Dalila Esquivel

From: do-not-reply@ethics.state.tx.us

Sent: Wednesday, July 5, 2023 7:28 PM

To: Dalila Esquivel Cc:

Subject: 00019971 Texas Ethics Commissions Electronic Filing System Acknowledgment

Texas Campaign Finance Report Filing Acknowledgement for Benjamin Euresti (Filer ID:00019971). This is to acknowledge the receipt and acceptance of your electronic filing. Your filing for Benjamin Euresti (Filer ID:00019971) was received and accepted by our system at Wed Jul 05 19:28:17 CDT 2023 and was assigned the report number of: TX 100909401. Please keep this acknowledgment, as it may be necessary to refer to it in the future.

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to comp	alete this form.	1 Filer ID	St. er a	2 Total pages fil	ed:
	Outdo explains how to comp	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Ethics Commi 00019971		1	8
3 CANDIDATE /	MS / MRS / MR	FIRST	00020072	MI		JSE ONLY
OFFICEHOLDER	The Honorable	Benjamin		••••	OFFICE	JSE ONLT
NAME	THE HOROTADIC	Denjamin			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/05/2023	
		Euresti		Jr.	100909401	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered o	Date Postmarked
OFFICEHOLDER MAILING	974 E. Harrison					
ADDRESS					Receipt #	Amount
Change of Address	Brownsville, TX 78520					
	Crownstate, TX 10020				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Mrs.	Pam L.				
I AVIAIT						
	NICKNAME	LAST	***************************************		SUFFIX	
	INORMANIE	Marcinik			001117	
		MINICHIK				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP'	r / SUITE #; CITY;	STA	ATE; ZIP CODE
ADDRESS	256 Starvation Hill Ln.					
(Residence or Business)	12					
(Residence of Business)	Pipe Creek, TX 78063					
	'					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION	·	-	
TREASURER PHONE	(956) 246-3103					
PHONE						
8 REPORT				-		
TYPE	January 15	30th day before	e election	Runoff		mpaign treasurer
					appointment (offi	
	X July 15	8th day before	election	reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	TI	HROUGH	06/30/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	l □F	Primary	Runoff	Other	
	11/08/2022		21	Constitution of the consti		
		القا	General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	District Judge District 107	Cameron		District Judge D	istrict 107	
				<u> </u>		
			TA B 1 A = A			
		GQ	TO PAGE 2			

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM JC/OH **COVER SHEET PG 2**

2 of 18

13 C / OH NAME	Euresti Jr., Benjamin	Jr., Benjamin (The Honorable) 14 Filer ID (Et 00019971							
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures ma	ccepted or political expenditu ay have been made without t ired to report this information	he candidate's or offic	eholder's kn	owledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			-				
	GENERAL								
		COMMITTEE ADDRE	SS						
	SPECIFIC								
		COMMITTEE CAMPA	IGN TREASURER NAME	-					
		COMMITTEE CAMPA	IGN TREASURER ADDRES	ss					
16 CONTRIBUTION TOTALS			TRIBUTIONS(OTHER THAN ONTRIBUTIONS MADE ELEC		\$	0.00			
	1	ICAL CONTRIBUTION			\$	0.00			
EXPENDITURE		PLEDGES, LOANS, O IZED POLITICAL EXPE	R GUARANTEES OF LOANS	S)	-				
TOTALS		ICAL EXPENDITUR			\$	0.00			
	4. TOTAL POLIT	CAL EXPENDITOR	E2		\$	7,283.35			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		MAINTAINED AS OF THE L	AST DAY OF THE	\$	1,747.29			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00			
17 AFFIDAVIT			-						
		tru	wear, or affirm, under penalty e and correct and includes a der Title 15, Election Code.	of perjury, that the ac Il information required	ccompanying to be reporte	report is ed by me			
			The Honors	ble Benjamin Eures	eti Ir				
				Candidate or Officeho					
			orginatore of	- Allerand of Official					
AFFIX NOT	TARY STAMP / SEAL AB	OVE							
				, this the		day			
of	, 20, to co	ertify which, witness my	hand and seal of office.						
Signature of office	er administering oath	Printed name of	officer administering oath	Title of offic	er administer	ing oath			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

