# BENJAMIN EURESTI, JR.

#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00019971 CANDIDATE / MS / MRS / MR FIRST MI **OFFICE USE ONLY OFFICEHOLDER** Benjamin The Honorable Date Received NAME **ELECTRONICALLY FILED** 07/05/2017 **SUFFIX** NICKNAME LAST Jr. Euresti Date Hand-delivered or Date Postmarked CAMERON COUNTY ZIP CODE ADDRESS / PO BOX; APT / SUITE #; CITY; CANDIDATE / **OFFICEHOLDER DEPARTMENT OF ELECTIONS** 974 E. Harrison **MAILING** Receipt #/OTER REGISTRIATION **ADDRESS** :006 J. Change of Address Brownsville, TX 78520 М **FIRST** CAMPAIGN MS / MRS / MR TREASURER Berlinda Mrs. NAME LAST **SUFFIX** NICKNAME Euresti STATE; ZIP CODE CAMPAIGN APT / SUITE #; CITY: STREET ADDRESS (NO PO BOX PLEASE); **TREASURER** 32364 San Carlos Rd. **ADDRESS** (Residence or Business) Los Fresnos, TX 78566 **EXTENSION** CAMPAIGN AREA CODE PHONE NUMBER TREASURER (956) 592-0236 **PHONE** REPORT 15th day after campaign treasurer TYPE 30th day before election Runoff January 15 appointment (officeholder only) Final Report (Attach C/OH-FR) 8th day before election Exceeded \$500 limit July 15 Х Month Day Year PERIOD Year Month Day COVERED 06/30/2017 **THROUGH** 01/01/2017 **ELECTION DATE ELECTION TYPE** 10 ELECTION Month Other Day Primary Runoff 11/04/2014 χ General Special 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any) District Judge District 107 District Judge District 107 Cameron

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:

# FORM JC/OH COVER SHEET PG 2

| SUPPURI  | & IUIALS  |  |   |                                    | 2 of 17              |  |  |
|--|---|--|---|------------------------------------|----------------------|--|--|
| 13 C / OH NAME                                 | Euresti Jr., Benjamin   | (The Honorable)  | 14 Filer ID<br>00019971                 | (Ethics Com                        | mission Filers)      |  |  |
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.   | political contributions accepted or political expendit<br>These expenditures may have been made without<br>d officeholders are required to report this information | t the candidate's or o                  | fficeholder's kno                  | wledge or            |  |  |
| Additional Pages                               | COMMITTEE TYPE  GENERAL   |  |   |                                    |                      |  |  |
|  | SPECIFIC  | COMMITTEE ADDRESS  |   |                                    |                      |  |  |
|  |   |  |   |                                    |                      |  |  |
|  |   | COMMITTEE CAMPAIGN TREASURER NAME  |   |                                    |                      |  |  |
|  |   | COMMITTEE CAMPAIGN TREASURER ADDRE   | :SS                                     |                                    |                      |  |  |
| 16 CONTIBUTION<br>TOTALS                       | 1. TOTAL POLITIC<br>LOANS, OR GU  | CAL CONTRIBUTIONS OF \$50 OR LESS (OTHER<br>ARANTEES OF LOANS), UNLESS ITEMIZED  | THAN PLEDGES,                           | \$                                 | 0.00                 |  |  |
|  | \$  | 1,500.00   |   |                                    |                      |  |  |
| EXPENDITURE<br>TOTALS                          |   | PLEDGES, LOANS, OR GUARANTEES OF LOAN<br>CAL EXPENDITURES OF \$100 OR LESS, UNLESS   |   | \$                                 | 0.00                 |  |  |
|  | 4. TOTAL POLIT  | 4. TOTAL POLITICAL EXPENDITURES  |   |                                    |                      |  |  |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC<br>REPORTING PI  | CAL CONTRIBUTIONS MAINTAINED AS OF THE<br>ERIOD  | LAST DAY OF THE                         | \$                                 | 1,729.78             |  |  |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIF<br>OF THE REPOR  | PAL AMOUNT OF ALL OUTSTANDING LOANS AS<br>RTING PERIOD   | S OF THE LAST DA                        | <b>\$</b>                          | 0.00                 |  |  |
| 17 AFFADAVIT                                   |   | l swear, or affirm, under penal<br>true and correct and includes<br>under Title 15, Election Code.   | all information requir                  | e accompanying<br>gd to be reporte | report is<br>d by me |  |  |
|  | JUDITH E KRAUSE<br>Votary Public, State of Texas<br>My Commission Expires<br>02-05-2019 |  | 3/                                      |                                    |                      |  |  |
| AFFIX NO                                       | DTARY STAMP / SEAL AE   | FILED: 7/5/17 -  | of Candidate or Office <b>TX1006733</b> |                                    |                      |  |  |
| Sworn to and subs                              | scribed before me, by the s   | Benjamin Euresti, Jr. ertify which, witness my hand and seal of office.  | , this the                              | 5位                                 | day                  |  |  |
| Judith   | . C. Krause   | JUDITH E. KRAUSE   |   | MRY PU                             |                      |  |  |
| Signature of off                               | ficer administering oath  | Printed name of officer administering oath   | Title of of                             | fficer administer                  | ing oath             |  |  |

#### SUBTOTALS - JC/OH

# FORM JC/OH COVER SHEET PG 3

| 7  | 061    | 01AL3 - 30/011   | (                       | COVER S  | HEET PG 3<br>3 of 17 |
|----|--------|--|-------------------------|----------|----------------------|
|    | ER NAN | ÆE<br>, Benjamin (The Honorable)   | 19 Filer ID<br>00019971 | -        | mmission Filers)     |
|    |        |  | 00010011                | <u> </u> |                      |
|    |        | E SUBTOTALS<br>SCHEDULE  |                         | SUBT     | OTAL AMOUNT          |
| 1. | Х      | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                    |                         | \$       | 1,500.00             |
| 2. |        | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                    |                         | \$       |                      |
| 3. |        | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                | \$                      |          |                      |
| 4. |        | SCHEDULE E(J): LOANS (JUDICIAL)  | \$                      |          |                      |
| 5. | X      | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS               | \$                      | 2,323.90 |                      |
| 6. |        | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                       |                         | \$       |                      |
| 7. |        | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION               | \$                      |          |                      |
| 8. |        | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                  | \$                      |          |                      |
| 9. |        | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                         |                         | \$       |                      |
| 10 | · 🔲    | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (               | OF C/OH                 | \$       |                      |
| 11 | . П    | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION             | NS                      | \$       |                      |
| 12 | · 🏻    | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F<br>TO FILER | RETURNED                | \$       |                      |
|    |        |  |                         |          |                      |

