### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

The JC/OH Instruct	ion Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commis: 00043618	sion Filers)	2 Total pages	filed: 30
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
OFFICEHOLDER NAME		Gina M.			Date Received	
					ELECTRONI	CALLY FILED
	NICKNAME	LAST		SUFFIX	10/07/2024	
		Benavides				
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; AI	PT / SUITE #; CIT	Ϋ;	ZIP CODE		d or Date Postmarked
ADDRESS	REDACTED PER 2	54.0313, G <u>OV'T C</u>	ODE		Receipt #	Amount
Change of Addres					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Ms.	Leticia M.				
	NICKNAME	LAST			SUFFIX	
		Perez			00111/	
		1 0.02				
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO F	PO BOX PLEASE);	APT	/ SUITE #; CITY;	S	TATE; ZIP CODE
(Residence or Busines	REDACTED PER 2	54.0313, GOV'T (	CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE PH (361) 765-9004	ONE NUMBER	EXTENSION			
8 REPORT TYPE	January 15	X 30th day before	e election	Runoff		campaign treasurer
	July 15	8th day before		Exceeded modified	_	fficeholder only) ttach C/OH-FR)
9 PERIOD	Month Day Yea	r		Month Day	Year	
COVERED	07/01/2024	Tŀ	IROUGH	09/26/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE	<b>—</b>	
	Month Day Yea 11/05/2024	'   ∐ᢪ	rimary	Runoff	Other	
	11/03/2024	XG	Seneral	Special		
11 OFFICE	OFFICE HELD (if any)	1		12 OFFICE SOUGHT	(if known)	
	Court Of Appeals, Justic	ce Place 5 District	: 13	Court of Appeals		District 13
		GO 1	O PAGE 2			
Forms provided by	Texas Ethics Commission	www.et	hics.state.tx.us		Vei	rsion V4.1.0.48da51f

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

FORM JC/OH COVER SHEET PG 2 2 of 30

L

13 C / OH NAME	Benavides, Gina M.	The Honorable)	<b>14</b> Filer ID 00043618	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or politic These expenditures may have been ma d officeholders are required to report this	ade without the candidate's or offi	ceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURE	ER NAME		
		COMMITTEE CAMPAIGN TREASURE	ER ADDRESS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(O ES OF LOANS, OR CONTRIBUTIONS		\$	0.00
		ICAL CONTRIBUTIONS		\$	43,440.16
EXPENDITURE	· · ·	PLEDGES, LOANS, OR GUARANTEES IZED POLITICAL EXPENDITURES	S OF LOANS)	\$	0.00
TOTALS				÷	0.00
		ICAL EXPENDITURES		\$	48,748.43
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS	S OF THE LAST DAY OF THE	\$	139,420.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOP	PAL AMOUNT OF ALL OUTSTANDING	LOANS AS OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
			nder penalty of perjury, that the a d includes all information required tion Code.		
		1	The Honorable Gina M. Benav	vides	
			Signature of Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		day
		ertify which, witness my hand and seal o			
Signature of offic	cer administering oath	Printed name of officer administer	ing oath Title of offic	er administer	ing oath
Forms provided by Te	exas Ethics Commission	www.ethics.state.tx.us		Version V	4.1.0.48da51f7

### SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

3 of 30

18 FILER NAM Benavides	IE s, Gina M. (The Honorable)	19 Filer ID 00043618	(Ethics C	ommission Filers)
20 SCHEDULE		00040010	T	
NAME OF SCHEDULE				STOTAL AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	42,445.63
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	994.53
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	47,753.75
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	994.68
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 1/11 Rpt: 4/30
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Benavides, 0	Gina M. (The Honorable)		00043618
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
08/29/2024	Acosta, Robert		\$1,000.00
	6 Contributor address; City; State; Zip Code		
	Alamo, TX 78516		
	Principal Occupation	9 Contributor's Job Title	
Self Employ		Self Employed	
10 Contributor's e Self Employe		<b>11</b> Law firm of contributor's sp	Jouse (ii any)
	s a child, law firm of parent(s) (if any)		
	o a china, nav inni or parendoj (ir any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/14/2024	Aransas County Democrats		\$100.00
	Contributor address; City; State; Zip Code		
	Fulton, TX 78358		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/16/2024	Benny Agosto Jr. PC		\$10,000.00
	Contributor address; City; State; Zip Code		
	Houston , TX 77002		
Contributor's F	Principal Occupation	Contributor's Job Title	
	- F		
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
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The Instructio	on Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 2/11 Rpt: 5/30
2 FILER NAME Benavides, Gina	a M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00043618
08/30/2024	Full name of contributor       out-of-state PAC (ID#:_         Briones, Lesley       out-of-state; Zip Code		7 Amount of Contribution (\$) \$500.00
	Houston, TX 77008		
8 Contributor's Princ Commissioner	cipal Occupation	9 Contributor's Job Title Commissioner	
<ul> <li>10 Contributor's emp Harris County</li> <li>12 If contributor is a contributor of the second secon</li></ul>	loyer/law firm child, law firm of parent(s) (if any)	11 Law firm of contributor's sp Briones Law Firm	oouse (if any)
Date 08/29/2024	Full name of contributor       out-of-state PAC (ID#:_         Castellanos, Dolores         Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$100.00
	McAllen, TX 78501		
Contributor's Princ Psychologist	cipal Occupation	Contributor's Job Title Psychologist	
Contributor's emp Self employed		Law firm of contributor's sp	oouse (if any)
If contributor is a c	child, law firm of parent(s) (if any)		
Date 08/28/2024	Full name of contributor out-of-state PAC (ID#:_ Elliiff, Rosalie Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$200.00
	Harlingen, TX 78550		
Contributor's Princ		Contributor's Job Title	
	forcement Officer	Not applicable	
Contributor's emp Not applicable	loyer/law firm	Law firm of contributor's sp	bouse (if any)
	child, law firm of parent(s) (if any)		
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The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 3/11 Rpt: 6/30
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Benavides, C	Gina M. (The Honorable)		00043618
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
08/19/2024	Escamilla, Evelyn		\$500.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78731		
	Principal Occupation	9 Contributor's Job Title	
Producer		Producer	
10 Contributor's e		<b>11</b> Law firm of contributor's sp	bouse (if any)
Self Employe	s a child, law firm of parent(s) (if any)		
	s a china, law linn of parend(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
08/06/2024	Galan, Katie		\$250.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78704		
	rincipal Occupation ducation & Community Engagement	Contributor's Job Title	Community Engagement
	mployer/law firm	Law firm of contributor's sp	
Better Busine		Law IIIII of contributor 5 Sp	
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
09/12/2024	Garcia, Stacy		\$526.63
	Contributor address; City; State; Zip Code		
	Sugarland, TX 77478		
	Principal Occupation	Contributor's Job Title	
Attorney	mployer/law firm	Attorney Law firm of contributor's sp	
Garcia Law	inployentaw intri	Law IIIII of contributor's Sp	
	s a child, law firm of parent(s) (if any)		
	· · · · · · · · · · · · · · · · · · ·		
	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V4.1.0.48da51f7