3 of 18

					3 01 10
18 FILEI	R NAN	AE	19 Filer ID	(Ethics Comr	nission Filers)
Eure	sti Jr.	, Benjamin (The Honorable)	00019971		
		E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1,	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	0.00
2.	Х	\$	0.00		
3.	X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00
4.	Х	SCHEDULE E(J): LOANS (JUDICIAL)	_	\$	0.00
5.	Χ	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	s	\$	7,283.35
6.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	_	\$	0.00
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.		\$			
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
12.	Х	\$	3,022.23		
		TO FILER			

O CONTRIBUTIONS (JUDICI	AL)		SCHEDULE B(J)		
truction Guide explains how to comple	te this form.	1 Total pages Sche Sch: 1/1 Rpt: 4			
amin (The Honorable)	3 Filer ID (Ethics Commission Filers) 00019971				
NITEMIZED PLEDGES			\$ 0.00		
		8 Amount of pledge (\$) Check if travel out	9 In-kind description (If applicable)		
al occupation	11 Pledgor's job title				
er/law firm	13 Law firm of pledgor's	spouse (if any)			
d, law firm of parent(s) (if any)					
	amin (The Honorable) NITEMIZED PLEDGES 6 Full name of pledgor out-of-state PAC (ID#:	amin (The Honorable) NITEMIZED PLEDGES 6 Full name of pledgorout-of-state PAC (ID#:) 7 Pledgor Address; City; State; Zip Code 11 Pledgor's job title er/law firm 13 Law firm of pledgor's	truction Guide explains how to complete this form. 1 Total pages Sche Sch: 1/1 Rpt: 4 3 Filer ID (Ett 00019971 NITEMIZED PLEDGES 6 Full name of pledgor out-of-state PAC (ID#:		

LOANS (J	UDICIAL)			SCHEDULE E(J)						
The Instructio	The Instruction Guide explains how to complete this form. 1 Total pa Sch: 1/2									
2 FILER NAME Euresti Jr., Benja	amin (The Honorable)		3 Filer ID 000199	(Ethics Commission Filers)						
4 TOTAL OF UN	ITEMIZED LOANS			\$ 0.00						
5 Date of loan	7 Name of lender	C (ID#:		9 Loan Amount (\$)						
6 Is lender a financial institution?	financial									
				11 Maturity Date						
12 Lender's Principal	Occupation	13 Lender's Job Title								
14 Lender's Employer	/Law Firm	15 Law Firm of lender's spous	e (if any)							
16 If lender is child, la	w firm of parent(s) (if any)	,								
17 Description of Coll None	ateral	18 Check if personal funds we	re deposited	into political account (See Instructions)						
19 GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)						
not applicable	21 Guarantor address; City; State;	Zip Code	***************************************							
23 Guarantor's Princi	nal Occupation	24 Guarantor's Job Title								
25 Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)							
27 If guarantor is child	d, law firm of parent(s) (if any)									

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Polling Exper			Travel in District Travel Out of Di	
	Creon Caro Payment			The Instruction Guide explains	how to com	olete this form.			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/12 Rpt: 6/18	<u>. </u>	Euresti Jr.,	Benjamin (The Honorable)				00019971	
4	Date	5	Payee name						
	01/09/2023		Barron, Ang	gel					
6	Amount (\$)	7	Payee addre	ss; City; State	; Zip Code	;			
	\$200.00		2001 Old P	ort Isabel Road					
			Brownsville	, TX 78520					
8	PURPOSE	(a)	Category (S	ee Categories listed at the top of this sch	redule) (i) Description			
	OF EXPENDITURE			rage Expense		느			nplete Schedule T.
								, officeholder livin	•
						Catering for	SWE	eaning in cer	emony for Judges
Ļ	On an alone CAR M M M disease	L	01:110#	iceholder name (26			Office h	
3	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	icenoider name	Office sough			Office fi	eiu
	Date	П	Payee name						
	01/09/2023		Cantu, Isaa						
Т	Amount (\$)	Н	Payee addre	ss; City; State	; Zip Code				
	\$120.00		134 Crepe	Myrtle					
			Brownsville	, TX 78520					
Г	PURPOSE	(a)	Category (S	ee Categories listed at the top of this sch	nedule) (I) Description			
	OF EXPENDITURE		Security						nplete Schedule T.
						_		, officeholder livin	
						Swearing in	cer	elliony for J	uuges
L	0 1 0 0 0 0 0 0 0 0		0 11 - 1011	1. 1. Adv	26	-4		Office h	alal
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/On	iceholder name	Office sough	ıı		Office fi	eiu
	Date		Payee name					:	
	02/13/2023		Charro Day	rs, Inc.					
_	Amount (\$)	\vdash	Payee addre	ess; City; State	; Zip Code	,			
	\$300.00		455 East El		·				
			Brownsille,	TX 78520					
Г	PURPOSE	(a)	Category (s	ee Categories listed at the top of this sch	nedule) (I) Description			<u> </u>
	OF EXPENDITURE		Contribution	ns/Donations Made By		57/50			nplete Schedule T.
	EXTEROTIONE		Candidate/	Officeholder/Political Comm	nittee		n, TX	t, officeholder livin	g expense
						Fundraiser			
L	a L. aministra		- BM						-1.1
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name (Office sough	nt		Office h	eia
<u> </u>									

