BENJAMIN EURESTI, JR.

JUDICIAL CANDIDATE / OFFICEHOLDER #100805518 **CAMPAIGN FINANCE REPORT**

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

	n Guide explains how to co	omplete this form.	1 Filer ID (Ethics Com 0001997	mission Filers) 71		2 Total pag	ges filed: 10	:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST	МІ		OFFICE USE ONLY			
NAME	The Honorable	Benjamin				Date Received		
						ELECTRO	NICAL	Y FILED
	NICKNAME	LAST		SUFF	ΊΧ	01/14/2021	1	
		Euresti		Jr.				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; A 974 E. Harrison	.PT / SUITE #; CIT	Y;	ZIP C	ODE	Date Hand-deliy Receipt #		le Postmarked Amount
Change of Address	Brownsville, TX 78520							
L]	Diowisville, 1X 10320					Date Processed		
						Date Imaged		
						•		
CAMPAIGN TREASURER	MS / MRS / MR	FIRST		•	1	МІ		
NAME	Mrs.	Pam L.						
	NCKNAME	LAST	******************	******************************	•••••••••••••••••••••••••••••••••••••••	SUFFIX	***********	**************
		Marcinik						
CAMPAIGN	STREET ADDRESS (NO F	PO BOX PLEASE);	AF	PT / SUITE #;	CITY;	-	STATE	: ZIP CODE
TREASURER ADDRESS	256 Starvation Hill Ln.							
(Residence or Business)	Pipe Creek, TX 78063							
,		ONE NUMBER F	XTENSION					
,		ONE NUMBER E	XTENSION					
CAMPAIGN TREASURER	AREA CODE PHO	ONE NUMBER E		Runoff		15th day afte		
CAMPAIGN TREASURER PHONE REPORT	AREA CODE PHO (956) 246-3103		election	Runoff Exceeded modified reporting limit		15th day afte appointment Final Report	(officehol	lder only)
CAMPAIGN TREASURER PHONE REPORT TYPE	AREA CODE PHO (956) 246-3103 X January 15 July 15 Month Day Year	30th day before	election	Exceeded modified reporting limit	Day	appointment	(officehol	lder only)
CAMPAIGN TREASURER PHONE REPORT TYPE	AREA CODE PHO (956) 246-3103 X January 15 July 15	30th day before	election	Exceeded modified reporting limit		appointment Final Report	(officehol	lder only)
CAMPAIGN TREASURER PHONE REPORT TYPE	AREA CODE PHO (956) 246-3103 X January 15 July 15 Month Day Year 07/01/2020	30th day before	election	Exceeded modified reporting limit Month 12/3:	Day 1/2020	appointment Final Report	(officehol	lder only)
CAMPAIGN TREASURER PHONE REPORT TYPE PERIOD COVERED	AREA CODE PHO (956) 246-3103 X January 15 July 15 Month Day Year	30th day before el	election	Exceeded modified reporting limit Month 12/3:	Day 1/2020	appointment Final Report Year	(officehol	lder only)
CAMPAIGN TREASURER PHONE REPORT TYPE PERIOD COVERED	AREA CODE PHO (956) 246-3103 X January 15 July 15 Month Day Year 07/01/2020 ELECTION DATE	30th day before el	election	Exceeded modified reporting limit Month 12/3:	Day 1/2020	appointment Final Report	(officehol	lder only)
CAMPAIGN TREASURER PHONE REPORT TYPE PERIOD COVERED	AREA CODE PHO (956) 246-3103 X January 15 July 15 Month Day Year 07/01/2020 ELECTION DATE Month Day Year	30th day before el	election	Exceeded modified reporting limit Month 12/3: ELECTION TY:	Day 1/2020	appointment Final Report Year	(officehol	lder only)
CAMPAIGN TREASURER PHONE REPORT TYPE PERIOD COVERED	AREA CODE PHO (956) 246-3103 X January 15 July 15 Month Day Year 07/01/2020 ELECTION DATE Month Day Year 1.1/06/2018 OFFICE HELD (if any)	30th day before el	election	Exceeded modified reporting limit Month 12/3: ELECTION TY:	Day 1/2020 PE	appointment Final Report Year Other	(officehol	lder only)
CAMPAIGN TREASURER PHONE REPORT TYPE PERIOD COVERED	AREA CODE PHO (956) 246-3103 X January 15 July 15 Month Day Year 07/01/2020 ELECTION DATE Month Day Year 1.1/06/2018	30th day before el	election	Exceeded modified reporting limit Month 12/3: ELECTION TY: Runoff Special	Day 1/2020 PE	appointment Final Report Year Other	(officehol	lder only)
CAMPAIGN TREASURER PHONE REPORT TYPE PERIOD COVERED	AREA CODE PHO (956) 246-3103 X January 15 July 15 Month Day Year 07/01/2020 ELECTION DATE Month Day Year 1.1/06/2018 OFFICE HELD (if any)	30th day before el	election	Exceeded modified reporting limit Month 12/3: ELECTION TY: Runoff Special	Day 1/2020 PE	appointment Final Report Year Other	(officehol	lder only)

