

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Ruben B	ecerra 15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	DTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDGI 2. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ Ø
CONTRIBUTION BALANCE	5. TOTAL	POLITICAL EXPENDITURES POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST EPORTING PERIOD	\$ Ø PAY \$ [12.72
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	\$ 5,339.42
	SALIANTHA CERVA Notiny Public, State of My Commission ex August 19, 202 ID # 13078547	true and correct and includes all information under Title 15, Election Code. Texas sires	erjury, that the accompanying report is rmation required to be reported by me
	ribed before me,	to certify which, witness my hand and seal of office. Sumantha Certank 7 Printed name of officer administering oath	Lad Teller Notes Lad Teller Notes Lad Teller Notes Lad Teller Lad Teller Notes

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		,	
The C/OH Instruction G	iulde explains how to complete this form.	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MI	OFFICE USE ONLY	
NAME	NICKNAME LAST SUFFIX	Date Received	
	Becerra		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
MAILING ADDRESS	San Marcos, TX 78444		
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 787-4902	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MI WY. TOWN	Receipt # Amount \$	
NAME	NICKNAME LAST SUFFIX	Date Processed	
	Adams	Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE	
ADDRESS (Residence or Business)	1005 Oak Meadow Dr.		
(100000100 01 00011000)	Dripping Springs, TX 78420		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 923-2944		
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 Sth day before election Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	0 2	Day Year / 2018	
	024 /04 / 2018 THROUGH 02 /	24 / 2018	
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other		
	03/04/2018 General Special		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known))	
	County Ju	dge	
GO TO PAGE 2			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Ruben Becerra	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	* Ø
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 400.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	* Ø
4.	SCHEDULE E: LOANS	\$ 345.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ Ø
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ Ø
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ Ø
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 345.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ Ø
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ Ø

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 t	complete this form.	Culo: (Gillor a Calogory I Ni II Side above)
Total pages Schedule G:	2 FILER NAME Ruben Becevra		3 Filer ID (Ethics Commission Filers)
2-10-19	5 Payee name Monica Becerra		HECEIVED
Amount (\$)	7 Payee address; City; State; Zip Code		MAR 9 2 2000
346.00	208 E Mimosa Cir.		Co
Reimbursement from political contributions intended	San Marcos, TX 78646	· ·	1
B PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	dT Oday Orbida T
OF EXPENDITURE	advertising exp.	I =	e of Texas. Complete Schedule T. (, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			·
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE			e of Texas. Complete Schedule T. K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	·		
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE			e of Texas. Complete Schedule T. K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED

LOANS			SCHEDULE E
The i	nstruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2 FILER NAME	Suben Becerra		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of part /	out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
2-10-18	Monica Becerra		346.00
6 Is lender a financial	8 Lender address; City; S	State; Zip Code	10 Interest rate
Institution?	208 E Mimosa Cir		11 Maturity date
Y (N)	San Maros, TX 78	leve	·.
12 Principal occupation OruSHVL+16	on / Job title (See Instructions) 3 Ofthotic fitter	13 Employer (See Instructions)	
14 Description of Colla		15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State; Zip Code		Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colle	ateral	Check if personal funds were account (See Instructions)	deposited into political
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
_	Guarantor address; City;	State; Zip Code	
not applicable		1	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Juben Bererra 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 5 Date Amount of 6 Full name of contributor 9 In-kind contribution Out-of-state PAC (ID#: Contribution \$ description DAY MAYON TX 78666 | Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employer (FOR NON-JUDICIAL) (See Instructions) Self photographer 12 Contributor's crincipal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Full name of contributor Out-of-state PAC (ID#: Date Contribution \$ description Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / 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) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

CONTRIBUTIONS				
The instruction Guide explains how to complete this form.			1 Total pages Schedule A2: 2	
2 FILER NAME RUben Becerra			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$	
5 Date 2-19-2018	2-19-2018 Anita Azenet Collins		8 Amount of Solution s In-kind contribution description 500.00 Marketing	
	923 W Hopkins, San Marcos, TX	18666	U\U\U\S Check if travel outside of Texas. Complete Schedule T.	
film	rupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
2-21-2018	Full name of contributor out-of-state PAC (ID#:	de	Amount of Contribution \$ In-kind contribution description Source Videography	
	16 L20 Kemuda Trl., San Marcas	TX 7860	Check if travel outside of Texas. Complete Schedule T.	
	Pupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	,			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				