| MONET                          | ARY POLITICAL CONTRIBU   | JTIONS                                 | SCHEDULE A(J)1                                      |
|--------------------------------|--|--|---|
| The Instru                     | ction Guide explains how to complete t   | this form.                             | 1 Total pages Schedule A(J)1:<br>Sch: 1/1 Rpt: 4/17 |
| 2 FILER NAME<br>Euresti Jr., E | Benjamin (The Honorable)   |  | 3 Filer ID (Ethics Commission Filers) 00019971      |
| 4 Date 06/28/2017              | <ul> <li>Full name of contributor  out-of-state PAC Colvin, Chaney, Saenz &amp; Rodriguez, L.L.P</li> <li>Contributor address; City; State; Zip Code P.O. Box 2155</li> <li>Brownsville, TX 78522</li> </ul> | C (ID#:)<br>D.                         | 7 Amount of Contribution (\$)<br>\$500.00           |
| 8 Contributor's F              | Principal Occupation   | 9 Contributor's Job Title              | , •   |
| 10 Contributor's e             | employer/law firm  | 11 Law firm of contributor's s         | pouse (if any)                                      |
| 12 If contributor is           | s a child, law firm of parent(s) (if any)  | <u> </u>                               |   |
| Date<br>06/18/2017             | Full name of contributor out-of-state PAC<br>Royston, Rayzor, Vickery & Williams, L.L.F<br>Contributor address; City; State; Zip Code<br>55 Cove Circle  | Amount of Contribution (\$) \$1,000.00 |   |
| Contributorio                  | Brownsville, TX 78520  | Contributor's Job Title                |   |
| Contributors                   | Principal Occupation   | Contributor's 30b Title                |   |
| Contributor's                  | employer/law firm  | Law firm of contributor's s            | spouse (if any)                                     |
| If contributor i               | s a child, law firm of parent(s) (if any)  |  |   |
|                                |  |  |   |

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |             |                 | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salarles/Wages/Contract Labor |                      |                   |           |                  |       | Travel in District Travel Out of District OTHER (enter a category not listed above) |                            |  |  |  |
|---|---|-------------|-----------------|---|----------------------|-------------------|-----------|------------------|-------|---|----------------------------|--|--|--|
|   | orean outer dymone  |             |                 | The Instruction G   | uide explains h      | ow to co          | mple      | ete this form.   |       |   |                            |  |  |  |
| 1 | Total pages Schedule F1:  |             | LER NAME        |   |                      |                   |           |                  | 3     | Filer ID  | (Ethics Commission Filers) |  |  |  |
|   | Sch: 1/13 Rpt: 5/17   |             |                 | Benjamin (The I   | Honorable)           |                   |           |                  |       | 00019971  |                            |  |  |  |
| 4 | Date  | 1           | ayee name       |   |                      |                   |           |                  |       |   |                            |  |  |  |
|   | 01/30/2017  | С           | ameron Co       | ounty Bar Asso  | ciation              |                   |           |                  |       |   |                            |  |  |  |
| 6 | Amount (\$)   | <b>7</b> Pa | ayee addres     | s; City;  | State;               | Zip Co            | de        |                  |       |   |                            |  |  |  |
|   | \$150.00  | P           | .O. Box 38      | 66  |                      |                   |           |                  |       |   |                            |  |  |  |
|   |   |             |                 |   |                      |                   |           |                  |       |   |                            |  |  |  |
|   |   | В           | rownsville,     | TX 78523  |                      |                   |           |                  |       |   |                            |  |  |  |
| 8 | PURPOSE   | (a) C       | ategory (Se     | e Categories listed at t  | he top of this sche  | dule)             | (b)       | Description      |       |   |                            |  |  |  |
|   | OF<br>EXPENDITURE   | A           | dvertising I    | Expense   |                      |                   |           | <u> </u>         |       |   | plete Schedule T.          |  |  |  |
|   |   |             |                 |   |                      |                   |           | Advertisemen     |       | officeholder living<br>a golf tourne  |                            |  |  |  |
|   |   |             |                 |   |                      |                   |           | Advertisente     | 16 11 | r gon toarna  | inone                      |  |  |  |
| 9 | Complete ONLY if direct   | Cai         | ndidate/Offic   | eholder name  |                      | ffice sou         | l<br>Inht |                  |       | Office he   | eld                        |  |  |  |
| 9 | expenditure to benefit C/OI   |             | ildraator O inc | enorger ramo  |                      | 11100 000         | 9111      |                  |       |   |                            |  |  |  |
|   | Date  | P           | ayee name       |   |                      |                   |           |                  |       |   |                            |  |  |  |
|   | 04/12/2017  | C           | hick-Fil-A      |   |                      |                   |           |                  |       |   |                            |  |  |  |
|   | Amount (\$)   | P.          | ayee addres     | s; City;  | State;               | Zip Co            | de        |                  |       | •   |                            |  |  |  |
|   | \$50.00   | 2           | 370 N. Exp      | ressway 77  |                      |                   |           |                  |       |   |                            |  |  |  |
|   |   |             |                 |   |                      |                   |           |                  |       |   |                            |  |  |  |
|   |   | В           | rownsville,     | TX 78520  |                      |                   |           |                  |       |   |                            |  |  |  |
|   | PURPOSE   | (a) C       | ategory (Se     | e Categories listed at t  | the top of this sche | dule)             | (b)       | Description      |       |   |                            |  |  |  |
|   | OF<br>EXPENDITURE   | G           | ift/Awards/     | Memorials Exp   | ense                 |                   |           |                  |       |   | plete Schedule T.          |  |  |  |
|   |   |             |                 |   |                      |                   |           | Easter gifts for |       | officeholder living<br>taff   | j expense                  |  |  |  |
|   |   |             |                 |   |                      |                   |           | Locator gate it  |       |   |                            |  |  |  |
|   | Complete ONLY if direct   | Ca          | ndidate/Offic   | eholder name  | 0                    | ffice sou         | l<br>ıaht |                  |       | Office he   | eld                        |  |  |  |
|   | expenditure to benefit C/OI   | Н           |                 |   |                      |                   | •         |                  |       |   |                            |  |  |  |
|   | Date  | Р           | ayee name       |   |                      |                   |           |                  |       | ······································  |                            |  |  |  |
|   | 04/13/2017  | l           | hick-Fil-A      |   |                      |                   |           |                  |       |   |                            |  |  |  |
|   | Amount (\$)   |             | ayee addres     | s; City;  | State:               | Zip Co            | ıde       |                  |       |   |                            |  |  |  |
|   | \$10.00   |             | •               | ressway 77  | Otato,               | др ос             |           |                  |       |   |                            |  |  |  |
|   | 410,00  | -           | 0, 0, 1, m/h    | , 00011019 7 7  |                      |                   |           |                  |       |   |                            |  |  |  |
|   |   | в           | rownsville,     | TX 78520  |                      |                   |           |                  |       |   |                            |  |  |  |
|   | PURPOSE   | (a) C       | ategory (Se     | e Categories listed at t  | ine top of this sche | edule)            | (b)       | Description      |       |   |                            |  |  |  |
|   | OF<br>EXPENDITURE   |             |                 | Memorials Exp   |                      | ·                 |           | _                |       |   | plete Schedule T.          |  |  |  |
|   | EM EMPLIONE   |             |                 |   |                      |                   |           | Check if Austin  |       | officeholder living   | g expense                  |  |  |  |
|   |   |             |                 |   |                      |                   |           | Laster yills it  | UI S  | ιαπ   |                            |  |  |  |
|   | Complete ONE V if direct  |             | ndidata/Offic   | eholder name  |                      | ffice sou         | l<br>Iabt |                  |       | Office he   | ald                        |  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OI   |             | nuluate/Offic   | спошел папте  | U                    | 1110 <b>C</b> 50U | ıyılı     |                  |       | Onice III   | siu.                       |  |  |  |
| _ |   |             |                 |   |                      |                   |           | L                |       |   |                            |  |  |  |
|   |   |             |                 |   |                      |                   |           |                  |       |   |                            |  |  |  |
|   |   |             |                 |   |                      |                   |           |                  |       |   |                            |  |  |  |

## SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

|   | Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |          | nmittee       | Food/Beverage E<br>Gift/Awards/Mem-<br>Legal Services<br>The Instruction |               | Printir<br>Salari   | •       | se<br>s/Contract Labor                  | Т         | ravel in Distric<br>ravel Out of D<br>OTHER (enter a |                                 | ove)        |
|---|--|----------|---------------|--|---------------|---------------------|---------|---|-----------|--|---------------------------------|-------------|
| 1 | Total pages Schedule F1:   | 2        | FILER NAME    | =  |               |                     |         | *************************************** | 3 F       | iler ID  | (Ethics Commiss                 | ion Filers) |
|   | Sch: 2/13 Rpt: 6/17  |          | Euresti Jr.,  | Benjamin (T  | he Honorabi   | e)                  |         |   | 0         | 0019971  |                                 |             |
| 4 | Date   | 5        | Payee name    |  |               |                     |         |   |           |  |                                 |             |
|   | 01/23/2017   |          | Class of '67  | c/o Mary &   | Henry Martii  | nez                 |         |   |           |  |                                 |             |
| 6 | Amount (\$)  | 7        | Payee addre   | ss; City;  | Sta           | ate; Zip            | Code    | ***                                     |           | ······   |                                 |             |
|   | \$40.00  |          | 515 Bon Ai    | =  |               | ·                   |         |   |           |  |                                 |             |
|   |  |          |               |  |               |                     |         |   |           |  |                                 |             |
|   |  |          | Brownsville   | , TX 78521   |               |                     |         |   |           |  |                                 |             |
| 8 | PURPOSE<br>OF  | (a)      |               | ee Categories liste  |               | schedule)           | (b)     | Description                             |           |  |                                 |             |
|   | EXPENDITURE  |          |               | ns/Donations<br>Officeholder/  |               | nmittoo             |         | Check if travel Check if Austin         |           |  | nplete Schedule T.<br>n expense |             |
|   |  |          | Candidaten    | Jiliceriolaei/   | Political Cor | ımınıe <del>e</del> |         | Fundraiser                              | 1, (7, 0  | inceriorae: iiviii                                   | g capetise                      |             |
|   |  |          |               |  |               |                     |         |   |           |  |                                 |             |
| 9 | Complete ONLY if direct expenditure to benefit C/O   |          | Candidate/Off | iceholder nam  | е             | Office              | sought  |   |           | Office h   | eld                             |             |
|   |  | 1        | 1-100         |  |               |                     |         |   |           |  |                                 |             |
|   | Date   |          | Payee name    |  | Llann, Marti  | 207                 |         |   |           |  |                                 |             |
|   | 01/25/2017   |          |               | c/o Mary &   |               |                     |         |   |           |  |                                 |             |
|   | Amount (\$)  |          | Payee addre   | -  | Sta           | ate; Zip            | Code    |   |           |  |                                 |             |
|   | \$20.00  |          | 515 Bon Ai    | r Lane   |               |                     |         |   |           |  |                                 |             |
|   |  |          |               |  |               |                     |         |   |           |  |                                 |             |
|   |  |          | Brownsville   | , TX 78521   |               |                     |         |   |           |  |                                 |             |
|   | PURPOSE<br>OF  | (a)      |               | ee Categories liste  |               | schedule)           | (b)     | Description                             |           |  |                                 |             |
|   | EXPENDITURE  |          |               | ns/Donations<br>Officeholder/  |               | nmittaa             |         | Check if travel                         |           |  | nplete Schedule T.<br>n expense |             |
|   |  |          | Carididater   | Officerolden   | ronilicai Coi | mmuce               |         | Fundraiser                              | 1, 131, 0 |  | g capanas                       |             |
|   |  |          |               |  |               |                     |         |   |           |  |                                 |             |
|   | Complete ONLY if direct  |          | Candidate/Off | iceholder nam  | e             | Office :            | sought  |   |           | Office h   | eld                             |             |
|   | expenditure to benefit C/OI  | Н        |               |  |               |                     | _       |   |           |  |                                 |             |
|   | Date   | T        | Payee name    | ····   |               |                     |         |   |           |  |                                 |             |
|   | 02/21/2017   |          | •             | c/o Mary &   | Henry Martii  | nez                 |         |   |           |  |                                 |             |
|   | Amount (\$)  |          | Payee addre   |  |               | ate; Zip            | Code    |   |           |  |                                 |             |
|   | \$150.00   |          | 515 Bon Ai    | -  | 0.0           | Alo, Zip            | Ouc     |   |           |  |                                 |             |
|   | Ψ130.00  |          | 313 DOLLY     | Lanc   |               |                     |         |   |           |  |                                 |             |
|   |  |          | Brownsville   | , TX 78521   |               |                     |         |   |           |  |                                 |             |
|   | PURPOSE  | (a)      |               | ee Categories liste  |               | schedule)           | (b)     | Description                             |           |  | -                               |             |
|   | OF<br>EXPENDITURE  |          |               | ns/Donations   |               |                     |         | Check if travel Check if Austir         |           |  | nplete Schedule T.              |             |
|   |  |          | Candidate/    | Officeholder/  | Political Cor | nmittee             |         | Fundraiser                              | 1, 17, 0  | inceriolaer livis                                    | g expense                       |             |
|   |  |          |               |  |               |                     |         |   |           |  |                                 |             |
|   | Complete ONLY if direct  | <u> </u> | Candidate/Off | iceholder nam  | P             | Office :            | sotiaht |   |           | Office h   | eld                             |             |
|   | expenditure to benefit C/O   |          | Janulua(G/UII | iocholact Hall   |               | Ombe (              | Jougin  |   |           | Sinde II   |                                 |             |
|   |  |          |               |  |               |                     |         |   |           |  |                                 |             |
|   |  |          |               |  |               |                     |         |   |           |  |                                 |             |
|   |  |          |               |  |               |                     |         |   |           |  |                                 |             |

## SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

|   | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment | 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 F1:  | i i  |
|   | Sch: 3/13 Rpt: 7/17   | Euresti Jr., Benjamin (The Honorable) 00019971   |
| 4 | Date  | 5 Payee name   |
|   | 01/23/2017  | Girl Scouts Troop 365  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |
|   | \$100.00  | 202 East Madison   |
|   | 72  |  |
|   |   | Harlingen, TX 78550  |
| 8 | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | EXPENDITURE   | Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense   |
|   |   | Candidate/Oniceriolder/Political Committee Cookies   |
|   |   |  |
| 9 | Complete ONLY if direct   | Candidate/Officeholder name Office sought Office held  |
| 9 | expenditure to benefit C/OF   | Carrana and the state of the st |
|   | Date  | Payee name   |
|   | 01/22/2017  | Good Shepherd Community Church   |
| _ | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$50.00   | 300 Morrison   |
|   |   |  |
|   |   | Brownsville, TX 78520  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE   | Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  |
|   |   | Candidate/Officeholder/Political Committee Church donation   |
|   |   |  |
| _ | Complete ONLY if direct   | Candidate/Officeholder name Office sought Office held  |
|   | Complete ONLY if direct<br>expenditure to benefit C/OI  | Carlatator China Charles   |
| L |   |  |
| ĺ | Date  | Payee name   |
|   | 02/05/2017  | Good Shepherd Community Church   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$50.00   | 300 Morrison   |
|   |   |  |
|   |   | Brownsville, TX 78520  |
| ┝ | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF  | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  |
| l | EXPENDITURE   | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense  |
| l |   | Church donation  |
| ĺ |   |  |
| Г | Complete ONLY if direct   | Candidate/Officeholder name Office sought Office held  |
| ĺ | expenditure to benefit C/O  | <del>1</del>   |
| H | . 4.00  |  |
|   |   |  |
| i |   |  |