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	7.1	s Expense	Salaries/Wages/Contract Labor			Travel in District Travel Out of Dis			
L			The Instruction G	iulde explains l	how to compl	ete this form.				
1	Total pages Schedule F1;	2 FILE	R NAME				3	Filer ID	(Ethics Commission File	ers)
	Sch: 2/12 Rpt: 7/18	Eur	esti Jr., Benjamin (The	Honorable)				00019971		
4	Date	5 Pay	ee name							
	01/06/2023	Dal	co Protection Systems							
6	Amount (\$)	7 Pay	ee address; City;	State;	Zip Code				<u> </u>	
ı	\$207.52	15	Old Port Isabel Road	,	-					
	•									
		Pro	wnsville, TX 78521							
L										
8	PURPOSE OF		egory (See Categories listed at	the top of this sche	edule) (b)	Description				
	EXPENDITURE	Hor	ne Security					de or Texas. Com , officeholder living	plete Schedule T.	
						Home alarm	, , , ,	, omoonoider irrii		
-	Complete ONLY if direct	Cand	idate/Officeholder name		Office sought			Office h	hla	
ľ	expenditure to benefit C/OI		date/Officeriolder flame		moe sought			Onice iii	ora .	
⊨									·	
	Date	'	ee name							
L	01/02/2023	Dol	ar Tree							
	Amount (\$)	Pay	ee address; City;	State;	Zip Code					
	\$10.62	121	5 Central Boulevard							
		Bro	wnsville, TX 78520							
Г	PURPOSE	(a) Cate	egory (See Categories listed at	the top of this scho	edule) (b)	Description				
	OF EXPENDITURE	1	corations			Check if travel	outsi	de of Texas, Com	plete Schedule T.	
	EXPENDITORE				1			, officeholder living		
						Swearing in o	cere	emony for J	udges	
	Complete ONLY if direct expenditure to benefit C/OI		idate/Officeholder name	C	Office sought			Office h	eld	
L	expenditure to beliefit Croi									
Г	Date	Pay	ee name							
	04/20/2023	Ent	erprise Rent a Car							
r	Amount (\$)	Pay	ee address; City;	State;	Zip Code					
	\$376.97		4 East 38th Street	·	,					
	-									
		Dal	as, TX 75261							
L					Los	0.000				
	PURPOSE OF		egory (See Categories listed at	the top of this scho	edule) (b)	Description		de et Teues Com	Into Eolandida T	
	EXPENDITURE	Rer	ntal car					officeholder living	nplete Schedule T.	
					ŀ	Judicial Conf				
\vdash	Complete ONLY if direct	Cand	idate/Officeholder name		Office sought			Office h	eld	
	expenditure to benefit C/O		date of the state		-moc sought			Office II		
-		-								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense			Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 3/12 Rpt: 8/18	Euresti Jr., Benjamin (The Honorable)				00019971	
4	Date	5 Payee name					
	01/02/2023	H.E.B.					
6	Amount (\$) \$46.72	7 Payee address; City; State; 2250 Boca Chica Boulevard Brownsville, TX 78520	; Zip Code				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Food/Beverage Expense	(b)	<u></u>	TX	officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O		Office sought			Office h	eld
Г	Date	Payee name					
	04/10/2023	H.E.B.					
Г	Amount (\$)	Payee address; City, State;	; Zip Code				
	\$131.28	2250 Boca Chica Boulevard Brownsville, TX 78520					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Food/Beverage Expense	(b)		, TX	, officeholder living	nplete Schedule T. g expense
	Complete ONLY if direct expenditure to benefit C/O		Office sought			Office h	eld
Г	Date	Payee name					-
1	01/02/2023	Home Depot					
	Amount (\$) \$49.63	Payee address; City; State; 604 West Morrison Road Brownsville, TX 78520	; Zip Code				
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this sch	(b)	Description			
	OF EXPENDITURE	Decorations	ledule) (47	Check if travel	, TX	, officeholder living	
