#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00019971 18 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Benjamin NAME Date Received **ELECTRONICALLY FILED** 07/05/2023 NICKNAME LAST **SUFFIX** Euresti Jr. CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 974 E. Harrison MAILING Receipt # Amount **ADDRESS** Change of Address Brownsville, TX 78520 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Pam L. NAME NICKNAME LAST **SUFFIX** Marcinik **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 256 Starvation Hill Ln. **ADDRESS** (Residence or Business) Pipe Creek, TX 78063 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 246-3103 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2023 06/30/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/08/2022 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 107 Cameron District Judge District 107

**GO 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	(The Honorable)	<b>14</b> Filer ID 00019971	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political These expenditures may have been mad I officeholders are required to report this	de without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURE	R NAME	
		COMMITTEE CAMPAIGN TREASURE	R ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OT ES OF LOANS, OR CONTRIBUTIONS N		\$ 0.00
		ICAL CONTRIBUTIONS	OF LOANS)	\$ 0.00
EXPENDITURE	· ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	PLEDGES, LOANS, OR GUARANTEES ZED POLITICAL EXPENDITURES	OF LOANS)	Φ 0.00
TOTALS				\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 7,283.35
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	<b>\$</b> 1,747.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	AL AMOUNT OF ALL OUTSTANDING L TING PERIOD	OANS AS OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT			der penalty of perjury, that the accincludes all information required ton Code.	
		Tr	ne Honorable Benjamin Euresi	ti Jr.
		S	ignature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of		
Signature of offi	cer administering oath	Printed name of officer administeri	ng oath Title of office	r administering oath
-	, and the second			-

### **SUBTOTALS - JC/OH**

### FORM JC/OH COVER SHEET PG 3

3 of 18

				3 01 18
18 FILER NAME Euresti Jr.,	(Ethics Comm	ission Filers)		
20 SCHEDULE NAME OF S	SUBTOT	AL AMOUNT		
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	0.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	7,283.35
6. X	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. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	3,022.23

PLEDGED CONTRIBUTIONS (JUD	ICIAL)		SCHE	DULE B(J)
The Instruction Guide explains how to cor	nplete this form.	1 Total pages Sc Sch: 1/1 Rpt:		
FILER NAME     Euresti Jr., Benjamin (The Honorable)		<b>3</b> Filer ID (	Ethics Commiss	sion Filers)
TOTAL OF UNITEMIZED PLEDGES			\$	0.00
5 Date 6 Full name of pledgor out-of-state PAC  7 Pledgor Address; City; State;		_) 8 Amount of pledge (\$)		d description applicable)
		Check if travel of	I I outside of Texas	s. Complete Schedule T.
10 Pledgor's principal occupation	11 Pledgor's job title			
12 Pledgor's employer/law firm	13 Law firm of pledgo	or's spouse (if any)		
14 If pledgor is a child, law firm of parent(s) (if any)				

	LOANS (J	UDICIAL)				SCHED	ULE <b>E</b> (	<b>J</b> )
	The Instruction Guide explains how to complete this form.					ges Schedule     Rpt: 5/18	E(J):	
2	FILER NAME Euresti Jr., Benja	amin (The Honorable)		3 F		(Ethics Comr	mission Fil	ers)
4	TOTAL OF UN	IITEMIZED LOANS				\$		0.00
5	Date of loan	7 Name of lender out-of-state P.	AC (ID#:			9 Loan Amo	ount (\$)	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code	•••••		10 Interest R		
						<b>11</b> Maturity D	ate	
12	2 Lender's Principal	Occupation	13 Lender's Job Title					
14	1 Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	se (if a	any)			
16	If lender is child, la	aw firm of parent(s) (if any)	1					
17	7 Description of Coll	ateral	18 Check if personal funds were deposited into political account (See Instructions)					
19	GUARANTOR INFORMATION	20 Name of guarantor	-			22 Amount G	uaranteed	(\$)
23	not applicable  not applicable	21 Guarantor address; City; State; pal Occupation	Zip Code  24 Guarantor's Job Title					
25	<b>5</b> Guarantor's Emplo	over/Low Eirm	26 Law Firm of guarantor's spouse (if any)					
	· 		20 Law Film of guarantor 3 Sp	Jouse	(ii dily)			
27	' If guarantor is child	d, law firm of parent(s) (if any)						

