor address; City; State; Zip Code

710 NORTH MESQUITE ST., CORPUS CHRISTI, TX 78401

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

3-1-15

Full name of contributor

RICARDO SANCHEZ

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

Contributor address; City; State; Zip Code

3714 WOODSTONE DR., CORPUS CHRISTI, TX 78415

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

RETIRED

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: <b>5 OF 15</b>
2 FILER NAME <b>JOE BENAVIDES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-3-15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ABEL SANCHEZ</b> 6 Contributor address; City; State; Zip Code <b>3606 SWISS DR., CORPUS CHRISTI, TX 78415</b>	7 Amount of contribution (\$)  <b>\$150.00</b>
8 Principal occupation / Job title (See Instructions) <b>MARKETING</b>		9 Employer (See Instructions)
Date <b>5-4-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARIO MARTINEZ</b> Contributor address; City; State; Zip Code <b>6048 OCEAN DRIVE, CORPUS CHRISTI, TX 78412</b>	Amount of contribution (\$)  <b>\$500.00</b>
Principal occupation / Job title (See Instructions) <b>MEDICAL DOCTOR</b>		Employer (See Instructions)
Date <b>3-4-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEPHEN J. CHAPMAN</b> Contributor address; City; State; Zip Code <b>538 S. TANCHAUA ST., CORPUS CHRISTI, TX 78401</b>	Amount of contribution (\$)  <b>\$600.00</b>
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions)
Date <b>3-4-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LAURA JIMENEZ</b> Contributor address; City; State; Zip Code <b>11544 UP RIVER ROAD, CORPUS CHRISTI, TX 78410</b>	Amount of contribution (\$)  <b>\$150.00</b>
Principal occupation / Job title (See Instructions) <b>ATTORNEY</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: 6 OF 15
2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)
4 Date 3-4-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENRY SANTANA 6 Contributor address; City; State; Zip Code 4033 CAPITOL Dr., CORPUS CHRISTI, TX 78413	7 Amount of contribution (\$)  \$150.00
8 Principal occupation / Job title (See Instructions) JUSTICE OF THE PEACE		9 Employer (See Instructions)
Date 3-6-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADELFINO PALACIOS Contributor address; City; State; Zip Code 402 PEOPLES ST., STE. 3A, CORPUS CHRISTI, TX 78401	Amount of contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions)
Date 3-6-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE A. GONZALEZ Contributor address; City; State; Zip Code 4009D OAK FOREST, CORPUS CHRISTI, TX 78413	Amount of contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) PUBLIC SERVANT		Employer (See Instructions)
Date 3-9-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHLEY GARCIA Contributor address; City; State; Zip Code P.O. BOX 3422, CORPUS CHRISTI, TX 78463	Amount of contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7 OF 15

2 FILER NAME

JOE BENAVIDES

3 Filer ID (Ethics Commission Filers)

4 Date

3-9-15

5 Full name of contributor

RODNEY SANCHEZ

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

6 Contributor address;

805 S. STAPLES, UNIT E., CORPUS CHRISTI, TX

City; State; Zip Code 78404

7 Amount of contribution (\$)

\$300.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-13-15

Full name of contributor

ROBERT AGUILAR

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

Contributor address;

8279 LEOPARD ST., CORPUS CHRISTI, TX 78409

City; State; Zip Code

Amount of contribution (\$)

\$600.00

Principal occupation / Job title (See Instructions)

ELECTRIAN/BUSINESS OWNER

Employer (See Instructions)

Date

3-13-15

Full name of contributor

RENA VELA

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

Contributor address;

2201 CLEO ST., CORPUS CHRISTI, TX 78405

City; State; Zip Code

Amount of contribution (\$)

\$600.00

Principal occupation / Job title (See Instructions)

D.D.S., PA

Employer (See Instructions)

Date

3-15-15

Full name of contributor

PAULA KAHLA

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

Contributor address;

5901 WEBER, CORPUS CHRISTI, TX 78413

City; State; Zip Code

Amount of contribution (\$)