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

					2 of 10	
13 C / OH NAME	Euresti Jr., Benjami	n (The Honorable)	14 Filer ID 00019971	(Ethics Con	nmission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	i candigate / officencider	political contributions accepted or political expenditure. These expenditures may have been made without tind officeholders are required to report this information	ha candidatair ar affic	aabaldada luu	المسامعة المتعاددة	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	_	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		THE CAMPAIGN TREASURER IVALVIE				
		COMMITTEE CAMPAIGN TREASURER ADDRESS	<u> </u>			
			•			
16 CONTIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	IZED POLITICAL CONTRIBUTIONS(OTHER THAN I ES OF LOANS, OR CONTRIBUTIONS MADE ELEC	PLEDGES, LOANS, TRONICALLY)	\$	0.00	
	2. TOTAL POLIT	\$	0,00			
EXPENDITURE		PLEDGES, LOANS, OR GUARANTEES OF LOANS)		7	0.00	
TOTALS	3. TOTAL UNITEM	. TOTAL UNITEMIZED POLITICAL EXPENDITURES				
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	3,994.01	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAS RIOD	T DAY OF THE	\$	13,176.67	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS O TING PERIOD	F THE LAST DAY	\$	0.00	
t7 AFFADAVIT		I swear, or affirm, under penalty o true and correct and includes all ir under Title 15, Election Code,	f perjury, that the acc nformation required to	ompanying for be reported	report is I by me	
		The Honorable	e Benjamin Euresti	le le		
			andidate or Officeholo			
AFFIX NOT	TARY STAMP / SEAL ABO	VE				
Sworn to and subso	ribed before me, by the sa	нб	thic the		da	
		rtify which, witness my hand and seal of office.	_, แลร แе		_day	
Signature of offic	er administering oath	Printed name of officer administering oath	Title of officer	administerin	g oath	
				•	-	

SUBTOTALS - JC/OH FORM JC/OH **COVER SHEET PG 3** 3 of 10 18 FILER NAME 19 Filer ID (Ethics Commission Filers) Euresti Jr., Benjamin (The Honorable) 00019971 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL AMOUNT SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ SCHEDULE E(J): LOANS (JUDICIAL) 5. \mathbf{X} SCHEDULE F1; POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 3,994.01 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. Forms provided by Texas Ethics Commission