### 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 1/12 Rpt: 6/18	Euresti Jr., Benjamin (The Honorable) 00019971
4	Date	5 Payee name
	01/09/2023	Barron, Angel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	2001 Old Port Isabel Road
		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Catering for swearing in ceremony for Judges
_	Complete ONLY if direct	Condidate/Office holds
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/09/2023	Cantu, Isaac
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	134 Crepe Myrtle
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Security Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Swearing in ceremony for Judges
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 02/13/2023	Payee name Charro Days, Inc.
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	455 East Elizabeth
		Brownsille, TX 78520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	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
		Fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers	5)
	Sch: 2/12 Rpt: 7/18	l	Benjamin (The Hor	norable)				00019971		
4	Date	5 Payee name								
	01/06/2023	Dalco Prote	ection Systems							
6	Amount (\$)	<b>7</b> Payee addre		State; Zip C	ode					
	\$207.52	355 Old Po	rt Isabel Road							
		Brownsville	, TX 78521							
8	PURPOSE OF		ee Categories listed at the to	op of this schedule)	(b)	Description				
	EXPENDITURE	Home Secu	ırity					de of Texas. Com officeholder living	plete Schedule T.	
						Home alarm	,,		,	
9	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office so	ught			Office he	eld	
	experiditure to benefit C/Or	1								
	Date	Payee name								
	01/02/2023	Dollar Tree								
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode					
	\$10.62	1215 Centr	al Boulevard							
		Brownsville	, TX 78520							
	PURPOSE OF	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description				
	EXPENDITURE	Decoration:	5					de of Texas. Com officeholder living	plete Schedule T.	
						Swearing in c				
						· · · · · · · · · · · · · · · · ·		, , , , , ,	3	
	Complete ONLY if direct		ceholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/O	4								
	Date	Payee name								
	04/20/2023	Enterprise	Rent a Car							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode					
	\$376.97	2424 East 3	38th Street							
		Dallas, TX	75261							
	PURPOSE	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Rental car							plete Schedule T.	
						Judicial Confe		officeholder living		
						Jadiolai Colli	J. C		,,	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	L ught			Office he	eld	
	expenditure to benefit C/O				•					

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
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 (\$)	7 Payee address; City; State; Zip Code
	\$46.72	2250 Boca Chica Boulevard
		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Swearing in ceremony for Judges
		Swearing in Ceremony for Judges
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
$\vdash$	Data	
	Date	Payee name
	04/10/2023	H.E.B.
	Amount (\$)	Payee address; City; State; Zip Code
	\$131.28	2250 Boca Chica Boulevard
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gathering with constituents
		Gathering with constituents
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	01/02/2023	Home Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.63	604 West Morrison Road
		Brownsville, TX 78520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Decorations Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Swearing in ceremony for Judges
		Swearing in ceremony for Judges
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/12 Rpt: 9/18	Euresti Jr., Benjamin (The Honorable) 00019971
4	Date	5 Payee name
	03/08/2023	Lady Hawk Golf
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	1701 Dixieland
		Harlingen, TX 78550
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Tilgit school goli
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	03/15/2023	Las Cazuelitas #2
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.54	220 Palm Boulevard
		Brownsville, TX 78520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Lunch with constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/26/2023	Leukemia & Lymphoma Society
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	4311 North 10th Street
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Chantable donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1: Sch: 5/12 Rpt: 10/18	2 FILER NAME Euresti Jr., Benjamin (The Honorable) 3 Filer ID (Ethics Commission File 00019971	ers)
4	Date	5 Payee name	
	04/12/2023	Liam's Steak House	
6	Amount (\$) \$232.74	7 Payee address; City; State; Zip Code 4495 North Expressway 77	
	¥		
_		Brownsville, TX 78520	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Dinner with constituents	
		Diffiel with constituents	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/17/2023	Lola's Bistro	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$229.56	1335 Palm Boulevard	
		Brownsville, TX 78520	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Dinner with constituents	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	01/09/2023	Mackenzie-Childs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$53.04	www.mackenzie-childs.com	
		3260 State Route 90	
		Aurora, NY 13026	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Birthday gift for Adriana Garcia	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
1			