\$600.00

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: 8 OF 15
2 FILER NAME <b>JOE BENAVIDES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-15-15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ALBERT RIVERA</b> 6 Contributor address; City; State; Zip Code <b>6500 SPID, CORPUS CHRISTI, TX 78412</b>	7 Amount of contribution (\$)  <b>\$150.00</b>
8 Principal occupation / Job title (See Instructions) <b>INSURANCE AGENT</b>		9 Employer (See Instructions)
Date <b>3-16-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT MUNIZ</b> Contributor address; City; State; Zip Code <b>4613 KOSAREK DR., CORPUS CHRISTI, TX 78415</b>	Amount of contribution (\$)  <b>\$150.00</b>
Principal occupation / Job title (See Instructions) <b>ELECTRICIAN</b>		Employer (See Instructions)
Date <b>3-16-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ELOY SALAZAR</b> Contributor address; City; State; Zip Code <b>2434 SACKY DR., CORPUS CHRISTI, TX 78415</b>	Amount of contribution (\$)  <b>\$150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-19-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PATRICIA RIKKE</b> Contributor address; City; State; Zip Code <b>333 45TH ST., CORPUS CHRISTI, TX 78405</b>	Amount of contribution (\$)  <b>\$450.00</b>
Principal occupation / Job title (See Instructions) <b>INDUSTRIAL PIPING &amp; STEEL OWNER</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: 9 OF 15
2 FILER NAME <b>JOE BENAVIDES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-19-15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JULIAN J. MIRABEL</b> 6 Contributor address; City; State; Zip Code <b>3609 APOLLO RD., CORPUS CHRISTI, TX 78413</b>	7 Amount of contribution (\$) <b>\$150.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3-19-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RUBEN BONILLA</b> Contributor address; City; State; Zip Code <b>P.O. BOX 5080, CORPUS CHRISTI, TX 78465</b>	Amount of contribution (\$) <b>\$600.00</b>
Principal occupation / Job title (See Instructions) <b>INSURANCE AGENT</b>		Employer (See Instructions)
Date <b>3-20-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAMES PEREZ</b> Contributor address; City; State; Zip Code <b>5425 SPID #178, CORPUS CHRISTI, TX 78411</b>	Amount of contribution (\$) <b>\$600.00</b>
Principal occupation / Job title (See Instructions) <b>OWNER, MATTRESS FIRM</b>		Employer (See Instructions)
Date <b>3-21-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SCOTT MANDELL</b> Contributor address; City; State; Zip Code <b>5502 BURNHAM DR., STE.A, CORPUS CHRISTI, TX 78413</b>	Amount of contribution (\$) <b>\$600.00</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: <b>10 OF 15</b>
2 FILER NAME <b>JOE BENAVIDES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-23-15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SHAMIM BADRUDDIN-MAWJI</b> 6 Contributor address; City; State; Zip Code <b>41 HEWITT DR., CORPUS CHRISTI, TX 78404</b>	7 Amount of contribution (\$) <b>\$600.00</b>
8 Principal occupation / Job title (See Instructions) <b>MD, PLLC</b>		9 Employer (See Instructions)
Date <b>3-25-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARK SKURKA</b> Contributor address; City; State; Zip Code <b>4410 BLUEFIELD DR., CORPUS CHRISTI, TX 78413</b>	Amount of contribution (\$) <b>\$150.00</b>
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions)
Date <b>3-25-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOSEPHINE GARZA</b> Contributor address; City; State; Zip Code <b>P.O. BOX 6934, CORPUS CHRISTI, TX 78466</b>	Amount of contribution (\$) <b>\$150.00</b>
Principal occupation / Job title (See Instructions) <b>REALTOR</b>		Employer (See Instructions)
Date <b>3-27-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHAEL CARRANZA</b> Contributor address; City; State; Zip Code <b>4010 OAK BAY DR., APT.A, CORPUS CHRISTI, TX 78413</b>	Amount of contribution (\$) <b>\$100.00</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:

11 OF 15

2 FILER NAME

JOE BENAVIDES

3 Filer ID (Ethics Commission Filers)

4 Date

3-27-15

5 Full name of contributor

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

BOBBY LUNA

6 Contributor address;

City; State; Zip Code

3126 DEER RUN #6, CORPUS CHRISTI, TX 78410

7 Amount of contribution (\$)

\$150.00

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

3-30-15

Full name of contributor

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

ABEL HERRERO

Contributor address;

City; State; Zip Code

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

Amount of contribution (\$)

\$600.00

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

3-30-15

Full name of contributor

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

RUSTY GRIFFITH

Contributor address;

City; State; Zip Code

4833 SARATOGA BLVD.623,CORPUS CHRISTI, TX 78413

Amount of contribution (\$)

\$675.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-30-15

Full name of contributor

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

SHEILA TELLO

Contributor address;

City; State; Zip Code

6018 KING TRL.,CORPUS CHRISTI, TX 78414

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
12 OF 15

2 FILER NAME  
JOE BENAVIDES

3 Filer ID (Ethics Commission Filers)

4 Date  
3-30-15

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
LINEBARGER GOGGAN BLAIR SAMPSON LLP