2 FILER NAME	ction Guide explains how to complete this f	form.	<ol> <li>Total pages Schedule A(J)1: Sch: 4/11 Rpt: 7/30</li> <li>Filer ID (Ethics Commission Filers) 00043618</li> </ol>
	<ul> <li>5 Full name of contributor out-of-state PAC (ID#: Gonzalez Jr., Jaime (Mr.)</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$5,000.00
	McAllen, TX 78501		
8 Contributor's F Attorney	Principal Occupation	9 Contributor's Job Title Attorney	
<b>10</b> Contributor's e Gonzalez & A		<b>11</b> Law firm of contributor's sp	ouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_ Hopkins, Sara Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$26.63
Contributor's [	Cuero, TX 77954	Contributor's Job Title	
Retired	Principal Occupation	Retired	
Non Applicat	employer/law firm ble s a child, law firm of parent(s) (if any)	Law firm of contributor's sp	ouse (if any)
	s a child, law littl of parent(s) (if any)		
Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_ Huseman Law Firm, PLLC Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$500.00
Contributor's [	Corpus Christi, TX 78401	Contributor's Job Title	
Contributors F	Principal Occupation		
Contributor's e	employer/law firm	Law firm of contributor's sp	ouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
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The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 5/11 Rpt: 8/30
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Benavides, G	Sina M. (The Honorable)		00043618
	5 Full name of contributor out-of-state PAC (ID#:)	)	<b>7</b> Amount of Contribution (\$)
07/23/2024	Huseman Law Firm, PLLC		\$500.00
	6 Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78401		
8 Contributor's F	rincipal Occupation	9 Contributor's Job Title	
Contributor 3 P			
10 Contributor's e	mployer/law firm	<b>11</b> Law firm of contributor's sp	oouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/29/2024	Keital, Blanca		\$2,500.00
	Contributor address; City; State; Zip Code		
	McAllen, TX 78504		
	rincipal Occupation	Contributor's Job Title	
Unknown		Unknown	
	mployer/law firm	Law firm of contributor's sp	ouse (if any)
Unknown			
	a child, law firm of parent(s) (if any)		
Dete			
Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Klein, Teresa	)	Amount of Contribution (\$) \$100.00
09/09/2024	Contributor address; City; State; Zip Code		\$100.00
	Contributor address, City, State, Zip Code		
	Corpus Christi, TX 78411		
Contributor's F	rincipal Occupation	Contributor's Job Title	
Professor		Professor	
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
Texas A&M (	Corpus Christi		
If contributor is	a child, law firm of parent(s) (if any)		
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The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 6/11 Rpt: 9/30
2 FILER NAME Benavides, Gina M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00043618
4 Date     5 Full name of contributor     out-of-state PAC (ID#: 09/13/2024       Contributor     0		7 Amount of Contribution (\$) \$263.47
6 Contributor address; City; State; Zip Code		
Dallas, TX 75217		
8 Contributor's Principal Occupation Lawyer	9 Contributor's Job Title Lawyer	
<b>10</b> Contributor's employer/law firm Brian Lauten, P.C.	<b>11</b> Law firm of contributor's sp	oouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/06/2024 Law Offices Gilberto Hinojosa & Associates PC		\$1,000.00
Contributor address; City; State; Zip Code		
Brownsville, TX 78520		
Contributor's Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is a child, law firm of parent(s) (if any)	1	
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/25/2024 Law Offices of Ezequiel Reyna, Jr. PC		\$2,500.00
Contributor address; City; State; Zip Code		
Weslaco, TX 78599		
Contributor's Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is a child, law firm of parent(s) (if any)	1	
Forme provided by Taylog Ethiog Commission		

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 7/11 Rpt: 10/30
2 FILER NAME Benavides, C	Gina M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00043618
4 Date 08/30/2024	<ul> <li>5 Full name of contributor out-of-state PAC (ID#:</li></ul>		7 Amount of Contribution (\$) \$100.00
	Mission, TX 78574		
	rincipal Occupation	9 Contributor's Job Title	•
Consultant		Consultant	
10 Contributor's e		<b>11</b> Law firm of contributor's sp	bouse (if any)
Fortem Cons			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
09/14/2024	Lopez, Sonia		\$105.58
	Contributor address; City; State; Zip Code		
	Houston, TX 77093		
Contributor's F	Principal Occupation	Contributor's Job Title	
Assistant Ge	neral Counsel	Assistant General Coun	isel
	mployer/law firm	Law firm of contributor's sp	bouse (if any)
Lone Star Co			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
08/29/2024	Martinez, Maridel		\$105.58
	Contributor address; City; State; Zip Code		
	Wimberly, TX 78676		
Contributor's F	Principal Occupation	Contributor's Job Title	•
Retired		Retired	
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
Not Applicab	le		
If contributor is	s a child, law firm of parent(s) (if any)		
Eorme providad	hy Texas Ethics Commission www.ethic	s state tx us	Version V4 1 0 48da51f7