	Complete ONLY if direct expenditure to benefit C/O		Office sought			Office h	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Contributions/ Donations Made By -Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gilt/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services 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 Filer ID (Ethics Commission Filers) Sch: 4/12 Rpt: 9/18 Euresti Jr., Benjamin (The Honorable) 00019971 4 Date Payee name 03/08/2023 Lady Hawk Golf 6 Amount (\$) Payee address; City; State; Zip Code \$50.00 1701 Dixieland Harlingen, TX 78550 **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** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense High school golf 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/15/2023 Las Cazuelitas #2 Payee address; Amount (\$) City; State; Zip Code \$42.54 220 Palm Boulevard 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 Lunch with constituents Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Pavee name Leukemia & Lymphoma Society 01/26/2023 Amount (\$) Payee address; City; State; Zip Code \$100.00 4311 North 10th Street McAllen, TX 78504 **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** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Charitable donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Office Overhead/Rental E Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract			Travel in District Travel Out of District			
	Credit Card Payment		The Instruction Guide explains	how to com	olete this form.				
1	Total pages Schedule F1:	2 FILER NAM	Ē			3	Filer ID	(Ethics Commission Filers)
	Sch: 5/12 Rpt: 10/18	Euresti Jr.,	Benjamin (The Honorable))			00019971		
4	Date	5 Payee name			-				
	04/12/2023	Liam's Stea							
6	Amount (\$)	7 Payee addre	ess; City; State	zip Code					
ľ	\$232.74	1 1	Expressway 77	., -					
	,								
		Brownsville	e, TX 78520						
Ļ	01100005			10	N = 1000	_			_
8	PURPOSE OF		See Categories listed at the top of this so	hedule) (I	Description	outs	ide of Teyes Con	nplete Schedule T.	
	EXPENDITURE	Food/Beve	rage Expense				, officeholder livin		
					Dinner with o	on	stituents		
1									
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sough	nt		Office h	eld	
	expenditure to benefit C/O	4		_					
H	Date	Payee name	<u> </u>						_
	03/17/2023	Lola's Bistr							
H		Payee addre		e: Zip Code					_
	Amount (\$) \$229.56	1335 Palm		s, zip coue					
	\$229.50	1555 Faiiii	boulevalu						
			TV 70500						
L		Brownsville	e, TX 78520						
	PURPOSE OF		See Categories listed at the top of this so	hedule) (I	Description				
	EXPENDITURE	Food/Beve	rage Expense				side of Texas. Cor K, officeholder livin	nplete Schedule T.	
					Dinner with o			g capanion	
					7		*****		
H	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sough	nt	_	Office h	eld	_
	expenditure to benefit C/OI								
H	Date	Payee name							
	01/09/2023	Mackenzie							
-	Amount (\$)	Payee addre		e; Zip Code		_			_
	\$53.04	1	enzie-childs.com	z, zip cou	-				
	φ55.04								
		3260 State							
L		Aurora, NY	13026						
	PURPOSE OF		See Categories listed at the top of this so	hedule) (I	Description				
	EXPENDITURE	Gift/Award	s/Memorials Expense				side of Texas. Cor C, officeholder livir	nplete Schedule T.	
					Birthday gift				
					on mody gnt	.01	, .ununu Ou	1 307305	
\vdash	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sough	nt .	_	Office h	reld	_
	expenditure to benefit C/OI		RECTIONER HAITIE	Omice sough	IL.		Office I	twist.	
\vdash									