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
P.O.BOX 17428, AUSTIN, TX 78760

\$600.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
3-31-15

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
52 W BAR LE DOC DR., CORPUS CHRISTI, TX 78414

\$600.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3-31-15

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
102 N.STAPLES, CORPUS CHRISTI, TX 78401

\$600.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTORNEY

Date  
4-2-15

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
823 FURMAN AVE., CORPUS CHRISTI, TX 78404

\$680.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13 OF 15
2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)
4 Date 4-2-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN T. FLOOD	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 78401 802 N. CARANCAHUA ST., STE. 900, CORPUS CHRISTI, TX	\$300.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions)
Date 4-2-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSE LONGORIA	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 5050 GREENBRIAR DR., CORPUS CHRISTI, TX 78413	\$150.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)
Date 4-2-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JERRY GUERRA	Amount of contribution (\$)
	Contributor address; City; State; Zip Code P.O. BOX 2528, CORPUS CHRISTI, TX 78403	\$600.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)
Date 4-4-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERTO GONZALEZ JR.	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 447 S. 9TH ST.	\$150.00
Principal occupation / Job title (See Instructions) JUSTICE OF THE PEACE		Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
14 OF 15

2 FILER NAME

JOE BENAVIDES

3 Filer ID (Ethics Commission Filers)

4 Date

4-2-15

5 Full name of contributor

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

ROBERT DELEON

6 Contributor address;

City; State; Zip Code

8209 CAMPODOLCINO DR. CORPUS CHRISTI, TX 78414

7 Amount of contribution (\$)

\$300.00

8 Principal occupation / Job title (See Instructions)

INVESTIGATOR

9 Employer (See Instructions)

Date

4-2-15

Full name of contributor

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

MARIA GARCIA

Contributor address;

City; State; Zip Code

1101 3RD ST., CORPUS CHRISTI, TX 78404

Amount of contribution (\$)

\$600.00

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

Date

4-8-15

Full name of contributor

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

EDWARD GARCIA

Contributor address;

City; State; Zip Code

4502 S. STAPLES, CORPUS CHRISTI, TX 78411

Amount of contribution (\$)

\$600.00

Principal occupation / Job title (See Instructions)

DOCTOR OF CHIROPRACTIC

Employer (See Instructions)

Date

4-15-15

Full name of contributor

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

ROBERT M. GALVAN JR.

Contributor address;

City; State; Zip Code

409 CAPE LOOKOUT, CORPUS CHRISTI, TX 78412

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15 OF 15
2 FILER NAME JOE BENAVIDES		3 Filer ID (Ethics Commission Filers)
4 Date 4-15-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT M. GALVAN SR. 6 Contributor address; City; State; Zip Code 1624 AGNES ST., CORPUS CHRISTI, TX 78401	7 Amount of contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER/MUSIC STORE		9 Employer (See Instructions)
Date 4-20-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUMBERTO MARTINEZ Contributor address; City; State; Zip Code 559 OLD ROBSTOWN ROAD, CORPUS CHRISTI, TX 78408	Amount of contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER/CAR DEALERSHIP		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