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 6/12 Rpt: 11/18	Euresti Jr., Benjamin (The Honorable) 00019971
4	Date	5 Payee name
	01/17/2023	Mackenzie-Childs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$105.00	www.mackenzie-childs.com
		3260 State Route 90
		Aurora, NY 13026
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Birthday gift for Adriana Garcia
		Birdiday girt for Adrida Garda
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	01/09/2023	Madeira Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$258.00	805 Media Luna
		Brownsville, TX 78520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Dinner with constituents
		Billiel Wall schoolie
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/02/2023	Nothing Bundt Cakes
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.40	2451 Pablo Kiesel Boulevard
		Suite A
		Brownsville, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Birthday cake for constituent
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	T. 1 0 1 1 54		
1	Total pages Schedule F1:		
L	Sch: 7/12 Rpt: 12/18	Euresti Jr., Benjamin (The Honorable) 00019971	
4	Date	5 Payee name	
	02/06/2023	Primera Iglesia Presbiteriana	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
ľ	\$80.00	616 E. Jefferson	
	Ψ00.00	OTO E. SCHOISON	
		Brownsville, TX 78520	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Candidate/Officeholder/Political Committee	
		Church donation	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
<b>–</b>	Date	Payeo namo	_
	01/02/2023	Praying Cataring	
		Provisions Catering	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$216.46	1375 Palm Boulevard	
		Brownsville, TX 78520	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	$\neg$
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Swearing in ceremony for Judges	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	н	
H	Data	Davido namo	_
	Date	Payee name	
	04/03/2023	Provisions Catering	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$140.67	1375 Palm Boulevard	
		Brownsville, TX 78520	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Catering for gathering with constituents	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
			$\overline{}$

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 8/12 Rpt: 13/18	Euresti Jr.,	Benjamin (The Ho	norable)				00019971	
4	Date	5 Payee name	!						
	02/02/2023	Southwest	Airlines						
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip C	ode				
	\$793.92	www.south	west.com						
		2702 Love	Field Drive						
		Dallas, TX	75235						
8	PURPOSE OF		see Categories listed at the t	op of this schedule)	(b)	Description			
	EXPENDITURE	Airline fligh	ts			_		ide of Texas. Com , officeholder living	nplete Schedule T.
						_			g, TX, in April 2023
									5, , <sub> </sub>
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office so	ught			Office h	eld
	Date	Payee name	:						
	01/02/2023	Spec's							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$134.45	754 Boca (	Chica Boulevard						
		Brownsville	e, TX 78520		1				
	PURPOSE OF	1	ee Categories listed at the to	op of this schedule)	(b)	Description			
	EXPENDITURE	Food/Beve	rage Expense					ide of Texas. Com , officeholder living	nplete Schedule T.
						Swearing in c			
						J J		,	
	Complete ONLY if direct expenditure to benefit C/Ol		iceholder name	Office so	ught			Office h	eld
	Date	Payee name	!						
	02/28/2023	Texas Cen	ter for the Judiciary	1					
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$75.00	1210 San A	Antonio Street						
		Suite 800							
		Austin, TX	78701						
	PURPOSE	(a) Category (s	see Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees				ш			nplete Schedule T.
						<b>—</b>		, officeholder living	
						Irving, TX	ee:	s ioi Juuicia	ll Region A Conference in
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u> </u>			Office h	eld
	expenditure to benefit C/OI	4							

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 9/12 Rpt: 14/18	Euresti Jr., Benjamin (The Honorable) 00019971			
4	Date	5 Payee name			
	06/07/2023	Texas Center for the Judiciary			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$325.00	1210 San Antonio Street			
		Suite 800			
		Austin, TX 78701			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Registration fees for Judicial Conference in Houston,			
		TX			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	experialiture to benefit C/Oi				
	Date	Payee name			
	01/31/2023	Texas Democratic Party			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$10.00	707 Rio Grande Street			
		Austin, TX 78701			
	PURPOSE 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			
		25cotate rang container			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
L	expenditure to benefit C/OI	1			
	Date	Payee name			
L	02/17/2023	Texas Democratic Party			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$10.00	707 Rio Grande Street			
L		Austin, TX 78701			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.			
		Candidate/Officeholder/Political Committee			
		Democratic Farty donation			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				
L					