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Version V1.1.ceffd98a

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made t Candidate/Officeholder/Politi Ctedit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Politing Expense Travel in District Travel City of District							
1 Total pages Schedule F1:								
Sch: 1/6 Rpt: 4/10	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Euresti Jr., Benjamin (The Honorable) 00019971							
4 Date	5 Payee name							
11/27/2020	Carretero, Claudia							
6 Amount (\$) \$219.80	7 Payee address; City; State; Zip Code 75 Cenizo Brownsville, TX 78521							
8 PURPOSE								
OF 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 fiving expense Birthday gift (H-E-B gift card)							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H							
Date	Payee name							
10/22/2020	Chavez, Oscar							
Amount (\$) \$241.32	Payee address; City; State; Zip Code 24 Retama Street Brownsville, TX 78520							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Gleck if travet outside of Texas, Complete Schedule T. Gheck if Austin, TX, officeholder living expense Wedding gift (H-E-B gift card)							
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
Date	Payee name							
07/02/2020	Dalco Protection Systems							
Amount (\$)	Payee address; City; State; Zip Code							
\$2,017.52	355 Old Port isabel Road							
	Brownsville, TX 78521							
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
EXPENDITURE	Security Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Home security alarm system							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment				Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	. Total pages Schedule F1:	12		311827		piece uno roma.	T.,	Filer ID	Control Control	
	Sch: 2/6 Rpt; 5/10		Euresti Jr., Benjamin (The Honorable	±)			3	Filer ID 00019971	(Ethics Commission Filers)	
4	Date	5	S Payee name		_		1			
	09/24/2020		Lola's Bistro							
6	Amount (\$) \$205.37	7	7 Payee address; City; State 1335 Palm Boulevard Brownsville, TX 78520	te; Zíp C	>ode	,				
8	OF EXPENDITURE		(a) Category (See Categories listed at the top of this so Food/Beverage Expense	hedule)	(b)		, TX,	de of Texas. Comp officeholder living ges and atto	expense	
9	Complete ONLY if direct expenditure to benefit C/OF	H L	Candidate/Officeholder name	Office sou	ught	t		Office he	ld	
	Date		Payee name		-					
_	07/20/2020		Primera Iglesia Presbiteriana							
	Amount (\$)		Payee address; City; State	e; Zıp Co	ode					
	\$200.00	İ	616 E. Jefferson Brownsville, TX 78520	,						
—	PURPOSE				T.,,					
	OF EXPENDITURE		Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm		(b)		TX, o	e of Texas. Compl officeholder living e		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	C	Candidate/Officeholder name C	Office sou	ıght	· · · · · · · · · · · · · · · · · · ·		Office held	d	
-	Date	$\bar{}$	Payee name				_			
(08/30/2020	<i>i '</i>	Primera Iglesia Presbiteriana							
,	Amount (\$) \$250.00	1	Payee address; City; State; 616 E. Jefferson	; Zip Co	de					
		-	Brownsville, TX 78520							
	PURPOSE OF	(a) (Category (See Categories listed at the top of this sche	edulej	(b)	Description	_			
	EXPENDITURE	•	Contributions/Donations Made By Candidate/Officeholder/Political Commi		,	Check if travel out Check if Austin. To Church donatio	X, off			
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Of	Office soug	a ht			Office held		