2       FLER NAME       3       Filer ID       (Ethics Commission Filers)         Benavides, Gina M. (The Honorable)       0xt of statu PAC (ID=)       00043613         4       Date       Full name of contributor       oxt of statu PAC (ID=)       7         6       Contributor address; City: State: Zip Code       7       Amount of Contribution (S)         8       Contributor's employer/law firm       11       Law firm of contributor's spouse (If any)         10       Contributor is a child, law firm of parent(s) (If any)       11       Law firm of contributor's spouse (If any)         Date       G8/24/2024       Full name of contributor       Oxt of state PAC (ID=)       Amount of Contributor (S)         08/24/2024       Full name of contributor       Oxt of state PAC (ID=)       Amount of Contributor (S)         08/24/2024       Full name of contributor       Oxt of state PAC (ID=)       Amount of Contributor (S)         08/24/2024       Full name of contributor       Contributor's a child, law firm of parent(s) (If any)       Contributor's spouse (If any)         Date       Contributor address: City: State: Zip Code	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 8/11 Rpt: 11/30
4       Date 09/12/2024       5       Full name of contributor       out-of-state PAC (D#:	2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
09/12/2024       Medina, David       \$500.00         6       Contributor address; City; State; Zip Code       Houston, TX 77030         8       Contributor's Principal Occupation       9         Attorney       Attorney         10       Contributor's enployer/law firm       11         Nelson Multins       11       Law firm of contributor's spouse (if any)         24       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         08/24/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         08/24/2024       Full name of contributor       contributor's spouse (if any)       \$37.16         Contributor's Principal Occupation       Contributor's abb Title       #         Retired       Contributor's spouse (if any)       \$37.16         Contributor's Principal Occupation       Contributor's spouse (if any)       \$37.16         If contributor's is a child, law firm of parent(\$) (if any)       Law firm of contributor's spouse (if any)       \$5,000.00         09/09/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)       \$5,000.00         09/09/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)       \$	Benavides, C	Gina M. (The Honorable)		00043618
6       Contributor address; City; State; Zip Code         Houston, TX 77030       9         8       Contributor's Principal Occupation         Attorney       11         10       Contributor's employer/law firm         Nelson Mullins       11         12       If contributor's principal Occupation         Ø       Full name of contributor         Ø/24/2024       Full name of contributor         Oal/24/2024       Full name of contributor         Contributor's Principal Occupation       Contributor's Job Title         Contributor's Principal Occupation       Contributor's Job Title         Retired       Retired         Contributor's employer/law firm       Law firm of contributor's spouse (if any)         Not Applicable       It contributor's employer/law firm         If contributor is a child, law firm of parent(s) (if any)       Contributor's spouse (if any)         Not Applicable       Full name of contributor       out-of-state PAC (ID#:	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
6       Contributor address; City; State: Zip Code         Houston, TX 77030       9         Contributor's Principal Occupation       9         Attorney       11         10       Contributor's employer/law firm         11       Law firm of contributor's spouse (if any)         12       If contributor is a child, law firm of parent(s) (if any)         12       Full name of contributor         08/24/2024       Full name of contributor         Contributor's Principal Occupation       Contributor's Job Title         Retired       Retired         Contributor's employer/law firm       Law firm of contributor's spouse (if any)         Not Applicable       Internet of contributor         If contributor address; City; State; Zip Code       Amount of Contributor (\$)         09/09/2024       Full name of contributor       out-of-state PAC (ID#:	09/12/2024			\$500.00
8       Contributor's Principal Occupation Attorney       9       Contributor's Job Title Attorney         10       Contributor's employer/law firm Nelson Mullins       11       Law firm of contributor's spouse (if any)         12       If contributor's is a child, law firm of parent(s) (if any)       11       Law firm of contributor's spouse (if any)         Date       Full name of contributor       Out-of-state PAC (ID#) Medina, Vic       Amount of Contribution (\$)         Contributor's Principal Occupation Retired       Contributor's Job Title Retired       Amount of Contributor's spouse (if any)         Date       Contributor's Principal Occupation Retired       Contributor's spouse (if any)         Date       Op/09/2024       Full name of contributor out-of-state PAC (ID#) Contributor's apployer/law firm       Law firm of contributor's spouse (if any)         Not Applicable       If contributor's apployer/law firm       Law firm of contributor's spouse (if any)         Date       Full name of contributor out-of-state PAC (ID#) Omar Ochoa Law Firm       Amount of Contributor (\$)         09/09/2024       Full name of contributor       out-of-state PAC (ID#) Omar Ochoa Law Firm       Amount of Contributor's Job Title         Contributor's Principal Occupation       Contributor's Job Title       S5,000.00       \$5,000.00         Contributor's Principal Occupation       Contributor's spouse (if any)				
8       Contributor's Principal Occupation Attorney       9       Contributor's Job Title Attorney         10       Contributor's employer/law firm Nelson Mullins       11       Law firm of contributor's spouse (if any)         12       If contributor's is a child, law firm of parent(s) (if any)       11       Law firm of contributor's spouse (if any)         Date       Full name of contributor       Out-of-state PAC (ID#) Medina, Vic       Amount of Contribution (\$)         Contributor's Principal Occupation Retired       Contributor's Job Title Retired       Amount of Contributor's spouse (if any)         Date       Contributor's Principal Occupation Retired       Contributor's spouse (if any)         Date       Op/09/2024       Full name of contributor out-of-state PAC (ID#) Contributor's apployer/law firm       Law firm of contributor's spouse (if any)         Not Applicable       If contributor's apployer/law firm       Law firm of contributor's spouse (if any)         Date       Full name of contributor out-of-state PAC (ID#) Omar Ochoa Law Firm       Amount of Contributor (\$)         09/09/2024       Full name of contributor       out-of-state PAC (ID#) Omar Ochoa Law Firm       Amount of Contributor's Job Title         Contributor's Principal Occupation       Contributor's Job Title       S5,000.00       \$5,000.00         Contributor's Principal Occupation       Contributor's spouse (if any)				
8       Contributor's Principal Occupation Attorney       9       Contributor's Job Title Attorney         10       Contributor's employer/law firm Nelson Mullins       11       Law firm of contributor's spouse (if any)         12       If contributor's is a child, law firm of parent(s) (if any)       11       Law firm of contributor's spouse (if any)         Date       Full name of contributor       Out-of-state PAC (ID#) Medina, Vic       Amount of Contribution (\$)         Contributor's Principal Occupation Retired       Contributor's Job Title Retired       Amount of Contributor's spouse (if any)         Date       Contributor's Principal Occupation Retired       Contributor's spouse (if any)         Date       Op/09/2024       Full name of contributor out-of-state PAC (ID#) Contributor's apployer/law firm       Law firm of contributor's spouse (if any)         Not Applicable       If contributor's apployer/law firm       Law firm of contributor's spouse (if any)         Date       Full name of contributor out-of-state PAC (ID#) Omar Ochoa Law Firm       Amount of Contributor (\$)         09/09/2024       Full name of contributor       out-of-state PAC (ID#) Omar Ochoa Law Firm       Amount of Contributor's Job Title         Contributor's Principal Occupation       Contributor's Job Title       S5,000.00       \$5,000.00         Contributor's Principal Occupation       Contributor's spouse (if any)				
Attorney       Attorney         10 Contributor's employer/law firm Nelson Mullins       11 Law firm of contributor's spouse (if any)         12 If contributor is a child, law firm of parent(s) (if any)       12 If contributor is a child, law firm of parent(s) (if any)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         08/24/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         08/24/2024       Contributor address; City; State; Zip Code       Contributor's Dob Title       \$37.16         Contributor's Principal Occupation       Contributor's spouse (if any)       Not Applicable       Law firm of contributor's spouse (if any)         If contributor is a child, law firm of parent(s) (if any)       out-of-state PAC (ID#)       Amount of Contribution (\$)         09/09/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         09/09/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         09/09/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         09/09/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         09/09/09/2024       Full name of contributor			T	
10 Contributor's employer/law firm Nelson Mullins       11 Law firm of contributor's spouse (if any)         12 If contributor is a child, law firm of parent(s) (if any)       Amount of Contribution (\$)         Date 08/24/2024       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         08/24/2024       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         08/24/2024       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         08/24/2024       Full name of contributor       Contributor's tate PAC (D#:)       Amount of Contribution (\$)         Contributor's Principal Occupation       Contributor's Job Title       Retired       Contributor's spouse (if any)         Not Applicable       If contributor is a child, law firm of parent(s) (if any)       Law firm of contributor's spouse (if any)       Amount of Contribution (\$)         09/09/2024       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         09/09/2024       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         09/09/2024       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         09/09/2024       Full name of contributor       out-of-state PAC (D#:)       Amount of Cont		Principal Occupation		
Nelson Mullins         12 If contributor is a child, law firm of parent(s) (if any)         Date       O8/24/2024         Wedina, Vic			-	