None No OTHERS

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

# POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1 OF 7	<b>2</b> FILER NAME JOE BENAVIDES	<b>3</b> Filer ID (Ethics Commission Filers)					
<b>4</b> Date 2-28-15	<b>5</b> Payee name JOE BENAVIDES						
<b>6</b> Amount (\$) \$1500.00	<b>7</b> Payee address; City; State; Zip Code 410 ATLANTIC ST., CORPUS CHRISTI, TX 78404						
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)  LOAN REPAYMENT/REIMBURSEMENT	<b>(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					
	<table border="0" style="width:100%;"> <tr> <td style="width:30%;">Candidate / Officeholder name</td> <td style="width:40%;">Office sought</td> <td style="width:30%;">Office held</td> </tr> <tr> <td>JOE BENAVIDES, JUSTICE OF THE PEACE, PCT.1, PL.1.</td> <td></td> <td>JP1-1</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held	JOE BENAVIDES, JUSTICE OF THE PEACE, PCT.1, PL.1.	
Candidate / Officeholder name	Office sought	Office held					
JOE BENAVIDES, JUSTICE OF THE PEACE, PCT.1, PL.1.		JP1-1					
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH							
Date 3-4-15	Payee name JOE BENAVIDES						
Amount (\$) \$1200.00	Payee address; City; State; Zip Code 410 ATLANTIC ST., CORPUS CHRISTI, TX 78404						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  LOAN REPAYMENT/REIMBURSEMENT	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
	<table border="0" style="width:100%;"> <tr> <td style="width:30%;">Candidate / Officeholder name</td> <td style="width:40%;">Office sought</td> <td style="width:30%;">Office held</td> </tr> <tr> <td>JOE BENAVIDES, JUSTICE OF THE PEACE, PCT.1, PL.1.</td> <td></td> <td>JP1-1</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held	JOE BENAVIDES, JUSTICE OF THE PEACE, PCT.1, PL.1.	
Candidate / Officeholder name	Office sought	Office held					
JOE BENAVIDES, JUSTICE OF THE PEACE, PCT.1, PL.1.		JP1-1					
Date 3-9-15	Payee name JOE BENAVIDES						
Amount (\$) \$715.00	Payee address; City; State; Zip Code 410 ATLANTIC ST., CORPUS CHRISTI, TX 78404						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  LOAN REPAYMENT/REIMBURSEMENT	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
	<table border="0" style="width:100%;"> <tr> <td style="width:30%;">Candidate / Officeholder name</td> <td style="width:40%;">Office sought</td> <td style="width:30%;">Office held</td> </tr> <tr> <td>JOE BENAVIDES, JUSTICE OF THE PEACE, PCT.1, PL.1.</td> <td></td> <td>JP1-1</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held	JOE BENAVIDES, JUSTICE OF THE PEACE, PCT.1, PL.1.	
Candidate / Officeholder name	Office sought	Office held					
JOE BENAVIDES, JUSTICE OF THE PEACE, PCT.1, PL.1.		JP1-1					

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# POLITICAL EXPENDITURES 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

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.

<b>1</b> Total pages Schedule F1: 2 OF 7	<b>2</b> FILER NAME JOE BENAVIDES	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3-12-15	<b>5</b> Payee name CAPITAL ONE BANK	
<b>6</b> Amount (\$) \$25.60	<b>7</b> Payee address; City; State; Zip Code 4060 WEBER ROAD, CORPUS CHRISTI, TX 78411	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)  FEES	<b>(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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 3-30-15	Payee name CAPITAL ONE BANK	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 4060 WEBER ROAD, CORPUS CHRISTI, TX 78411	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  FEES	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Date 3-30-15	Payee name PRICES CHEF	
Amount (\$) \$1200.00	Payee address; City; State; Zip Code 1800 S. ALAMEDA ST., CORPUS CHRISTI, TX 78404	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  FUNDRAISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	

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# POLITICAL EXPENDITURES 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

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.

<b>1</b> Total pages Schedule F1: <b>3 OF 7</b>	<b>2</b> FILER NAME <b>JOE BENAVIDES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3-31-15</b>	<b>5</b> Payee name <b>LIGHTHOUSE GRAPHICS</b>	
<b>6</b> Amount (\$) <b>\$1163.69</b>	<b>7</b> Payee address; City; State; Zip Code <b>3046 SPID, CORPUS CHRISTI, TX 78415</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>	<b>(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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>4-1-15</b>	Payee name <b>WALMART</b>	
Amount (\$) <b>\$197.04</b>	Payee address; City; State; Zip Code <b>1821 SPID, CORPUS CHRISTI, TX 78416</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>FUNDRAISING 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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>4-3-15</b>	Payee name <b>NORTHSHORE COUNTRY CLUB</b>	
Amount (\$) <b>\$3910.71</b>	Payee address; City; State; Zip Code <b>801 EAST BROADWAY, PORTLAND, TX 78374</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>FUNDRAISING 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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES 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

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.

<b>1</b> Total pages Schedule F1: <b>4 OF 7</b>	<b>2</b> FILER NAME <b>JOE BENAVIDES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4-19-15</b>	<b>5</b> Payee name <b>NATIONAL HISPANIC INSTITUTE</b>	
<b>6</b> Amount (\$) <b>\$500.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>P.O. BOX 220 MAXWELL, TEXAS 78656</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>CONTRIBUTION/DONATION</b>	<b>(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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <b>4-24-15</b>	Payee name <b>W.B.RAY HIGH SCHOOL/DESTINATION IMAGINATION</b>	
Amount (\$) <b>\$500.00</b>	Payee address; City; State; Zip Code <b>1002 TEXAN TRAIL, CORPUS CHRISTI, TX 78411</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>CONTRIBUTION/DONATION</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <b>4-24-15</b>	Payee name <b>W.B. RAY HIGH SCHOOL/CHEERLEADING CAMP/CLINIC</b>	
Amount (\$) <b>\$500.00</b>	Payee address; City; State; Zip Code <b>1002 TEXAS TRAIL, CORPUS CHRISTI, TX 78411</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>CONTRIBUTION/DONATION</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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# POLITICAL EXPENDITURES 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

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.