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	mittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E	pens xpens			Travel in District Travel Out of Di		
	Credit Card Payment			The Instruction Guide ex	plains how to co	mple	ete this form.			
1	Total pages Schedule F1:	2 (FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 6/12 Rpt: 11/18		Euresti Jr.,	Benjamin (The Honor	able)				00019971	
4	Date	5 (Payee name							
	01/17/2023		Mackenzie-	Childs						
6	Amount (\$)	7 (Payee addre	ss; City;	State; Zip Ci	ode				
	\$105.00	١ ١	www.macke	enzie-childs.com						
		:	3260 State	Route 90						
		,	Aurora, NY	13026						
8	PURPOSE	(a) (Category (c.	ee Categories listed at the top of	abia asbaskilak	(b)	Description			
ľ	OF			/Memorials Expense	inis schedule)	(-,		outs	ide of Texas, Com	plete Schedule T.
ı	EXPENDITURE								, officeholder living	
							Birthday gift	for	Adriana Gai	rcia
L										
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Offi	ceholder name	Office sou	ight			Office h	eld
Г	Date		Payee name							
	01/09/2023	l	Madeira Re	staurant						
Г	Amount (\$)		Payee addre	ss; City;	State; Zip Co	ode				
	\$258.00		805 Media I	Luna						
		1	Brownsville	, TX 78520						
Г	PURPOSE	(a)	Category (5	ee Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE			age Expense						plete Schedule T.
							Dinner with o		, officeholder livin stituents	g expense
							Diffict With C	,011	301001113	
H	Complete ONLY if direct		andidate/Offi	ceholder name	Office sou	ıaht.			Office h	eld
L	expenditure to benefit C/O				01100 301	- Igin				
	Date		Payee name							
	02/02/2023		Nothing Bu	ndt Cakes						
Г	Amount (\$)	1	Payee addre	ss; City;	State; Zip Co	ode				
	\$52.40	:	2451 Pablo	Kiesel Boulevard						
		;	Suite A							
			Brownsville	, TX 78521						
\vdash	PURPOSE	(a)	Category (5	ee Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE			age Expense	,		0.000000			plete Schedule T.
									, officeholder livin	
							Birthday cak	e 10	n constituer	n.
\vdash	Complete ONII V if disert		andidate/Offi	ceholder name	Office so	loht.			Office h	eld.
	Complete ONLY if direct expenditure to benefit C/O		anunuale/UN	cenduer name	Office SO	ignt			Office fi	CIU
\vdash								_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollin y Gitl/Awards/Memonals Expense Printi al Committee Legal Services Salar	Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Gitl/Awards/Memorials Expense Printing Expense					
1	Total pages Schedule F1:			-	3	Filer ID (Ethics Commission Filers)		
ľ	Sch: 7/12 Rpt: 12/18	Euresti Jr., Benjamin (The Honorable)			3	00019971		
4	Date	5 Payee name						
	02/06/2023	Primera Iglesia Presbiteriana						
6	Amount (\$) \$80.00	7 Payee address; City; State; Zip 616 E. Jefferson Brownsville, TX 78520	Code					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b)		TX	ide of Texas. Complete Schedule T. , officeholder living expense		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office H	sought			Office held		
	Date	Payee name						
L	01/02/2023	Provisions Catering						
	Amount (\$) \$216.46	Payee address; City; State; Zip 1375 Palm Boulevard Brownsville, TX 78520	Code					
⊢	PURPOSE		(6)	D				
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(0)	Check if Austin,	, TX	ide of Texas. Complete Schedule T. c, officeholder living expense emony for Judges		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office	sought			Office held		
	Date	Payee name			_			
	04/03/2023	Provisions Catering						
	Amount (\$) \$140.67	Payee address, City, State; Zip 1375 Palm Boulevard	Code					
		Brownsville, TX 78520						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Check if Austin,	, TX	side of Texas. Complete Schedule T. ., officeholder living expense hering with constituents		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office H	sought			Office held		