12 If contributor is a child, law firm of parent(s) (if any)         Date       Full name of contributor out-of-state PAC (ID#:) Medina, Vic       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Contributor's Occupation       Contributor's Job Title Retired         Contributor's Principal Occupation       Contributor's spouse (if any)       Law firm of contributor's spouse (if any)         If contributor is a child, law firm of parent(s) (if any)       Law firm of contributor's spouse (if any)         Date       Full name of contributor out-of-state PAC (ID#:) Omar Ochoa Law Firm       Amount of Contribution (\$)         09/09/2024       Full name of contributor out-of-state PAC (ID#:) Omar Ochoa Law Firm       Amount of Contribution (\$)         Contributor's Principal Occupation       Contributor's lab Title       S5,000.00         Contributor's Principal Occupation       Contributor's Job Title         Contributor's Principal Occupation       Contributor's Job Title         Contributor's Principal Occupation       Contributor's spouse (if any)			<b>11</b> Law firm of contributor's sp	bouse (if any)
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/24/2024       Medina, Vic       \$37.16         Contributor address; City; State; Zip Code       Contributor's Occupation       \$37.16         Contributor's Principal Occupation       Contributor's Job Title       Retired         Contributor's employer/law firm       Law firm of contributor's spouse (if any)       Amount of Contributon (\$)         If contributor is a child, law firm of parent(s) (if any)       Omar Ochoa Law Firm       Amount of Contribution (\$)         09/09/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         0mar Ochoa Law Firm       Contributor's Job Title       S5,000.00         Contributor's Principal Occupation       Contributor's Job Title         Contributor's Principal Occupation       Contributor's Job Title         Contributor's Principal Occupation       Contributor's Job Title         Contributor's employer/law firm       Law firm of contributor's spouse (if any)				
08/24/2024       Medina, Vic       \$37.16         Contributor address:       City; State; Zip Code       \$37.16         Contributor's Principal Occupation       Contributor's Job Title         Retired       Contributor's employer/law firm       Law firm of contributor's spouse (if any)         Not Applicable       If contributor is a child, law firm of parent(s) (if any)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/09/2024       Omar Ochoa Law Firm       \$5,000.00       \$5,000.00         Contributor's Principal Occupation       Contributor's Job Title       \$5,000.00         Contributor's Principal Occupation       Contributor's spouse (if any)       \$5,000.00		s a child, law lifth of parent(s) (if any)		
08/24/2024       Medina, Vic       \$37.16         Contributor address:       City; State; Zip Code       \$37.16         Contributor's Principal Occupation       Contributor's Job Title         Retired       Contributor's employer/law firm       Law firm of contributor's spouse (if any)         Not Applicable       If contributor is a child, law firm of parent(s) (if any)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/09/2024       Omar Ochoa Law Firm       \$5,000.00       \$5,000.00         Contributor's Principal Occupation       Contributor's Job Title       \$5,000.00         Contributor's Principal Occupation       Contributor's spouse (if any)       \$5,000.00	Data			Amount of Contribution (ft)
Contributor address; City; State; Zip Code         Corpus Christi, TX 78412         Contributor's Principal Occupation         Retired         Contributor's employer/law firm         Not Applicable         If contributor is a child, law firm of parent(s) (if any)         Date         09/09/2024         Full name of contributor         Omar Ochoa Law Firm         Contributor's Principal Occupation         Contributor's projogen/law firm         Law firm of contributor's spouse (if any)			)	
Corpus Christi, TX 78412         Contributor's Principal Occupation         Retired         Contributor's employer/law firm         Not Applicable         If contributor is a child, law firm of parent(s) (if any)         Date         Og/09/2024         Full name of contributor         Omar Ochoa Law Firm         Contributor's Principal Occupation         Contributor's spouse (if any)         Amount of Contribution (\$)         Og/09/2024         McAllen, TX 78501         Contributor's Principal Occupation         Contributor's spouse (if any)	00/24/2024			
Contributor's Principal Occupation       Contributor's Job Title         Retired       Retired         Contributor's employer/law firm       Law firm of contributor's spouse (if any)         Not Applicable       If contributor is a child, law firm of parent(s) (if any)         Date       Full name of contributor         09/09/2024       Full name of contributor         Omar Ochoa Law Firm       Amount of Contribution (\$)         Contributor's Principal Occupation       Contributor's Job Title         McAllen, TX 78501       Contributor's Job Title         Contributor's employer/law firm       Law firm of contributor's spouse (if any)		Contributor address, City, State, Zip Code		
Contributor's Principal Occupation       Contributor's Job Title         Retired       Retired         Contributor's employer/law firm       Law firm of contributor's spouse (if any)         Not Applicable       If contributor is a child, law firm of parent(s) (if any)         Date       Full name of contributor         09/09/2024       Full name of contributor         Omar Ochoa Law Firm       Amount of Contribution (\$)         Contributor's Principal Occupation       Contributor's Job Title         McAllen, TX 78501       Contributor's Job Title         Contributor's employer/law firm       Law firm of contributor's spouse (if any)				
Contributor's Principal Occupation       Contributor's Job Title         Retired       Retired         Contributor's employer/law firm       Law firm of contributor's spouse (if any)         Not Applicable       If contributor is a child, law firm of parent(s) (if any)         Date       Full name of contributor         09/09/2024       Full name of contributor         Omar Ochoa Law Firm       Amount of Contribution (\$)         Contributor's Principal Occupation       Contributor's Job Title         McAllen, TX 78501       Contributor's Job Title         Contributor's employer/law firm       Law firm of contributor's spouse (if any)		Corpus Christi, TX 78412		
Contributor's employer/law firm       Law firm of contributor's spouse (if any)         Not Applicable       If contributor is a child, law firm of parent(s) (if any)         Date       Full name of contributor       out-of-state PAC (ID#:)         09/09/2024       Full name of contributor       out-of-state PAC (ID#:)         Omar Ochoa Law Firm       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       \$5,000.00         McAllen, TX 78501       Contributor's Job Title         Contributor's employer/law firm       Law firm of contributor's spouse (if any)	Contributor's F	· ·	Contributor's Job Title	1
Not Applicable       If contributor is a child, law firm of parent(s) (if any)         Date       Full name of contributor       out-of-state PAC (ID#:)         09/09/2024       Omar Ochoa Law Firm       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       McAllen, TX 78501         Contributor's Principal Occupation       Contributor's Job Title         Contributor's employer/law firm       Law firm of contributor's spouse (if any)	Retired		Retired	
If contributor is a child, law firm of parent(s) (if any)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/09/2024       Omar Ochoa Law Firm       \$5,000.00         Contributor address; City; State; Zip Code       McAllen, TX 78501         Contributor's Principal Occupation       Contributor's Job Title         Contributor's employer/law firm       Law firm of contributor's spouse (if any)	Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/09/2024       Omar Ochoa Law Firm       \$5,000.00         Contributor address; City; State; Zip Code       McAllen, TX 78501         Contributor's Principal Occupation       Contributor's Job Title         Contributor's employer/law firm       Law firm of contributor's spouse (if any)	Not Applicab	le		
09/09/2024       Omar Ochoa Law Firm       \$5,000.00         Contributor address; City; State; Zip Code       McAllen, TX 78501         Contributor's Principal Occupation       Contributor's Job Title         Contributor's employer/law firm       Law firm of contributor's spouse (if any)	If contributor is	s a child, law firm of parent(s) (if any)		
09/09/2024       Omar Ochoa Law Firm       \$5,000.00         Contributor address; City; State; Zip Code       McAllen, TX 78501         Contributor's Principal Occupation       Contributor's Job Title         Contributor's employer/law firm       Law firm of contributor's spouse (if any)				
Contributor address; City; State; Zip Code         McAllen, TX 78501         Contributor's Principal Occupation         Contributor's employer/law firm         Law firm of contributor's spouse (if any)	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code         McAllen, TX 78501         Contributor's Principal Occupation         Contributor's employer/law firm         Law firm of contributor's spouse (if any)	09/09/2024			\$5,000.00
Contributor's Principal Occupation       Contributor's Job Title         Contributor's employer/law firm       Law firm of contributor's spouse (if any)				
Contributor's Principal Occupation       Contributor's Job Title         Contributor's employer/law firm       Law firm of contributor's spouse (if any)				
Contributor's Principal Occupation       Contributor's Job Title         Contributor's employer/law firm       Law firm of contributor's spouse (if any)				
Contributor's employer/law firm Law firm of contributor's spouse (if any)		McAllen, TX 78501		
	Contributor's F	Principal Occupation	Contributor's Job Title	
If contributor is a child, law firm of parent(s) (if any)	Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
	If contributor is	s a shild law firm of parant(s) (if any)		
		s a child, law intri of parent(s) (if any)		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 9/11 Rpt: 12/30
2 FILER NAME Benavides, (	Gina M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00043618
4 Date 09/16/2024	<ul> <li>5 Full name of contributor out-of-state PAC (ID#: Omondi, Tom</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$105.58
	Sugarland, TX 77479		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	•
Attorney		Attorney	
10 Contributor's e		11 Law firm of contributor's sp	bouse (if any)
	of Tom Omindi		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
09/11/2024	Ramon Worthington Nicolas & Cantu, PLLC		\$1,000.00
	Contributor address; City; State; Zip Code		
	Edinburg, TX 78539		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
09/06/2024	Rivera, Augustin		\$250.00
	Contributor address; City; State; Zip Code		1
	Corpus Christi, TX 78412		
	Principal Occupation	Contributor's Job Title	
General Cou		General Counsel	
	employer/law firm	Law firm of contributor's sp	bouse (if any)
Del Mar Coll	-	City of Corpus Christi	
If contributor is	s a child, law firm of parent(s) (if any)		
Formo providad	hy Texas Ethics Commission www.ethic	s state ty us	Version V/4 1 0 48da51f7