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. (Ethics Commission Filers) Total pages Schedule F1: 2 FILER NAME 3 Filer ID 00019971 Euresti Jr., Benjamin (The Honorable) Sch: 4/13 Rpt: 8/17 4 Date Payee name 02/12/2017 Good Shepherd Community Church 6 Amount (\$) Payee address; City; State; Zip Code \$50.00 300 Morrison Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Church donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/18/2017 Good Shepherd Community Church Amount (\$) Payee address; State; Zip Code \$50.00 300 Morrison Brownsville, TX 78520 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Church donation Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 06/25/2017 Good Shepherd Community Church State; Zip Code Amount (\$) Payee address; City; \$50.00 300 Morrison Brownsville, TX 78520 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Church donation Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

# SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees Food/Beverage

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| Constituing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | 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 F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
| Sch: 5/13 Rpt: 9/17  | Euresti Jr., Benjamin (The Honorable) 00019971   |
| 4 Date   | 5 Payee name   |
| 04/26/2017   | H.E.B.   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code   |
| \$100.00   | 2155 Paredes Line Road   |
| ·  |  |
|  | Brownsville, TX 78520  |
| B PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                 |
| OF<br>EXPENDITURE  | Gift/Awards/Memorials Expense  |
| EXPENDITORE  | Check if Austin, TX, officeholder living expense   |
|  | Gift cards for Secretary Day   |
|  |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name Office sought Office held  |
| Date   | Payee name   |
| 02/11/2017   | Hana Bakery  |
|  |  |
| Amount (\$)  |  |
| \$38.00  | 815 Paredes Line Road  |
|  |  |
|  | Brownsville, TX 78520  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                 |
| OF   | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.             |
| EXPENDITURE  | Check if Austin, TX, officeholder living expense   |
|  | Valentine's cake for staff   |
|  |  |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI  | 1  |
| Date   | Payee name   |
| 03/02/2017   | Hanna High School  |
|  |  |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$60.00  | 2615 East Price Road   |
|  |  |
|  | Brownsville, TX 78520  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                 |
| OF   | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.          |
| EXPENDITURE  | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense      |
|  | Fundraiser for the Strutters (high school dancers)   |
|  |  |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI  |  |
|  |  |
|  |  |
|  |  |

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

Travel in District Travel Out of District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME (Ethics Commission Filers) Total pages Schedule F1: 2 Filer ID 00019971 Euresti Jr., Benjamin (The Honorable) Sch: 6/13 Rpt: 10/17 4 Date Payee name 03/02/2017 Los Camperos Restaurant Pavee address: State; Zip Code 6 Amount (\$) \$110.50 2500 N. Expressway Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description 8 OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Dinner for Hanna High School track students Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/09/2017 Los Fresnos High School Payee address; State; Zip Code Amount (\$) City; \$20.00 907 N. Arroyo Boulevard Los Fresnos, TX 78566 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee **Fundraiser** Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 01/30/2017 New Courthouse Coffee Shop Amount (\$) Payee address; City: State; Zip Code \$65.49 964 East Harrison Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Breakfast for jury in State vs. Joel Luna Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

## SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

|          | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political |                 | Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | Polling E<br>Printing i<br>Salaries | ≘хрепs   |                | Travel in District Travel Out of District OTHER (enter a category not listed above) |   |                    |            |
|----------|--|-----------------|--|-------------------------------------|----------|----------------|---|---|--------------------|------------|
|          | Credit Card Payment  |                 | The Instruction Guide ex   | plains how to c                     | omple    | ete this form. |   |   |                    |            |
| 1        | Total pages Schedule F1:   | 2 FILER NAMI    | E  |                                     |          |                | 3   | Filer ID                                | (Ethics Commission | on Filers) |
|          | Sch: 7/13 Rpt: 11/17   | Euresti Jr.,    | Benjamin (The Honor  | able)                               |          |                |   | 00019971                                |                    | :          |
| 4        | Date   | 5 Payee name    | !  |                                     |          |                |   | ··········                              |                    |            |
|          | 04/26/2017   | Oyster Bar      |  |                                     |          |                |   |   |                    |            |
| 6        |  | 7 Payee addre   | ess; City;   | State; Zip C                        | ode      |                |   |   |                    |            |
| ,        | \$100.28   | -               | Levee Street   | Juma, Lip O                         |          |                |   |   |                    |            |
|          | Ψ100.20  | TOO! East       | 20,00 011000   |                                     |          |                |   |   |                    |            |
|          |  | Brownsville     | e, TX 78520  |                                     |          |                |   |   |                    |            |
| 8        | PURPOSE  | (a) Category (s | See Categories listed at the top of                                      | this schedule)                      | (b)      | Description    |   |   |                    |            |
|          | OF<br>EXPENDITURE  | Food/Beve       | rage Expense   |                                     |          |                |   |   | piete Schedule T.  |            |
|          |  |                 |  |                                     |          | ш              |   | officeholder living<br>for Secretar     |                    |            |
|          |  |                 |  |                                     |          | Lunch with st  | Lall  | iui seuleidi                            | y Day              |            |
|          |  |                 |  | ~~                                  | <u> </u> |                |   | Off. 1                                  | · Lul              |            |
| 9        | Complete ONLY if direct expenditure to benefit C/OF                                  |                 | iceholder name   | Office so                           | ught     |                |   | Office he                               | eia                |            |
|          | Date   | Payee name      |  |                                     |          |                |   |   |                    |            |
|          | 02/22/2017   | Ramos, An       | drea   |                                     |          |                |   |   |                    |            |
|          | Amount (\$)  | Payee addre     | ess; City;   | State; Zip C                        | ode      |                |   |   |                    |            |
|          | \$30.00  | 30275 F.M       | •  | •                                   |          |                |   |   |                    |            |
|          |  |                 |  |                                     |          |                |   |   |                    |            |
|          |  | Los Fresno      | os, TX 78566   |                                     |          |                |   | ·····                                   |                    |            |
|          | PURPOSE  |                 | See Categories listed at the top of                                      |                                     | (b)      | Description    |   |   |                    |            |
|          | OF<br>EXPENDITURE  |                 | ns/Donations Made By   |                                     |          | $\square$      |   | de of Texas. Com<br>officeholder living | piete Schedule T.  |            |
|          |  | Candidate/      | Officeholder/Political (   | -ommiπee                            |          | Karate Tour    |   |   | l evhetiae         |            |
|          |  |                 |  |                                     |          | TAIAIG TOUT    | -60   |   |                    |            |
|          | Consolete ONU V if allow   | Candidate (Cf   | Fischolder name  | Office                              | uabt     |                |   | Office he                               | ald.               |            |
|          | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                        |                 | ficeholder name  | Office so                           | ugnt     |                |   | Опісе П                                 | siu                |            |
|          | •  |                 |  |                                     |          |                |   |   |                    |            |
|          | Date   | Payee name      |  |                                     |          |                |   |   |                    |            |
|          | 01/29/2017   | Ramos, Mo       | onica  |                                     |          |                |   |   |                    |            |
|          | Amount (\$)  | Payee addre     | ess; City;   | State; Zip C                        | ode      |                |   |   |                    |            |
|          | \$25.00  | P.O. Box 2      | 75   |                                     |          |                |   |   |                    |            |
|          |  |                 |  |                                     |          |                |   |   |                    |            |
|          |  | Olmito, TX      | 78575  |                                     |          |                |   |   |                    |            |
| $\vdash$ | PURPOSE  |                 | See Categories listed at the top o                                       | Ethio ophodul-\                     | (h)      | Description    |   |   |                    |            |
|          | OF   |                 | see Categories listed at the top o<br>ns/Donations Made B                |                                     | `"       |                | outsi   | de of Texas. Com                        | plete Schedule T.  |            |
|          | EXPENDITURE  |                 | Officeholder/Political   |                                     |          | _              |   | officeholder living                     |                    |            |
|          |  |                 |  |                                     |          | Medical expe   | ense  | es                                      |                    |            |
|          |  |                 |  |                                     |          |                |   |   |                    |            |
|          | Complete ONLY if direct  |                 | ficeholder name  | Office so                           | ught     |                |   | Office he                               | eld                |            |
|          | expenditure to benefit C/OI  | 1               |  |                                     |          |                |   |   |                    |            |
| $\vdash$ |  |                 |  | <del>,.</del>                       |          |                |   |   |                    |            |
|          |  |                 |  |                                     |          |                |   |   |                    |            |
|          |  |                 |  |                                     |          |                |   |   |                    |            |

#### SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

|   | Accounting/banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political | Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District 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 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 8/13 Rpt: 12/17  | Euresti Jr., Benjamin (The Honorable) 00019971  |
| 4 | Date  | 5 Payee name  |
|   | 04/02/2017  | Rodriguez, Felix  |
|   |   | 7 Payee address; City; State; Zip Code  |
| 6 | \$50.00   | 53 Cedar  |
|   |   | Brownsville, TX 78521   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  U.S. Navy recruit  |
| 9 | Complete ONLY if direct expenditure to benefit C/O  | Candidate/Officeholder name Office sought Office held   |
|   | Date  | Payee name  |
|   | 06/16/2017  | Staples   |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |
|   | \$95.25   | 2436 Pablo Kisel Boulevard  |
|   |   |   |
|   |   | Brownsville, TX 78520   |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE   | Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense   |
|   |   | Invitations for campaign fundraiser   |
|   |   |   |
|   | Complete ONLY if direct expenditure to benefit C/O  | Candidate/Officeholder name Office sought Office held   |
| H | Date  | Payee name  |
|   | 04/05/2017  | Sunshine Haven  |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |
|   | \$50.00   | 7105 W. Lakeside Boulevard  |
|   |   | Olmito, TX 78575  |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE   | Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  |
|   |   | Candidate/Officenoide//Political Committee Hospice cancer patient   |
|   |   |   |
|   | Complete ONLY if direct expenditure to benefit C/O  | Candidate/Officeholder name Office sought Office held   |
|   |   |   |
|   |   |   |
|   |   |   |

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

|          | Contributions/ Donations Made By<br>Candidate/Officeholder/Political<br>Credit Card Payment |          | mmittee        | Legal Se  | rds/Memorials E<br>ervices<br>struction Gui |                  |            | Vages  | /Contract Labor              |        | Travel Out of D<br>OTHER (enter | District<br>a category not li | sted above)      |
|----------|---|----------|----------------|-----------|---|------------------|------------|--------|------------------------------|--------|---------------------------------|-------------------------------|------------------|
| 1        | Total pages Schedule F1:  | 2        | FILER NAME     |           |   |                  |            |        | ,                            | 3      | Filer ID                        | (Ethics Co                    | mmission Filers) |
|          | Sch: 9/13 Rpt: 13/17  |          | Euresti Jr.,   |           | min (The H                                  | onorable)        | )          |        |                              |        | 00019971                        |                               |                  |
| 4        | Date  | 5        | Payee name     |           |   |                  |            |        |                              |        |                                 |                               |                  |
|          | 02/02/2017  |          | Taqueria El    | Cien      |   |                  |            |        |                              |        |                                 |                               |                  |
| 6        | Amount (\$)   | 7        | Payee addre    | ss;       | City;                                       | State            | e; Zip Co  | ode    |                              |        |                                 |                               |                  |
|          | \$69.05   |          | 31200 High     | way 1     | 00  |                  |            |        |                              |        |                                 |                               |                  |
|          | ,   |          |                |           |   |                  |            |        |                              |        |                                 |                               |                  |
|          |   |          | Los Fresnos    | s, TX 7   | 78566                                       |                  |            |        |                              |        |                                 |                               |                  |
| 8        | PURPOSE   | (a)      | Category (Se   | ee Catego | ories listed at the                         | top of this sc   | hedule)    | (b)    | Description                  |        |                                 | •                             |                  |
|          | OF<br>EXPENDITURE   |          | Food/Bever     | age E     | xpense                                      |                  |            |        | _                            |        |                                 | mplete Schedule               | э.T.             |
|          |   |          |                |           |   |                  |            |        | Check if Austin Meal for Los |        |                                 |                               |                  |
|          |   |          |                |           |   |                  |            |        | MEGI IOI LOS                 | 116    | 31103 E1413                     | employee.                     | •                |
| 9        | Complete ONLY if direct   | Ц        | Candidate/Offi | cehold    | er name                                     |                  | Office sou | Labt   |                              |        | Office I                        | neld                          | · · ·            |
|          | expenditure to benefit C/OF   |          | Januluale/OIII | CELICIO   | or name                                     |                  | Office Sou | agrit. |                              | _      | Office I                        |                               |                  |
|          | Date  |          | Payee name     |           |   |                  |            |        |                              |        |                                 |                               |                  |
|          | 02/03/2017  |          | Texas Cent     | er for    | the Judicia                                 | ry               |            |        |                              |        |                                 |                               |                  |
|          | Amount (\$)   | Г        | Payee addre    | ss;       | City;                                       | State            | e; Zip Co  | ode    |                              |        |                                 |                               |                  |
|          | \$60.00   |          | 1210 San A     | ntonic    | Street                                      |                  |            |        |                              |        |                                 |                               |                  |
|          |   |          | Suite 800      |           |   |                  |            |        |                              |        |                                 |                               |                  |
|          |   |          | Austin, TX     | 78701     |   |                  |            |        |                              |        |                                 |                               |                  |
| <u> </u> | PURPOSE   | (a)      | Category (se   |           | oring listed at the                         | ton of this on   | hadula)    | (b)    | Description                  |        |                                 |                               |                  |
|          | OF  | (",      | Fees           | se Calegi | unes iisteu at uit                          | s tob or mis se  | neutile)   | `      | Check if travel              | outsic | de of Texas. Co                 | mplete Schedule               | eT.              |
|          | EXPENDITURE   |          |                |           |   |                  |            |        | Check if Austin              |        |                                 |                               |                  |
|          |   |          |                |           |   |                  |            |        | Registration f<br>Texas      | for S  | Spring Cor                      | iference in                   | Fort Worth,      |
|          |   |          |                |           |   |                  |            |        | 1 EXAS                       |        |                                 |                               |                  |
|          | Complete ONLY if direct expenditure to benefit C/OF   |          | Candidate/Offi | cehold    | er name                                     |                  | Office sou | ıght   |                              |        | Office I                        | neld                          | •                |
| ⊨        | Date  |          | Payee name     |           |   |                  | <u> </u>   |        |                              |        |                                 |                               |                  |
|          | 06/22/2017  |          | Texas Cent     | er for    | the Judicia                                 | rv               |            |        |                              |        |                                 |                               |                  |
| H        | Amount (\$)   | $\vdash$ | Payee addre    |           | City;                                       |                  | e; Zip Co  | nde    |                              |        |                                 |                               |                  |
|          | \$275.00  |          | 1210 San A     | •         | •   | Otati            | s, 2,p 00  | Juo    |                              |        |                                 |                               |                  |
|          | Ψ213.00   |          | Suite 800      |           | Caroot                                      |                  |            |        |                              |        |                                 |                               |                  |
|          |   |          |                | 70701     |   |                  |            |        |                              |        |                                 |                               |                  |
| <u> </u> |   |          | Austin, TX     |           |   |                  |            | 1      |                              |        |                                 |                               |                  |
|          | PURPOSE<br>OF   | (a)      | Category (S    | ee Categ  | ories listed at the                         | e top of this sc | hedule)    | (b)    | Description                  | au tai | do af Taylon Ca                 | mplete Schedule               | · <del>-</del>   |
|          | EXPENDITURE   |          | Fees           |           |   |                  |            |        | Check if Austin              |        |                                 | •                             | <i>‡</i> 1.      |
|          |   |          |                |           |   |                  |            |        | Registration I               |        |                                 |                               | onference in     |
|          |   |          |                |           |   |                  |            |        | Houston, Tex                 | (as,   | Sept. 5-8,                      | 2017                          |                  |
| ┢┈       | Complete ONLY if direct   | Ц        | Candidate/Offi | cehold    | er name                                     |                  | Office sou | ıght   |                              |        | Office I                        | neld                          |                  |
|          | expenditure to benefit C/OF   |          |                |           |   |                  |            | _      |                              |        |                                 |                               |                  |
| ┢        |   |          |                |           |   |                  |            |        |                              |        |                                 |                               |                  |
|          |   |          |                |           |   |                  |            |        |                              |        |                                 |                               | •                |

# SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment |              | Food/Beverage Expense<br>Gift/Awards/Memorials Expe<br>Legal Services<br>The Instruction Guide | ense Pri<br>Sa     | -                 | se<br>s/Contract Labor                 |                                   | ut of Distric | t<br>tegory not listed above) |
|---|--|--------------|--|--------------------|-------------------|--|-----------------------------------|---------------|-------------------------------|
| 1 | Total pages Schedule F1:   | 2 FILER NAM  | <u></u>  | •                  |                   |  | 3 Filer ID                        | ) (1          | Ethics Commission Filers)     |
|   | Sch: 10/13 Rpt: 14/17  |              | , Benjamin (The Hon  | orable)            |                   |  | 00019                             |               | •                             |
|   | Date   | 5 Payee nam  | ······   |                    |                   |  |                                   |               |                               |
|   | 01/10/2017   |              | mocratic Party   |                    |                   |  |                                   |               |                               |
|   |  | 7 Payee addr |  | State: Z           | in Code           |  |                                   |               |                               |
| 6 | Amount (\$)<br>\$10.00   | -            | rande Street   | Sidic, Z           | ip Code           |  |                                   |               | •                             |
|   | \$10.00  | 101 RIO G    | lande Silect   |                    |                   |  |                                   |               |                               |
|   |  | Austin, TX   | 78701  |                    |                   |  |                                   |               |                               |
| 8 | PURPOSE  | (a) Category | (See Categories listed at the to   | p of this schedule | <sub>e)</sub> (b) | Description                            |                                   |               |                               |
|   | OF<br>EXPENDITURE  |              | ons/Donations Made   |                    |                   |  | outside of Texa                   |               |                               |
|   |  | Candidate    | e/Officeholder/Politica  | d Committe         | e                 | Democratic                             | in, TX, officehold<br>Darty contr |               | pense                         |
|   |  |              |  |                    |                   | Democratic                             | rany com                          | ibulion       |                               |
| _ | One of the ONE VIII dieses   | CandidatalO  | fficebolder name   | Offic              | o cought          |  | Of                                | fice held     |                               |
|   | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF  |              | fficeholder name   | Offic              | e sought          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                   | nce neiu      |                               |
|   | Date   | Payee nam    | le   |                    |                   |  |                                   |               |                               |
|   | 01/17/2017   | Texas De     | mocratic Party   |                    |                   |  |                                   |               |                               |
|   | Amount (\$)  | Payee addr   | ress; City;  | State; Z           | ip Code           |  |                                   |               |                               |
|   | \$10.00  | 707 Rio G    | rande Street   |                    |                   |  |                                   |               |                               |
|   |  |              |  |                    |                   |  |                                   |               |                               |
|   |  | Austin, TX   | 78701  |                    |                   |  |                                   |               |                               |
|   | PURPOSE  | (a) Category | (See Categories listed at the to   | n of this schedule | e) (b)            | Description                            |                                   |               |                               |
|   | OF   |              | ons/Donations Made   |                    |                   | _                                      | el outside of Texa                | as. Comple    | te Schedule T.                |
|   | EXPENDITURE  |              | e/Officeholder/Politica  |                    | e                 | _                                      | in, TX, officehold                |               | pense                         |
|   |  |              |  |                    |                   | Democratic                             | Party conti                       | ribution      |                               |
|   |  | n            |  |                    |                   | -M                                     |                                   |               |                               |
|   | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH  |              | fficeholder name   | Offic              | e sought          |  | Of                                | fice held     |                               |
|   | CAPENDICATE TO BUILDING OF ST  |              |  |                    |                   |  |                                   |               |                               |
|   | Date   | Payee nam    |  |                    |                   |  |                                   |               |                               |
|   | 02/17/2017   | Texas De     | mocratic Party   |                    |                   |  |                                   |               |                               |
|   | Amount (\$)  | Payee addi   | ress; City;  | State; Z           | ip Code           |  |                                   |               |                               |
|   | \$10.00  | 707 Rio G    | rande Street   |                    |                   |  |                                   |               |                               |
|   |  |              |  |                    |                   |  |                                   |               |                               |
|   |  | Austin, TX   | 78701  |                    |                   |  |                                   |               |                               |
|   | PURPOSE  | (a) Category | (See Categories listed at the to   | n of this schedul  | e) (b)            | Description                            |                                   |               |                               |
|   | OF   |              | ons/Donations Made   |                    | ,                 |  | el outside of Tex                 | as. Comple    | te Schedule T.                |
|   | EXPENDITURE  |              | e/Officeholder/Politica  |                    | e                 | <b>_</b>                               | in, TX, officehok                 | _             | pense                         |
|   |  |              |  |                    |                   | Democratic                             | Party dona                        | tion          |                               |
|   |  |              |  |                    |                   |  |                                   |               |                               |
|   | Complete ONLY if direct  |              | fficeholder name   | Offic              | e sought          |  | Of                                | fice held     |                               |
|   | expenditure to benefit C/OI  | <b>1</b>     |  |                    |                   |  |                                   |               |                               |
|   |  |              |  |                    |                   |  |                                   |               |                               |
| ı |  |              |  |                    |                   |  |                                   |               |                               |

## SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

|          | Consuming Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment   |   |
|----------|--|---|
| 1        | Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|          | Sch: 11/13 Rpt: 15/17  | Euresti Jr., Benjamin (The Honorable) 00019971  |
| 4        | Date   | 5 Payee name  |
|          | 03/15/2017   | Texas Democratic Party  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$10.00  | 707 Rìo Grande Street   |
|          | 7-2-1-7  |   |
|          |  | Austin TV 70701   |
| L        | and the latest and th | Austin, TX 78701  |
| 8        | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | EXPENDITURE  | Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|          | :  | Candidate/Officeholder/Political Committee Check If Austin, TX, officeholder living expense  Democratic Party donation  |
|          |  | Belliocitatio Faity dollation   |
| Ļ        |  |   |
| 9        | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held   |
| L        |  |   |
|          | Date   | Payee name  |
|          | 04/17/2017   | Texas Democratic Party  |
| ┢        | Amount (\$)  | Payee address; City; State; Zip Code  |
| l        | \$10.00  | 707 Rio Grande Street   |
|          | ·  |   |
|          |  | Austin, TX 78701  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE  | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Candidate/Officeholder/Political Committee  |
| l        |  | Democratic Party donation   |
| L        |  |   |
|          | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held   |
| ⊨        | D-1-   |   |
|          | Date   | Payee name  |
| L        | 05/15/2017   | Texas Democratic Party  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
| İ        | \$10.00  | 707 Rio Grande Street   |
| ĺ        |  |   |
|          |  | Austin, TX 78701  |
| <u> </u> | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF   | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.   |
|          | EXPENDITURE  | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense   |
|          |  | Democratic Party donation   |
|          |  |   |
| 一        | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI  |   |
| $\vdash$ |  |   |
|          |  |   |
|          |  |   |

## 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 Gilf/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Reintal Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

| : | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / -<br>al Con  | nmittee         | Gift/Awards/Memo<br>Legal Services  The Instruction |                        |             | pens<br>ages | e<br>/Contract Labor  | Tra       | evel Out of Di<br>THER (enter a |                    | bove)        |  |
|---|---|--|-----------------|---|------------------------|-------------|--------------|---|-----------|---------------------------------|--------------------|--------------|--|
| 1 | Total pages Schedule F1:  | 2  | FILER NAME      |   |                        |             |              | 1   | 3 Fil     | er ID                           | (Ethics Commis     | sion Filers) |  |
|   | Sch: 12/13 Rpt: 16/17   |  |                 |   | e Honorable)           |             |              |   | 00        | 019971                          |                    |              |  |
| 4 | Date  | 5  | Payee name      |   |                        |             |              |   |           |                                 |                    |              |  |
|   | 06/15/2017  |  | Texas Dem       | ocratic Party                                       |                        |             |              |   |           |                                 |                    |              |  |
| 6 | Amount (\$)   | 7  | Payee addres    | ss; City;   | State:                 | Zip Co      | de           |   |           |                                 |                    |              |  |
| ŀ | \$10.00   |  | 707 Rio Gra     | nde Street  |                        |             |              |   |           |                                 |                    |              |  |
|   |   |  |                 |   |                        |             |              |   |           |                                 |                    |              |  |
|   |   |  | Austin, TX 7    | '8701   |                        |             |              |   |           |                                 |                    |              |  |
| 8 | PURPOSE   | (a)  | Category (Se    | e Categories listed                                 | at the top of this sch | edule)      | (b)          | Description   |           |                                 |                    |              |  |
|   |   | OF EXPENDITURE  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense Democratic Party donation |                 |   |                        |             |              |   | •         |                                 |                    |              |  |
|   |   |  |                 |   |                        |             |              |   | g expense |                                 |                    |              |  |
|   |   |  |                 |   |                        |             |              | Democratic F  | arry      | ionadon                         |                    |              |  |
|   |   |  | . (1.1. ) = 201 |   |                        |             | • •          |   |           | 6" 1                            |                    |              |  |
| 9 | Complete ONLY if direct expenditure to benefit C/O  |  | Candidate/Offic | ceholder name                                       |                        | Office sou  | gnt          |   |           | Office h                        | ela                |              |  |
|   | Date  |  | Payee name      |   |                        |             |              |   |           |                                 |                    |              |  |
|   | 02/13/2017  |  | Tuesday Mo      | orning  |                        |             |              |   |           |                                 |                    |              |  |
| Н | Amount (\$)   |  | Payee addres    | ss; City;   | State:                 | Zip Co      | de           |   |           |                                 |                    |              |  |
|   | \$64.81   | ı  | 1601 Price I    | _   |                        | ,           |              |   |           |                                 |                    |              |  |
|   | •   |  |                 |   |                        |             |              |   |           |                                 |                    |              |  |
|   |   |  | Brownsville,    | TX 78520  |                        |             |              |   |           |                                 |                    |              |  |
|   | PURPOSE   | (a)  | Category (Se    | e Categorles listed                                 | at the top of this sch | edule)      | (b)          | Description   |           |                                 |                    |              |  |
|   | OF<br>EXPENDITURE   |  | Contribution    | s/Donations   | Made By                |             |              | <u></u>   |           |                                 | nplete Schedule T. |              |  |
|   | LAI LIIDITOIL   |  | Candidate/C     | Officeholder/F                                      | Political Comm         | ittee       |              | Check if Austin, TX, officeholder living expense  Valentine's Day gifts for staff |           |                                 |                    |              |  |
|   |   |  |                 |   |                        |             |              | valenunes D   | ay gii    | is for sta                      | .11                |              |  |
|   |   |  |                 |   |                        |             |              |   |           |                                 |                    |              |  |
|   | Complete ONLY if direct<br>expenditure to benefit C/OI  |  | Candidate/Offi  | ceholder name                                       |                        | Office sou  | ght          |   |           | Office h                        | eld                |              |  |
|   | experiditure to benefit C/Oi  |  |                 |   |                        |             |              |   |           |                                 |                    |              |  |
|   | Date  |  | Payee name      |   |                        |             |              |   |           |                                 |                    |              |  |
|   | 01/11/2017  |  | Tumlinson,      | David   |                        |             |              |   |           |                                 |                    |              |  |
|   | Amount (\$)   | $\vdash$   | Payee addres    | ss; City;   | State                  | ; Zip Co    | de           |   |           |                                 | •                  | w · ·        |  |
|   | \$100.00  |  | 1400 Santa      |   | ·                      | ' '         |              |   |           |                                 |                    |              |  |
|   | +=55,05   |  |                 |   |                        |             |              |   |           |                                 |                    |              |  |
|   |   |  | Danaha Ma       | . TV 70575  |                        |             |              |   |           |                                 |                    |              |  |
|   |   |  | Rancho vie      | jo, TX 78575  |                        | <del></del> |              |   |           |                                 |                    |              |  |
|   | PURPOSE<br>OF   | (a)  |                 |   | at the top of this sch | edule)      | (b)          | Description   |           |                                 |                    |              |  |
|   | EXPENDITURE   |  | Gift/Awards     | /Memorials E  | xpense                 |             |              | <b>—</b>  |           |                                 | nplete Schedule T. |              |  |
|   | Check if Austin, TX, officeholder living expense  Retirement gift for Chief Tommy Ramire:               |  |                 |   |                        |             |              | -   |           |                                 |                    |              |  |
|   |   |  |                 |   |                        |             |              |   | .,        |                                 |                    |              |  |
|   | Complete ONLY if dire ==  | <u></u>  | Sandidata/O#:   | noholdar nama                                       | ` '                    | Office com  | ab+          |   |           | Office h                        | ıold               |              |  |
|   | Complete ONLY if direct expenditure to benefit C/OI   |  | Januidate/O∏i   | ceholder name                                       | ;                      | Office sou  | ynt          |   |           | Onice N                         | ıcıu               |              |  |
|   |   |  |                 |   |                        |             |              |   |           |                                 |                    |              |  |
|   |   |  |                 |   |                        |             |              |   |           |                                 |                    |              |  |