SCHEDULE F1

CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Consulting Expense Contributions/ Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Travel Out of District Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID 00019971 Sch: 8/12 Rpt: 13/18 Euresti Jr., Benjamin (The Honorable) 4 Date Payee name 02/02/2023 Southwest Airlines State; Zip Code Payee address; City; 6 Amount (\$) \$793.92 www.southwest.com 2702 Love Field Drive Dallas, TX 75235 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T, Airline flights **EXPENDITURE** Check if Austin, TX, officeholder living expense Judicial Conference in Irving, TX, in April 2023 Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 01/02/2023 Spec's Amount (\$) Pavee address: City: State: Zip Code \$134.45 754 Boca Chica Boulevard 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 Swearing in ceremony for Judges Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02/28/2023 Texas Center for the Judiciary Payee address; Amount (\$) City; State; Zip Code \$75.00 1210 San Antonio Street Suite 800 Austin, TX 78701 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Registration fees for Judicial Region A Conference in Irving, TX Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

Г			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense GitVAwards/Memorials E Legal Services The Instruction Gui	xpense	Office Over Polling Exp Printing Ex Salaries/W	ense ages/Contract Labor		Transportation E Travel in District Travel Out of Di	
1	Total pages Schedule F1:	EII ER NAM					3	Filer ID	(Ethics Commission Filers)
-	Sch: 9/12 Rpt: 14/18		Benjamin (The H	onorable)			ľ	00019971	(23,100 0011111011111111111111111111111111
4	Date 06/07/2023	Payee name Texas Cen	ter for the Judicia	ry		_			
6	Amount (\$) \$325.00	Payee addre 1210 San / Suite 800 Austin, TX	Antonio Street	State;	; Zip Coo	de			
8	PURPOSE OF EXPENDITURE) Category (s Fees	See Calegories listed at the	e top of this sch	nedule)	Check if Austi	n, TX	C, officeholder living	nplete Schedule T. g expense Il Conference in Houston
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Of	ficeholder name	C	Office souç	ht		Office h	eld
Г	Date	Payee name	;						
	01/31/2023	Texas Den	nocratic Party						
	Amount (\$) \$10.00	Payee addre 707 Rio Gr Austin, TX	ande Street	State;	; Zip Coo	de			
	PURPOSE OF EXPENDITURE	Contributio	See Categories listed at the INS/Donations Mad Officeholder/Politi	de By	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	n, TX	C, officeholder livin	nplete Schedule T. g expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Of	ficeholder name	C	Office soug	ht		Office h	eld
Г	Date	Рауее пате	;						
	02/17/2023	-	nocratic Party						
	Amount (\$) \$10.00	Payee addre 707 Rio Gr Austin, TX	ande Street	State;	Zip Coo	de			
	PURPOSE OF EXPENDITURE) Category (See Categories listed at the ins/Donations Mad	de By	,		in, TX	C, officeholder livin	nplete Schedule T. g expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Of	ficeholder name	(Office sout	ght		Office h	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Polling Expe Gift/Awards/Memorials Expense Printing Exp				Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	Credit Card Payment		The Instruction Guide ex	cplains how to comp	lete this form.				
1	Total pages Schedule F1: Sch: 10/12 Rpt: 15/18		E , Benjamin (The Hono	rable)		3	Filer ID 00019971	(Ethics Commission Filers)	
4	Date 03/17/2023	5 Payee nam Texas Der	e nocratic Party			_			
6	Amount (\$) \$10.00	7 Payee addr 707 Rio G Austin, TX	rande Street	State; Zip Code					
8	PURPOSE OF EXPENDITURE	Contribution	See Categories listed at the top ons/Donations Made B /Officeholder/Political	У		n, TX,	officeholder living	plete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sought			Office h	eld	
Г	Date	Payee nam	 e						
	04/14/2023	Texas Der	nocratic Party						
	Amount (\$) \$10.00		rande Street	State; Zip Code					
L		Austin, TX							
	PURPOSE OF EXPENDITURE	Contribution	See Categories listed at the top o ons/Donations Made B /Officeholder/Political	у		n, TX,	officeholder living	pplete Schedule T. g expense	
_	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sough			Office h	eld	
	Date	Payee nam	e						
	05/15/2023	· ·	nocratic Party						
	Amount (\$) \$10.00		ess; City; rande Street	State; Zip Code					
Austin, TX 78701									
	PURPOSE OF EXPENDITURE	Contribution	See Categories listed at the top ons/Donations Made B /Officeholder/Political	y	180	n, TX	, officeholder livin	nplete Schedule T. g expense	
-	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sough	t .		Office h	eld	
-	***************************************								