<b>1</b> Total pages Schedule F1: 5 OF 7	<b>2</b> FILER NAME JOE BENAVIDES	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4-24-15	<b>5</b> Payee name LOS ENCINOS SES	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 1826 FRIO ST., CORPUS CHRISTI, TX 78417	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)  CONTRIBUTION/DONATION	<b>(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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 5-4-15	Payee name TIFFANY'S DANCE STUDIO	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 4202 CALLEN DR., CORPUS CHRISTI, TX 78410	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  CONTRIBUTION/DONATION	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 5-5-15	Payee name DM PRODUCTION	
Amount (\$) \$90.00	Payee address; City; State; Zip Code P.O. BOX 71803, CORPUS CHRISTI, TX 78467	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  FUNDRAISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES 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

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.

<b>1</b> Total pages Schedule F1: 6 OF 7	<b>2</b> FILER NAME JOE BENAVIDES	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 5-15-15	<b>5</b> Payee name INSTITUTO DE CULTURA HISPANICA	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 1617 N. CHAPARRAL ST., CORPUS CHRISTI, TX 78401	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)  CONTRIBUTION/DONATION	<b>(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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 5-15-15	Payee name EDUCATION IS OUR FREEDOM	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 4009 D. OAK FOREST DRIVE, CORPUS CHRISTI, TX 78413	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  CONTRIBUTION/DONATION	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 5-15-15	Payee name I BELIEVE IN ME FOUNDATION	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1701 THAMES DR., APT. 133, CORPUS CHRISTI, TX 78412	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  CONTRIBUTION/DONATION	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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# POLITICAL EXPENDITURES 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

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.

<b>1</b> Total pages Schedule F1: 7 OF 7	<b>2</b> FILER NAME JOE BENAVIDES	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 6-3-15	<b>5</b> Payee name CORPUS CHRISTI JUNETEENTH COALITION	
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 5136, CORPUS CHRISTI, TX 78465	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)  CONTRIBUTION/DONATION	<b>(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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 6-4-15	Candidate / Officeholder name JOE BENAVIDES	
Amount (\$) \$665.43	Office sought Office held	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)  LOAN REPAYMENT/REIMBURSEMENT	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name JOE BENAVIDES, JUSTICE OF THE PEACE, PCT.1,PL.1.	
Date 6-24-15	Office sought Office held JP1-1	
Amount (\$) \$220.00	Payee name CALALLEN HIGH SCHOOL	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)  CONTRIBUTION/DONATION	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought Office held	

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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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1 OF 2	<b>2</b> FILER NAME JOE BENAVIDES	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 3-31-15	<b>5</b> Payee name SAMS CLUB
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<b>6</b> Amount (\$) \$60.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 4833 SPID, CORPUS CHRISTI, TX 78411
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<b>8</b> PURPOSE OF EXPENDITURE FUNDRAISING EXPENSE	(a) Category (See categories listed at the top of this schedule) FUNDRAISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-1-15	Payee name ACADEMY SPORTS OUTDOORS
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Amount (\$) \$665.43 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5001 SPID, CORPUS CHRISTI, TX 78411
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PURPOSE OF EXPENDITURE FUNDRAISING EXPENSE	Category (See categories listed at the top of this schedule) FUNDRAISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-2-15	Payee name PIZZA HUT
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Amount (\$) \$57.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2120 S. STAPLES ST., CORPUS CHRISTI, TX 78404
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PURPOSE OF EXPENDITURE FUNDRAISING EXPENSE	Category (See categories listed at the top of this schedule) FUNDRAISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>2 OF 2</b>	2 FILER NAME <b>JOE BENAVIDES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4-2-15</b>	5 Payee name <b>SAMS CLUB</b>
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6 Amount (\$) <b>\$13.99</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>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>FUNDRAISING 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	Office sought	Office held
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Date <b>4-3-15</b>	Payee name <b>WALMART</b>
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Amount (\$) <b>\$3.33</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>2000 US HIGHWAY 181, PORTLAND, TX 78374</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FUNDRAISING 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	Office sought	Office held
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Date <b>4-3-15</b>	Payee name <b>WALMART</b>
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Amount (\$) <b>\$199.86</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>4109 S. STAPLES ST, CORPUS CHRISTI, TX 78411</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FUNDRAISING 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	Office sought	Office held
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