The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 10/11 Rpt: 13/30					
2 FILER NAME Benavides, C	Sina M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00043618				
4 Date 07/01/2024	<ul> <li>5 Full name of contributor out-of-state PAC (ID#: Spann, Dorothy</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$150.00				
	Corpus Christi, TX 78404						
8 Contributor's F Retired	rincipal Occupation	9 Contributor's Job Title Retired					
<ul><li>10 Contributor's e</li><li>Not Applicab</li><li>12 If contributor is</li></ul>		<b>11</b> Law firm of contributor's sp	iouse (if any)				
Date 08/29/2024	Full name of contributor out-of-state PAC (ID#:_ Thrash, Greg Contributor address; City; State; Zip Code McAllen, TX 78501		Amount of Contribution (\$) \$500.00				
Contributor's F Business Ow	Principal Occupation	Contributor's Job Title Business Owner					
	mployer/law firm	Law firm of contributor's spouse (if any)					
If contributor is	a child, law firm of parent(s) (if any)						
Date 08/28/2024	Full name of contributor out-of-state PAC (ID#: Tijerina Legal Group, P.C. Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$2,500.00				
Contributor's F	McAllen, TX 78501 Principal Occupation	Contributor's Job Title					
Contributor's e	mployer/law firm	Law firm of contributor's sp	pouse (if any)				
If contributor is	s a child, law firm of parent(s) (if any)						
	ay Tayloo Ethico Commission						