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee |   |                       |                       | Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor |                     |                   |            |               |  |  | Travel Out of District<br>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 NAMI            | Ξ   |                     |                   |            |               |  | 3 F  | Filer ID  | (Ethics Commissi   | on Filers)          |  |  |
|   | Sch: 13/13 Rpt: 17/17                               |                       | Euresti Jr.,          | Benja   | min (The H          | onorable)         |            |               | :  | (  | 00019971  | <u> </u>           | 7.4.W.11. UW.5.     |  |  |
| 4   | Date  | 5                     | Payee name            |   |                     |                   |            |               |  |  |   |                    |                     |  |  |
|   | 01/05/2017  |                       | Vermillion            |   |                     |                   |            |               |  |  |   |                    |                     |  |  |
| 6   | Amount (\$)   | 7                     | Payee addre           | ss;   | City;               | State             | Zip Co     | ode           | •  |  |   |                    |                     |  |  |
|   | \$131.78  |                       | 115 Parede            | s Line  | Road                |                   |            |               |  |  |   |                    |                     |  |  |
|   |   |                       |                       |   |                     |                   |            |               |  |  |   |                    |                     |  |  |
|   |   |                       | Brownsville           | , TX 7  | 8520                |                   |            |               |  |  |   |                    |                     |  |  |
| 8   | PURPOSE   | (a)                   | Category (S           | ee Categ  | ories listed at the | top of this sch   | edule)     | (b)           | Description  |  |   |                    |                     |  |  |
|   | OF<br>EXPENDITURE                                   | Food/Beverage Expense |                       |   |                     |                   |            |               |  | ·  |   |                    |                     |  |  |
|   | LAFENDITORE   | Check it              |                       |   |                     |                   |            |               | ш  | if Austin, TX, officeholder living expense |   |                    |                     |  |  |
|   |   |                       |                       |   |                     |                   |            |               | Dinner with c  | onst                                       | ituents   |                    |                     |  |  |
|   |   |                       |                       |   |                     |                   |            |               |  |  |   |                    |                     |  |  |
| 9   | Complete ONLY if direct expenditure to benefit C/OI |                       | Candidate/Off         | icehold   | er name             | (                 | Office sou | ught          |  |  | Office h  | eld                |                     |  |  |
|   | expenditure to beneat C/Or                          | 7                     |                       |   |                     |                   |            |               |  |  |   |                    |                     |  |  |
|   | Date  |                       | Payee name            |   |                     |                   |            |               |  |  |   |                    |                     |  |  |
|   | 02/10/2017  |                       | Vermillion            |   |                     |                   |            |               |  |  |   |                    |                     |  |  |
| ┢   | Amount (\$)   |                       | Payee addre           | ss;   | City;               | State             | ; Zip Co   | ode           |  |  |   |                    |                     |  |  |
|   | \$14.50   |                       | 115 Parede            |   | •                   |                   | •          |               |  |  |   |                    |                     |  |  |
|   | ,   |                       |                       |   |                     |                   |            |               |  |  |   |                    |                     |  |  |
|   |   |                       | Brownsville           | TV 7  | 8520                |                   |            |               |  |  |   |                    |                     |  |  |
| <u> </u>  |   |                       |                       |   |                     |                   |            | 1             |  |  |   |                    |                     |  |  |
|   | PURPOSE<br>OF                                       | (a)                   | Category (S           |   |                     | e top of this sch | edule)     | (D)           | Description  | outeide                                    | of Tayon Cor  | nolate Schadule T  |                     |  |  |
|   | EXPENDITURE   |                       | Food/Beverage Expense |   |                     |                   |            |               | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |  |   |                    |                     |  |  |
|   |   |                       |                       |   |                     |                   |            | Dinner with c |  |  |   |                    |                     |  |  |
|   |   |                       |                       |   |                     |                   |            |               |  |  |   |                    |                     |  |  |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held |   |                       |                       |   |                     |                   |            | neld          |  |  |   |                    |                     |  |  |
| expenditure to benefit C/OH   |   |                       |                       |   |                     |                   |            |               |  |  |   |                    |                     |  |  |
| H   | Date  |                       | Payee name            |   |                     |                   |            |               |  |  |   | <del></del>        |                     |  |  |
|   | 04/12/2017  |                       | Walmart               |   |                     |                   |            |               |  |  |   |                    |                     |  |  |
|   |   |                       |                       |   |                     |                   |            |               |  |  |   |                    |                     |  |  |
| Amount (\$) Payee address; City; State; Zip Code \$24.24 3500 W. Alton Gloor  |   |                       |                       |   |                     |                   |            |               |  |  |   |                    |                     |  |  |
|   | \$24.24   |                       | 3500 W. AI            | ion Gi  | DOL                 |                   |            |               |  |  |   |                    |                     |  |  |
|   |   |                       |                       |   |                     |                   |            |               |  |  |   |                    |                     |  |  |
| Brownsville, TX 78520   |   |                       |                       |   |                     |                   |            |               |  |  |   |                    |                     |  |  |
|   | PURPOSE   | (a)                   | Category (S           | ee Categ  | orles listed at the | top of this sch   | edule)     | (b)           | Description  |  |   |                    | ···- <del>-</del> - |  |  |
|   | OF<br>EXPENDITURE                                   |                       | Gift/Awards           | :/Mem   | orials Expe         | nse               |            |               | _  |  |   | nplete Schedule T. |                     |  |  |
|   | EM EMPHONE  |                       |                       |   |                     |                   |            |               | Check if Austin  |  |   | ig expense         |                     |  |  |
|   |   |                       |                       |   |                     |                   |            |               | Easter gifts fo  | บเรเ                                       | all .   |                    |                     |  |  |
| <u> </u>  | <del> </del>  |                       |                       |   |                     |                   |            | <u> </u>      |  |  |   |                    |                     |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OI |                       | Candidate/Off         | icehold   | er name             | (                 | Office sou | ught          |  |  | Office h  | ield               |                     |  |  |
| L   | experience to beliefit of O                         |                       |                       |   |                     |                   |            |               | · · · · · · · · · · · · · · · · · · ·  |  |   |                    |                     |  |  |
|   |   |                       |                       |   |                     |                   |            |               |  |  |   |                    |                     |  |  |
| ĺ   |   |                       |                       |   |                     |                   |            |               |  |  |   |                    |                     |  |  |