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica			OTHER (enter a	strict 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 Filer	s)
	Sch: 10/12 Rpt: 15/18	Euresti Jr., Benjamin (The Honorable)		00019971		
4	Date	5 Payee name				
	03/17/2023	Texas Democratic Party				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$10.00	707 Rio Grande Street				
		Austin, TX 78701				
8	PURPOSE					
Ü	OF		el outs	ide of Texas. Com	nplete Schedule T.	
	EXPENDITURE		in, TX	, officeholder living	g expense	
		Democratic	Par	ty donation		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld	
	expenditure to benefit C/OI					
	Date	Payee name				
	04/14/2023	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				
	OF EXPENDITURE		el outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITORE	Carialaces Cinecineday, Cinecal Committee		, officeholder living	g expense	
		Democratic	Pan	ty donation		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date	Payee name				
	05/15/2023	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				
	OF EXPENDITURE	Continuations/Donations Made By			plete Schedule T.	
		Candidate/Officeholder/Political Committee		, officeholder living	g expense	
		Democratic	ı an	y donation		
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld	
	expenditure to benefit C/OI			Office III	oiu	

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 11/12 Rpt: 16/18	Euresti Jr., Benjamin (The Honorable) 00019971
4	Date	5 Payee name
	06/16/2023	Texas Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	707 Rio Grande Street
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Bomodiado Faity donado.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Davies name
	01/02/2023	Payee name Tuocday Morning
		Tuesday Morning
	Amount (\$)	Payee address; City; State; Zip Code
	\$123.86	1601 Price road
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Decorations Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Swearing in ceremony for Judges
		Swearing in ceremony for sudges
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	Programme
	Date 03/17/2023	Payee name  Vela Doors
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,100.00	Calle Topacio No. 50A
		Colonia Villa Esmeralda
		Heroica Matamoros Tamaulipas 37396 Mexico
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Home security  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Home front door
		Home none addi
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	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: 12/12 Rpt: 17/18	Euresti Jr., Benjamin (The Honorable) 00019971				
4	Date	5 Payee name				
	03/30/2023	Warriors United In Arms				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$100.00	5 Jalisco Court				
		Brownsville, TX 78526				
8	PURPOSE 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				
		Donation for veterans				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	experialiture to benefit C/Oi					
	Date	Payee name				
	04/20/2023	Westin Hotel				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$417.97	400 West Las Colinas Blvd.				
		Irving, TX 75039				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Hotel  (b) Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Hotel  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Judicial Conference in Irving, TX				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	·					
	Date	Payee name				
	01/05/2023	Zapata, Rolando				
	Amount (\$) \$150.00	Payee address; City; State; Zip Code  111 North Valencia Drive				
	\$130.00	111 Notul Valencia Drive				
		Bayview, TX 78566				
	PURPOSE					
	OF	(a) Category (See Categories listed at the top of this schedule)  Music  (b) Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Swearing in ceremony for Judges				
	Complete ONII V if allows	Condidate/Officeholder name				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
l						

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

### SCHEDULE K

	The Instruction Guide explains how to complete this form			ages Schedule K:	
				/1 Rpt: 18/18	
2	FILER NAME		3 Filer ID	(Ethics Commission Filers)	
	Euresti Jr., E	Benjamin (The Honorable)	00019	971	
4	Date	5 Name of person from whom amount is received		8 Amount (\$)	
	02/22/2023	Cameron County		\$2,057.64	
		6 Address of person from whom amount is received; City; State; Zip Code			
		Brownsville, TX 78520			
		7 Purpose for which amount is received	olitical contr	ribution returned to filer	
		Reimbursement for NYC Conference (hotel and meals)			
_	Date	Name of person from whom amount is received		Amount (\$)	
	04/20/2023	Fifth Administrative Judicial Region		\$75.00	
		Address of person from whom amount is received; City; State; Zip Code			
		Alice, TX 78332			
		Purpose for which amount is received	olitical contr	ribution returned to filer	
		Reimbursement for registration fees for Annual Conference April 16-19, 202	3, in Irvinç	g, Texas	
	Date	Name of person from whom amount is received		Amount (\$)	
	05/18/2023	Texas Center for the Judiciary		\$889.59	
		Address of person from whom amount is received; City; State; Zip Code			
		Austin, TX 78701			
				ribution returned to filer	
L		Reimbursement for meals, airfare, lodging for Annual Conference April 16-1	9, 2023, ir	n Irving, Texas	
l					