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 11/11 Rpt: 14/30			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Benavides, 0	Gina M. (The Honorable)	00043618			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)		
08/29/2024	Wadhawani, Selma		\$1,500.00		
	6 Contributor address; City; State; Zip Code				
	McAllen, TX 78504	T			
	Principal Occupation	9 Contributor's Job Title			
Not employe		Not employed			
10 Contributor's e		<b>11</b> Law firm of contributor's sp	bouse (if any)		
Not employe					
	s a child, law firm of parent(s) (if any)				
Date 07/30/2024	Full name of contributor out-of-state PAC (ID#: Watts, Mikal	)	Amount of Contribution (\$) \$5,000.00		
07/30/2024			\$3,000.00		
	Contributor address; City; State; Zip Code				
	Austin, TX 78704				
Contributor's F	Principal Occupation	Contributor's Job Title			
Lawyer		Lawyer			
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)		
Watts Law F	irm				
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)		
09/07/2024	White, Linda		\$25.00		
	Contributor address; City; State; Zip Code				
	Corpus Christi, TX 78412				
Contributor's F	Principal Occupation	Contributor's Job Title			
Unknown		Unknown			
	employer/law firm	bouse (if any)			
Unknown					
If contributor is	s a child, law firm of parent(s) (if any)				
Forms provided	by Texas Ethics Commission www.ethic	s state tx us	Version V4 1 0 48da51f7		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 15/30						
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)					
	Gina M. (The Honorable)		00043618					
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$						
5 Date	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution contribution (\$) description						
08/05/2024	Longona, riora	contribution (\$) description \$331.51 Shared expense of signs						
	7 Contributor address; City; State; Zip Code							
	Edinburg, TX 78414							
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions) -JUDICIAL)					
	······································							
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)					
Justice		Justice						
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)					
State of Tex	as							
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	)	Amount of In-kind contribution contribution (\$) description					
08/04/2024	Martinez, Jose		contribution (\$) description \$331.51 I Shared Expenses for					
	Contributor address; City; State; Zip Code		Signs					
	McAllen, TX 78503		Check if travel outside of Texas. Complete Schedule T.					
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)						
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)					
Attorney		Attorney						
	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)					
	of Joe Martinez							
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution contribution (\$) description					
08/05/2024	Richardson, Regi		\$331.51 I Shared Expenses of Signs					
	Contributor address; City; State; Zip Code							
	McAllen, TX 78504		I Check if travel outside of Texas. Complete Schedule T.					
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	Contributor's job title (FOR JUDICIAL) (See instructions)					
Attorney		Attorney	Attorney					
	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
Richardson								
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
I								