SCHEDULE F1

1			EXPENDITURE C	CATEGORIES FO	OR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made & Candidate/Officeholder/Politic Credit Card Payment	By - ical Committee	Event Expense Fees Office Overhead/Rental Expense Food/Bevarage Expense Glit/Awards/Memorials Expense Legal Services The Instruction Guide explains how to complete this form.				Solicitation/Fundraising Expense Transportation Equipment & Relate Travel in District Travel Out of District OTHER (enter & category not listed	•
1	Total pages Schedule F1:	2 FILER NAM			Omplete and levil	٦,	Title Come	
L	Sch: 3/6 Rpt: 6/10	Euresti Jr.	., Benjamin (The Hon	iorable)		3	Filer ID (Ethics Commit 00019971	ission Filersj
Ľ	Date 09/27/2020	5 Payee name Primera Ig	ne glesia Presbiteriana			4		
6	Amount (\$) \$200.00		. ,,	State; Zîp C	ode			
	PURPOSE OF EXPENDITURE	Contributio	(See Categories listed at the top ons/Donations Made I /Officeholder/Political	By		n, TX	side of Texas. Complete Schedule T c. officeholder living expense N	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	Office sou	aght		Office held	
D	Date	Payee name	a			_		
1	12/07/2020	1 7	lesia Presbiteriana					
A	Amount (\$) \$200.00		e, TX 78520	State; Zip Co				
	PURPOSE OF EXPENDITURE	Contribution	See Categories listed at the top on ns/Donations Made B Officeholder/Political	Bv I		, TX, c	de of Texas. Complete Schedule T. officeholder living expense	
	complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Offi -I	iceholder name	Office sou	ght	<u></u>	Office held	
	ate	Payee name						
08	8/05/2020	· -	ter for the Judiciary					
An	mount (\$) \$150.00	Payee addres 1210 San Al Suite 800 Austin, TX 7	Intonio Street	State; Zip Coo	de			
	PURPOSE	(a) Category (Se	ee Categories listed at the top of	المارية مارية	(b) Description			
E	OF EXPENDITURE	Fees	E Ostagorica maiete en tito top o	this screause)	Check if travel out	TX, of	e of Texas, Complete Schedule T. officeholder living expense for Judicial Conference S	September
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate/Offic	eholder name:	Office soug	jht		Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Travel Out of District
OTHER (enter a category not #sted above) Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1; 2 FILER NAME Filer ID (Ethics Commission Filers) Sch; 4/6 Rpt: 7/10 Euresti Jr., Benjamin (The Honorable) 00019971 4 Date Pavee name 07/15/2020 **Texas Democratic Party** 6 Amount (\$) Payee address; City: State; Zip Code \$10.00 707 Rio Grande Street Austin, TX 78701 **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 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/18/2020 Texas Democratic Party Amount (\$) Payee address; State; Zip Code \$10.00 707 Rio Grande Street Austin, TX 78701 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 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 09/18/2020 **Texas Democratic Party** Amount (\$) Payee address: City; State; Zip Code \$10.00 707 Rio Grande Street Austin, TX 78701 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description 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 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Adverssing Expense Accounting/Banking Consulting Expense Contributions/ Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Event Expense Fees Coffice Overhead/Rental Expense Food/Beverage Expense Gitt/Awards/Memorials Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense		Transportation i Travel in Distric Travel Out of Di				
1	Total pages Schedule F1:			* ====================================				
Ĺ	Sch: 5/6 Rpt: 8/10	Euresti Jr., Benjamin (The Honorable)		3 Filer ID 00019971	(Ethics Commission Filers)			
4	Date 10/15/2020	5 Payee name Texas Democratic Party						
6	Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 707 Rìo Grande Street Austin, TX 78701						
8	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	avel out ustin, T	iside of Texas, Com X. officeholder living crty donation				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld			
	Date	Payee name						
	11/16/2020	Texas Democratic Party						
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 707 Rio Grande Street Austin, TX 78701		• • • • • • • • • • • • • • • • • • •				
_					,			
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee Check II A	stin, TX	side of Texas, Comp K, officeholder fiving 'Ty donation				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought		Office he	ld			
	Date	Payee name	*********					
	12/15/2020	Texas Democratic Party						
ı	Amount (\$) \$10.00	Payee address; City; State; Zip Code 707 Rio Grande Street	······					
		Austin, TX 78701						
	PURPOSE OF EXPENDITURE		tin, TX,	ide of Texas, Compl , officeholder living e iy donation				
(Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held	d			

Candidate/Officeholder name

SCHEDULE F1

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

Complete ONLY if direct expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Event Expense
Fees
Food/Beverage Expense
Git/Awards/Memonals Expense
Legal Services

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

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

Office held

	The instruction Guide explains now to complete this form.									
1	Total pages Schedule F1: Sch: 6/6 Rpt: 9/10	2	FILER NAME 3 Filer ID (Ethics Commission Filers) Euresti Jr., Benjamin (The Honorable) 00019971							
4	Date 08/05/2020	5	Payee name Trevino, Monica							
6	Amount (\$) \$250.00	7	Payee address; City; State; Zip Code 45 Westchester Circle Brownsville, TX 78521							
8 PURPOSE OF EXPENDITURE		(a)	Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Funeral expenses							

Office sought

Forms	provided	by Tex	as Ethic	s Comn	nission

Assets Purchased with Political Contributions and On SCHEDULE M Hand As of The Last Day of The Reporting Period 1 Total pages Schedule M: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/10 2 FILER NAME (Ethics Commission Filers) 3 Filer ID Euresti Jr., Benjamin (The Honorable) 00019971 4 Description of Asset Home security alarm system

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