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Contributions/ Donations Made @ Candidate/Officeholder/Politic Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expen: Legal Services	Polling Exper se Printing Expe	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		n Equipment & Related Expense ict District r a category not listed above)			
Credit Card Payment		The Instruction Guide e	xplains how to comp	lete this form.					
1 Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID	(Ethics Commission Filers)			
Sch: 11/12 Rpt: 16/18	Euresti Jr.	, Benjamin (The Hono	rable)		0001997:	l			
4 Date	5 Payee nam	е							
06/16/2023	Texas Der	nocratic Party							
6 Amount (\$)	7 Payee addr	ess; City;	State; Zip Code			<u> </u>			
\$10.00	707 Rio G	rande Street							
	Austin, TX	78701							
8 PURPOSE	(a) Category	See Categories listed at the top of	of this schedule) (b) Description					
OF	1	ons/Donations Made B			outside of Texas, C	omplete Schedule T.			
EXPENDITURE	Candidate	/Officeholder/Political	Committee		ı, TX, officeholder liv	* '			
				Democratic F	Party donation	ty donation			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		ficeholder name	Office sough	t	Office	held			
expenditure to benefit C/C	, n								
Date	Payee nam	e							
01/02/2023	Tuesday N	forning							
Amount (\$) Payee address; City; State; Zip Code									
\$123.86	1601 Price	e road							
Brownsville, TX 78520 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description									
OF EXPENDITURE	Decoration					omplete Schedule T.			
					n, TX, officeholder liv				
				Swearing in 6	ceremony for	Juages			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					h alai				
Complete ONLY if direct expenditure to benefit C/C		nicenoloer name	Office sough	ι	Office	neig			
			<u> </u>						
Date	Payee nam								
03/17/2023	Vela Door								
Amount (\$)	Payee addr		State; Zip Code	•					
\$2,100.00	1	acio No. 50A							
	Colonia Vi	lla Esmeralda							
Heroica Matamoros Tamaulipas 37396 Mexico									
PURPOSE	(a) Category	See Categories listed at the top of	of this schedule) (b) Description					
OF	Home sec			Check if travel	outside of Texas, C	omplete Schedule T.			
EXPENDITURE					n, TX, officeholder liv	ing expense			
				Home front d	loor				
	<u> </u>								
Complete ONLY if direct expenditure to benefit C/C		ficeholder name	Office sough	t	Office	held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		trad Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 12/12 Rpt: 17/18	Euresti Jr., Benjamin (The Honorable)	00019971		
4	Date 03/30/2023	5 Payee name Warriors United In Arms			
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 5 Jalisco Court Brownsville, TX 78526			
8	PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nation for veterans		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
Г	Date	Payee name			
	04/20/2023	Westin Hotel			
	Amount (\$) \$417.97	Payee address; City; State; Zip Code 400 West Las Colinas Blvd. Irving, TX 75039			
	PURPOSE OF EXPENDITURE	Hotel	Scription Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense dicial Conference in Irving, TX		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held		
Г	Date	Payee name			
	01/05/2023	Zapata, Rolando			
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 111 North Valencia Drive Bayview, TX 78566			
	OF EXPENDITURE	Music	SCRIPTION Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense rearing in ceremony for Judges		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held		
	····				