	LOANS (JUDICIAL)	schedule <b>E(</b>	J)					
	The Instruction Guide explains how to complete this f	1 Total pages Schedule E(J): Sch: 1/1 Rpt: 16/30						
2	FILER NAME Benavides, Gina M. (The Honorable)	3 Filer ID 000436	(Ethics Commission File 518	ers)				
4	TOTAL OF UNITEMIZED LOANS			\$	0.00			
5	Date of loan 7 Name of lender Out-of-state PA	C (ID#:	)	9 Loan Amount (\$)				
6	Is lender a <b>8</b> Lender address; City; State; financial institution?		10 Interest Rate					
				<b>11</b> Maturity Date				
12	2 Lender's Principal Occupation	13 Lender's Job Title						
14	Lender's Employer/Law Firm	<b>15</b> Law Firm of lender's spous	e (if any)					
16	If lender is child, law firm of parent(s) (if any)							
17	Description of Collateral     None	18 Check if personal funds we	ere deposited	d into political account (See Instructions)				
19	9 GUARANTOR 20 Name of guarantor			22 Amount Guaranteed	(\$)			
	not applicable <b>21</b> Guarantor address; City; State;	Zip Code						
23	3 Guarantor's Principal Occupation	24 Guarantor's Job Title						
25	5 Guarantor's Employer/Law Firm	<b>26</b> Law Firm of guarantor's spouse (if any)						
27	7 If guarantor is child, law firm of parent(s) (if any)							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense						
1	Total pages Schedule F1:	2				2	Filer ID (Ethics Commission Filers)			
1	Sch: 1/10 Rpt: 17/30	2	Benavides, Gina M. (The Honorable)			3	00043618			
4	Date 07/01/2024	5 Payee name D24 Brand Boosters								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode					
Ů	\$4,871.25	ľ	301 N. McColl Road, Ste G	210 00						
			McAllen, TX 78501							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	EXPENDITURE	OF Printing Expense Concerning Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C	Office sou	l ıght		Office held			
	Date		Payee name							
	07/24/2024		Brand Boosters							
	Amount (\$)		Payee address; City; State;	Zip Co	ode					
	\$2,245.11 301 N. McColl Road Ste									
			McAllen, TX 78501		-					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Printing Expense	edule)			ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ıght		Office held			
	Date		Payee name							
	08/05/2024		Brand Boosters							
	Amount (\$)		Payee address; City; State;	Zip Co	ode					
	\$331.51		301 N. McColl Road, Ste G							
			McAllen, TX 78501	i						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Printing Expense	edule)			ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ıght		Office held			

