

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
MR. RUBEN
NICKNAME LAST SUFFIX
BECERRA

OFFICE USE ONLY

Date Received

Received
JAN 18 2022

Elections Office

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
111 E SAN ANTONIO ST
SAN MARCOS, TX 78666

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 787-4902

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
MR. LES
NICKNAME LAST SUFFIX
CARNES

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
351 LIMESTONE LN, DRIFTWOOD, TX 78619

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 923-2964

9 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
Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
7 / 1 / 21 THROUGH 12 / 31 / 21

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☒ Primary Runoff Other
Description
3 / 1 / 22 General Special

12 OFFICE

OFFICE HELD (if any)
HAYS COUNTY JUDGE

13 OFFICE SOUGHT (if known)
HAYS COUNTY JUDGE

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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 KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
RUBEN BECERRA

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,212.81
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,562.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,102.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 37,782.40

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Ruben Becerra this the 18th day of January, 2022, to certify which, witness my hand and seal of office.

Anita Azenet Collins Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****RUBEN BECERRA****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,000.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 212.81
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,562.25
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 5,562.25
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME**RUBEN BECERRA****3** Filer ID (Ethics Commission Filers)**4** Date

08/19/2021

5 Full name of contributor

out-of-state PAC (ID#: _____)

FRANK FUENTES**7** Amount of contribution (\$)**1,000.00****6** Contributor address;

City;

State;

Zip Code

920 E DEAN KEATON ST, AUSTIN, TX 78705**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A2

Revised 8/17/2020

LOANS**SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME RUBEN BECERRA		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/31/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) MONICA L BECERRA	9 Loan Amount (\$) 5,562.25
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 208 E MIMOSA CIR., SAN MARCOS, TX 78666	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (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.		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME RUBEN BECERRA		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name ***SEE ATTACHED***			
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
	(c) 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				
Date	Candidate / Officeholder name Office sought Office held			
Amount (\$) Reimbursement from political contributions intended	Payee name Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		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				
Date	Candidate / Officeholder name Office sought Office held			
Amount (\$) Reimbursement from political contributions intended	Payee name Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		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				
Date	Candidate / Officeholder name Office sought Office held			
Amount (\$) Reimbursement from political contributions intended	Payee name Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		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				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Schedule G	Political Expenditures Made From Personal Funds						
Filer Name:	Ruben Becerra		Reimbursement			Check If	
			From Political		Check If	Austin TX	
			Contributions	Purpose Of Expenditure	Travel Outside	Officeholder	
Date	Payee Name		Intended	Category	Description	Of Texas	Living Expense
7/1/2021	GOOGLE SUITE	\$ 12.79	Yes	FEES			
7/3/2021	GOOGLE SUITE	\$ 12.79	Yes	FEES			
7/10/2021	STREAMYARD	\$ 25.00	Yes	FEES			
7/22/2021	SAM'S CLUB	\$ 225.05	Yes	EVENT EXPENSE	VOLUNTEER PARTY		
7/23/2021	CASA MARIA	\$ 68.71	Yes	FOOD/BEV EXP			
7/24/2021	WAL-MART	\$ 117.57	Yes	EVENT EXPENSE	MEET & GREET		
7/24/2021	HEB	\$ 8.56	Yes	EVENT EXPENSE			
7/27/2021	ADOBE	\$ 32.46	Yes	FEES			
7/28/2021	MERMAID SOCIETY	\$ 100.00	Yes	CONTRIB./DONATIONS			
7/28/2021	MERMAID SOCIETY	\$ 150.00	Yes	CONTRIB./DONATIONS			
8/2/2021	GOOGLE SUITE	\$ 16.90	Yes	FEES			
8/3/2021	GOOGLE SUITE	\$ 12.79	Yes	FEES			
8/3/2021	FRESCO	\$ 72.96	Yes	FOOD/BEV EXP			
8/8/2021	EVITE	\$ 199.99	Yes	FEES			
8/10/2021	STREAMYARD	\$ 25.00	Yes	FEES			
8/11/2021	WHATABURGER	\$ 45.21	Yes	FOOD/BEV EXP			
8/14/2021	TX LULAC	\$ 85.00	Yes	CONTRIB./DONATIONS			
8/14/2021	TX LULAC	\$ 85.00	Yes	CONTRIB./DONATIONS			
8/16/2021	KND	\$ 778.21	Yes	PRINTING EXP	T-SHIRTS		
8/25/2021	HEB	\$ 497.18	Yes	EVENT EXPENSE	MEET & GREET		
8/27/2021	ADOBE	\$ 57.36	Yes	FEES			
8/28/2021	PIE SOCIETY	\$ 65.40	Yes	FOOD/BEV EXP			
9/1/2021	CHUY'S	\$ 139.94	Yes	FOOD/BEV EXP			
9/3/2021	SANTI'S	\$ 30.24	Yes	FOOD/BEV EXP			
9/3/2021	HEB	\$ 75.56	Yes	EVENT EXPENSE			
9/3/2021	HEB	\$ 113.80	Yes	EVENT EXPENSE			
9/3/2021	HEB	\$ 41.19	Yes	EVENT EXPENSE			
9/3/2021	TWIN LIQUORS	\$ 91.43	Yes	EVENT EXPENSE			
9/3/2021	TWIN LIQUORS	\$ 93.80	Yes	EVENT EXPENSE			
9/4/2021	GOOGLE SUITE	\$ 12.79	Yes	FEES			
9/4/2021	GOOGLE SUITE	\$ 19.19	Yes	FEES			
9/4/2021	GOOGLE SUITE	\$ 12.79	Yes	FEES			
9/10/2021	STREAMYARD	\$ 25.00	Yes	FEES			
9/12/2021	DONUT PALACE	\$ 23.94	Yes	FOOD/BEV EXP			

9/23/2021	FRESCO	\$ 33.38	Yes	FOOD/BEV EXP				
9/24/2021	VILLEGAS PRINTING &	\$ 340.00	Yes	PRINTING EXP				
9/28/2021	ADOBE	\$ 57.36	Yes	FEES				
10/4/2021	GOOGLE SUITE	\$ 12.79	Yes	FEES				
10/4/2021	GOOGLE SUITE	\$ 19.19	Yes	FEES				
10/10/2021	STREAMYARD	\$ 25.00	Yes	FEES				
10/27/2021	ADOBE	\$ 57.36	Yes	FEES				
11/3/2021	GOOGLE SUITE	\$ 12.79	Yes	FEES				
11/4/2021	GOOGLE SUITE	\$ 19.19	Yes	FEES				
11/5/2021	BAKER- CAKES	\$ 97.42	Yes	EVENT EXPENSE				
11/5/2021	HEB	\$ 19.49	Yes	EVENT EXPENSE				
11/10/2021	STREAMYARD	\$ 25.00	Yes	FEES				
11/27/2021	ADOBE	\$ 57.36	Yes	FEES				
11/29/2021	HAYS COUNTY DEM P	\$ 750.00	Yes	FEES	FILING FEE			
12/2/2021	GOOGLE SUITE	\$ 22.17	Yes	FEES				
12/2/2021	GOOGLE SUITE	\$ 12.79	Yes	FEES				
12/10/2021	STREAMYARD	\$ 25.00	Yes	FEES				
12/17/2021	CANVA	\$ 545.00	Yes	PUSH CARDS	PUSH CARDS			
12/27/2021	ADOBE	\$ 57.36	Yes	FEES				

TOTAL \$ 5,562.25