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Schedule IX: Sch: J/I Rpt: 18/18 2 FILER NAME Euresul Jr. Benjamin (The Honorable) 3 Feer ID (Ethics Commission Filers) 4 Date 02/22/2023 5 Name of person from whom amount is received Cameron County 6 Address of person from whom amount is received; City; State; Zip Code 1100 East Monroe Brownsville, TX 78520 7 Purpose for which amount is received measured. Check if political contribution returned to filer Reimbursement for NYC Conference (hotel and meals) Date 04/20/2023 Date Address of person from whom amount is received Fifth Administrative Judicial Region Address of person from whom amount is received. City; State; Zip Code 200 N. Almond Street Allice, TX 78332 Purpose for which amount is received Reimbursement for registration fees for Annual Conference April 16-19, 2023, in Irving, Texas Date 05/18/2023 Name of person from whom amount is received Reimbursement for registration fees for Annual Conference April 16-19, 2023, in Irving, Texas Charles for the Judicial's Purpose for which amount is received Purpose for which amount is received Check if political contribution returned to filer Reimbursement for reals, airfaire, lodging for Annual Conference April 16-19, 2023, in Irving, Texas									
Euresti Jr., Benjamin (The Honorable) 4 Date 02/22/2023 5 Name of person from whom amount is received; City; State; Zip Code 1100 East Monroe Brownsville, TX 78520 7 Purpose for which amount is received (hotel and meals) Date 04/20/2023 Name of person from whom amount is received; City; State; Zip Code 200 N. Almond Street Alice, TX 78332 Purpose for which amount is received Check if political contribution returned to filer Reimbursement for registration fees for Annual Conference April 16-19, 2023, in Irving, Texas Date 05/18/2023 Name of person from whom amount is received Check if political contribution returned to filer Reimbursement for registration fees for Annual Conference April 16-19, 2023, in Irving, Texas Date 05/18/2023 Name of person from whom amount is received Amount (\$) Texas Center for the Judiciary Address of person from whom amount is received; City; State; Zip Code 1210 San Antonio Street Suite 800 Austin, TX 78701 Purpose for which amount is received Check if political contribution returned to filer		The Instruction Guide explains how to complete this form							
Date O2/22/2023 S Name of person from whom amount is received Cameron County \$2,057.64	2	2 FILER NAME 3 Filer IC					n Filers)		
Cameron County 6 Address of person from whom amount is received; City; State; Zip Code 1100 East Monroe Brownsville, TX 78520 7 Purpose for which amount is received		Euresti Jr., E	Ben	njamin (The Honorable)		00019	971		
Brownsville, TX 78520 7 Purpose for which amount is received	4			Cameron County Address of person from whom amount is received; City; State; Zip Code		******		\$2,057.64	
Date O4/20/2023				Brownsville, TX 78520		<u>-</u>			
Section 2007 Fifth Administrative Judicial Region \$75.00			7		olitic	al cont	ribution returned to file	F	
Address of person from whom amount is received; City; State; Zip Code 200 N. Almond Street Alice, TX 78332 Purpose for which amount is received		Date	Г	Name of person from whom amount is received			Amount (\$)		
Purpose for which amount is received		04/20/2023	****	Address of person from whom amount is received; City; State; Zip Code		***********		\$75.00	
Date 05/18/2023 Name of person from whom amount is received Texas Center for the Judiciary Address of person from whom amount is received; City; State; Zip Code 1210 San Antonio Street Suite 800 Austin, TX 78701 Purpose for which amount is received Check if political contribution returned to filer				Alice, TX 78332				:	
Texas Center for the Judiciary \$889.59 Address of person from whom amount is received; City; State; Zip Code 1210 San Antonio Street Suite 800 Austin, TX 78701 Purpose for which amount is received Check if political contribution returned to filer								r	
Texas Center for the Judiciary \$889.59 Address of person from whom amount is received; City; State; Zip Code 1210 San Antonio Street Suite 800 Austin, TX 78701 Purpose for which amount is received Check if political contribution returned to filer		Date	П	Name of person from whom amount is received			Amount (\$)		
1210 San Antonio Street Suite 800 Austin, TX 78701 Purpose for which amount is received								\$889.59	
1210 San Antonio Street Suite 800 Austin, TX 78701 Purpose for which amount is received				Address of person from whom amount is received: City: State: Zip Code		*********	1		
Suite 800 Austin, TX 78701 Purpose for which amount is received Check if political contribution returned to filer									
Austin, TX 78701 Purpose for which amount is received									
			cal cont	ribution returned to file					