				EXPENDITUR	RE CATEGOR	RIES FOR	вох	8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor						Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment & Re trict	elated Expense
	Total pages Schedule F1:	2							2	Filer ID	(Ethics Co	mmission Filers)
	Sch: 2/10 Rpt: 18/30			Gina M. (The H	lonorable)					00043618		
4	Date 09/15/2024		Payee name Cameron Co	unty Woman L	awyers Ass	sociation						
6	Amount (\$) \$250.00	1	Payee address P.O. Box 386 Brownsville,	66	State;	; Zip Coc	e					
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 Students for Sneakers							: Т.					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offic	eholder name	С	Office soug	ht			Office he	eld	
	Date	I	Payee name									
	08/22/2024	(	Cantu, Javie	r								
	Amount (\$)		Payee addres	s; City;	State;	; Zip Coo	е					
	\$1,689.00		1307 W Dura Alamo, TX 7									
	PURPOSE OF EXPENDITURE	(a) (	Category (See	e Categories listed at l ges/Contract L		edule)		_	, TX,	le of Texas. Com officeholder living up signs		·Т.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	С	Office soug	ht			Office he	eld	
	Date		Payee name									
	09/15/2024		Cantu, Javie	r								
	Amount (\$) \$400.00		Payee addres 1307 Durant		State;	; Zip Coo	e					
		,	Alamo, TX 7	8516								
	PURPOSE OF EXPENDITURE			e Categories listed at t ges/Contract L		edule)		_	, TX,	le of Texas. Com officeholder living		т.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	С	Office soug	ht			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							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:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 3/10 Rpt: 19/30		Benavides, Gina M. (The Honorable)					00043618		
4	Date	5	Payee name							
	07/25/2024		Hidalgo County Tejano Democrats							
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de					
	\$150.00		P.O. Box 2790							
			San Juan, TX 78589							
8	PURPOSE	(a)			(h)	Decoription				
ľ	OF	(a)	Category (See Categories listed at the top of this sch Event Expense	edule)	(0)	Description Check if travel	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Event Expense					, officeholder living expense		
						Candidate Fo	orur	n		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held		
⊨	Date		Payee name							
	07/01/2024		Main Stage Studios							
	Amount (\$) Payee address; City; State; Zip Code									
	\$250.00		2501 Swallow Lane							
			McAllen, TX 78504							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.		
						Ad placed in		, officeholder living expense		
						Au placeu ili	uie	in program		
_	Complete ONIL V if direct		Candidate/Officeholder name		abt			Office hold		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			Office sou	ignt			Office held		
		1								
	Date 07/01/2024		Payee name Map Political Communications							
			•							
	Amount (\$)			; Zip Co	de					
	\$1,909.06		2400 S. 4th Street							
			Austin, TX 78704							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T.		
							, TX,	, officeholder living expense		
						Art Graphics				
	Complete ONUM Station	L			a k t					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ignt			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							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:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 4/10 Rpt: 20/30		Benavides, Gina M. (The Honorable)					00043618		
4	Date	5	Payee name							
	09/24/2024		Map Political Communications							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$32,815.27		2400 S. 4th Street							
			Austin, TX 78704							
8	PURPOSE	(a)	Category (See Categories listed at the top of this scho	edule)	(b)	Description				
	OF EXPENDITURE		Advertising Expense	····,			outsi	de of Texas. Complete Schedule T.		
							, TX,	officeholder living expense		
						Mailer No. 1.				
			See didate (Office balder name							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ynt			Office held		
	Date		Payee name							
	09/15/2024		Map Political Communications							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$800.00 2400 S. 4th Street									
			Austin, TX 78704							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T. officeholder living expense		
						Graphic Desi		- ·		
							9	-		
-	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght			Office held		
	expenditure to benefit C/OI	Η								
	Date		Payee name							
	08/26/2024		Meyers, Pamela							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$75.00		P.O. Box 1356							
			Fulton, TX 78358							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Event Expense					de of Texas. Complete Schedule T.		
						Aransas Cou		officeholder living expense		
							iity			
-	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	abt			Office held		
	expenditure to benefit C/OF				gin					
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Fees     C       Food/Beverage Expense     F       Gift/Awards/Memorials Expense     F       mittee     Legal Services	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense						
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 5/10 Rpt: 21/30		Benavides, Gina M. (The Honorable)				00043618			
4	Date 07/01/2024		Payee name Ramirez, Joseph							
6	Amount (\$) \$750.00		Payee address; City; State; 1741 Star Cove Corpus Christi, TX 78413	Zip Coo	e					
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Consulting Expense       (b) Description         (b) Consulting Expense       Check if travel outside of Texas. Complete Schedule T.         (b) Check if Austin, TX, officeholder living expense         Monthly payment for work on campaign						officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Off	fice soug	ht		Office held			
	Date		Payee name							
	08/01/2024		Ramirez, Joseph							
	Amount (\$)		Payee address; City; State;	Zip Coo	e					
	\$750.00		1741 Star Cove Corpus Christi, TX 78413							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedu Consulting Expense	ule)	Check if Austin	ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense on the Campaign			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Off	fice soug	ht		Office held			
	Date		Payee name							
	08/02/2024		Sew Crazy							
	Amount (\$) \$43.40		Payee address; City; State; 2 Enchanted Wood	Zip Coo	е					
			San Antonio, TX 78248							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedu Printing Expense	ule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense S			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Off	fice soug	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							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:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 6/10 Rpt: 22/30		Benavides, Gina M. (The Honora	ıble)				00043618		
4	Date 09/16/2024		Payee name Stripe							
6	Amount (\$) \$5.58		Payee address; City; 354 Oyster Point Blvd San Francisco, CA 94080	State;	Zip Co	le				
8	PURPOSE OF EXPENDITURE		<ul> <li>A) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Online Fee</li> </ul> </li> </ul>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office sou	ht		Office held		
	Date		Payee name							
	09/14/2024		Stripe							
	Amount (\$) \$5.58		Payee address; City; 354 Oyster Point Blvd	State;	Zip Co	le				
	PURPOSE OF EXPENDITURE	(a)	San Francisco, CA 94080 Category (See Categories listed at the top o Fees	f this sche	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense <b>expense</b>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held		
	Date		Payee name							
	09/12/2024		Stripe							
	Amount (\$) \$13.47		Payee address; City; 354 Oyster Point Blvd	State;	Zip Co	le				
			San Francisco, CA 94080							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Fees	f this sche	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						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:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 7/10 Rpt: 23/30		Benavides, Gina M. (The Honorable	)				00043618		
4	Date 09/12/2024		Payee name Stripe							
6	Amount (\$) \$26.63		Payee address; City; Sta 354 Oyster Point Blvd San Francisco, CA 94080	te; Ziļ	p Cod	9				
8 PURPOSE OF EXPENDITURE     (a) Category (See Categories listed at the top of this sche Fees							n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense <b>expense</b>		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e sougl	nt		Office held		
	Date		Payee name							
	09/12/2024		Stripe							
	Amount (\$) \$25.30		Payee address; City; Sta 354 Oyster Point Blvd	ıte; Zij	p Cod	9				
			San Francisco, CA 94080							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Fees	schedule)	) (		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense I Expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e sougl	nt		Office held		
	Date		Payee name							
	09/12/2024		Stripe							
	Amount (\$) \$1.63		Payee address; City; Sta 354 Oyster Point Blvd	ite; Zij	p Cod	<u>è</u>				
			San Francisco, CA 94080							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Fees	schedule)	) (		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense I Fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	e soug	nt		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E mittee Legal Services The Instruction Gui	xpense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		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:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 8/10 Rpt: 24/30		Benavides, Gina M. (The Ho	norable)				00043618
4	Date 09/06/2024		Payee name Stripe					
6	Amount (\$) \$13.47		Payee address; City; 354 Oyster Point Blvd San Francisco, CA 94080	State;	; Zip Co	le		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Fees	top of this sch	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense n Expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office sou	yht		Office held
	Date		Payee name					
	09/05/2024		Stripe					
	Amount (\$) \$0.84		Payee address; City; 354 Oyster Point Blvd	State;	; Zip Co	de		
	PURPOSE OF EXPENDITURE	(a)	San Francisco, CA 94080 Category (See Categories listed at the Fees	top of this sch	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. c, officeholder living expense CAPENSE
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office held
	Date		Payee name					
	08/30/2024		Stripe					
	Amount (\$) \$25.30		Payee address; City; 354 Oyster Point Blvd	State;	; Zip Co	de		
			San Francisco, CA 94080					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Fees	top of this sch	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. K, officeholder living expense Chexpense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	jht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expens mittee Legal Services The Instruction Guide ex		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		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:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 9/10 Rpt: 25/30		Benavides, Gina M. (The Honora	able)				00043618
4	Date 08/29/2024		Payee name Stripe					
6	Amount (\$) \$5.58		Payee address; City; 354 Oyster Point Blvd San Francisco, CA 94080	State;	; Zip Coo	le		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Fees	of this sch	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense I Expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held
	Date		Payee name					
	08/24/2024		Stripe					
	Amount (\$) \$2.16		Payee address; City; 354 Oyster Point Blvd	State;	; Zip Coo	le		
	PURPOSE OF EXPENDITURE	(a)	San Francisco, CA 94080 Category (See Categories listed at the top of Fees	of this sch	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense I Expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held
	Date		Payee name					
	08/19/2024		Stripe					
	Amount (\$) \$26.63		Payee address; City; 354 Oyster Point Blvd	State;	; Zip Coo	le		
			San Francisco, CA 94080					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Fees	of this sch	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense I Expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office C           Food/Beverage Expense         Polling           Gift/Awards/Memorials Expense         Printing	epayment/Reimbursement Dverhead/Rental Expense Expense Expense s/Wages/Contract Labor <b>complete this form.</b>	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:	FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
	Sch: 10/10 Rpt: 26/30	Benavides, Gina M. (The Honorable)		00043618	
4	Date 08/06/2024	Payee name Stripe			
6	Amount (\$) \$13.47	Payee address; City; State; Zip 0 354 Oyster Point Blvd San Francisco, CA 94080	Code		
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Check if Aus	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense ation Expense	
9	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office so	ought	Office held	
	Date	Payee name			
	07/30/2024	Stripe			
	Amount (\$) \$250.30	Payee address; City; State; Zip ( 354 Oyster Point Blvd	Code		
	PURPOSE OF EXPENDITURE	San Francisco, CA 94080 Category (See Categories listed at the top of this schedule) Fees	Check if Aus	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense ation Expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office so	bught	Office held	
	Date	Payee name			
	07/01/2024	Stripe			
	Amount (\$) \$8.21	Payee address; City; State; Zip 0 354 Oyster Point Blvd	Code		
		San Francisco, CA 94080			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Check if Aus	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense ation Expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office so	bught	Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Expense Printing Expense Prin	ayment/Reimbursement erhead/Rental Expense spense Travel in District Xages/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule G: Sch: 1/4 Rpt: 27/30	2 FILER NAME Benavides, Gina M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00043618	
4 Date 07/21/2024	5 Payee name At Home		
6 Amount (\$) \$113.57	7 Payee address; City; State; Zip Code 4949 Greenwood Drive Corpus Christi, TX 78416		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies for Signs	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for Signs	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
Date	Payee name		
08/27/2024	Coastal Bend Women's Lawyers Association		
Amount (\$) \$25.00 Reimbursement from political contributions	Payee address; City; State; Zip Code P.O. Box 2176		
intended	Corpus Christi, TX 78403		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
Date	Payee name		
09/06/2024	Dollar Tree		
Amount (\$) \$12.18	Payee address; City; State; Zip Co 5513 Saratoga	bde	
Reimbursement from political contributions intended	Corpus Christi, TX 78413		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for volunteers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense	t/Reimbursement Solicitation/Fundraising Expense /Rental Expense Transportation Equipment & Related Expense Travel in District e Travel Out of District Contract Labor OTHER (enter a category not listed above)		
1	Total pages Schedule G: Sch: 2/4 Rpt: 28/30	2 FILER NAME Benavides, Gina M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00043618		
4	Date 09/24/2024	5 Payee name La Michoacana			
6	Amount (\$) \$49.50 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 770 W Elizabeth Brownsville, TX 78520			
8	PURPOSE OF EXPENDITURE	Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Os for volunteers		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
	Date 09/07/2024	Payee name Nano's Tacos			
	Amount (\$) \$50.76 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4722 Holly Corpus Christi, TX 78411			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Os for Volunteers		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
	Date 09/26/2024 Amount (\$)	Payee name Pharr San Juan Alamo Education Foundation Payee address; City; State; Zip Code			
	\$500.00 Reimbursement from political contributions intended	601 E Kelly St Pharr, TX 78577			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex / - Gift/Awards/Memorials Expense Printing Ex	ayment/Reimbursement     Solicitation/Fundraising Expense       trhead/Rental Expense     Transportation Equipment & Related Expense       pense     Travel in District       vgense     Travel Out of District       /ages/Contract Labor     OTHER (enter a category not listed above)		
1	Total pages Schedule G: Sch: 3/4 Rpt: 29/30	2 FILER NAME Benavides, Gina M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00043618		
4	Date 09/05/2024	5 Payee name Sam's Wholesale			
6	Amount (\$) \$54.72 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4833 SPID Corpus Christi, TX 78411			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for Volunteer		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
	Date	Pavee name			
	09/24/2024	Texas Access for Justice Foundation			
	Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 12886			
	intended	Austin, TX 78711			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T.		
Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         expenditure to benefit       C/OH       Office sought       Office held			Office sought Office held		
	Date	Payee name			
	08/03/2024	U-Haul			
	Amount (\$)Payee address;City;State;Zip Code\$16.454344 South Padres Island Drive				
	Reimbursement from political contributions intended	Corpus Christi, TX 78411			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Trailer		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G					
	EXPENDITURE CATEGORIES FOR BC	)X 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repaymer Fees Office Overhead Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	ht/Reimbursement     Solicitation/Fundraising Expense       d/Rental Expense     Transportation Equipment & Related Expense       e     Travel in District       e     Travel Out of District       /Contract Labor     OTHER (enter a category not listed above)			
1 Total pages Schedule G: Sch: 4/4 Rpt: 30/30	2 FILER NAME Benavides, Gina M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00043618			
4 Date 08/27/2024	5 Payee name U-Haul				
6 Amount (\$) \$18.95	7 Payee address; City; State; Zip Code 4344 South Padres Island Drive Corpus Christi, TX 78411				
8 PURPOSE OF EXPENDITURE	Transportation Equipment And Related	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			
Date	Payee name				
09/01/2024	U-Haul				
Amount (\$) \$20.85					
Reimbursement from political contributions intended	political contributions				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			
Date	Payee name				
07/23/2024	United States Postal Service				
Amount (\$) \$32.70	Payee address; City; State; Zip Code 4801 Everhart Road				
Reimbursement from political contributions intended	Corpus Christi, TX 78411				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Ma	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense il of products			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			