CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST MI 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Ruben NAME Data Received NICKNAME LAST Becerra RECEIVED 4 CANDIDATE/ ADDRESS / PO BOX: APT / BLITE #; ZIP CODE CITY; **OFFICEHOLDER** 111 E San Antonio St., San Marcos, TX 78666 MAILING JAN 3 1 2022 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (512 787-4902 PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST MI TREASURER Les Date Processed NAME NICKNAME LAST Date Imaged Carnes STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN TREASURER 351 Limestone Ln., Driftwood, TX 78619 ADDRESS (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN **EXTENSION** TREASURER PHONE (512 9232964 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Month Day Year COVERED 1 / 1 / 22 20 / 22 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Description Month Day Year Special. General 3 22 OFFICE HELD (If any) 13 OFFICE SOUGHT (F known) 12 OFFICE

14 NOTICE FROM

POLITICAL COMMITTEE(S)

Additional Pages

Hays County Judge

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Hays County Judge

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 OFFICEHOLDER'S REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGN	FINANCE REPORT		COVER SHEET PG 2
5 C/OH NAME Ruben Becerra		1	6 Filer ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL COPPLEDGES, LOANS, OR GUARANTE CONTRIBUTIONS MADE ELECTRO	ES OF LOANS, OR	\$
	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS,		\$ 2,096.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	PENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITUR	RES	\$ O
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	S MAINTAINED AS OF THE LAST	DAY \$ 9,198.44
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PE		THE \$ 39, 782.40
	Please complete	e either option below:	
	before me by Ruben Becerra	this the _	31 st day of January
20 11 tocentry	which, witness my hand and seal of office.	Ollins	Notary
Signature of officer administer	ing oath Printed name of officer a	idministering oath	Title of officer administering oa
(2) Unsworn Declaration	OR OR		
		, and my date of birth is	
My address is	(street)	(city) (sta	ate) (zip code) (country)
Executed in	County, State of,	on the day of	20(year)
			ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Ruben Becerra	20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2094.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBU	TIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITI	ICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM PO	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSO	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIO	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLIT	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CO TO FILER	\$	

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 Be	cerra		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)	
1-3-22	6 Contributor address; City;	State; Zip Code	\$ 125.00	
		TX 78419		
	pation / Job title (See Instructions)	9 Employer (See Instruct		
Hno	lyst	Travis Co. Cons	stable =3	
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)	
1-3-22	Les Connes Contributor address; City;	State; Zip Code	\$ 125.00	
	351 Limestone Ln. Drittwood. To	18619		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct		
- And	alyst	Travis Co. Constab	u #3	
Date	Full name of contributor out-of-state PAC	(10#:)	Amount of contribution (\$)	
1-3-22	Margie Crosby Contributor address; City; [10] Lean Anc, San Mara;	State; Zip Code	\$10.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Community Dutreach llermoid Soc. S		Mermaid Soc. St	MTX	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
1-8-22	Contributor address; City;	State: Zip Code	50.00	
	291 Brunson Ln. Wimberley	TX 78496		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Electrical Engineer Soradyne				
0 0				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

Trans regards	not into matter to not approache; so the findings the page in the	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1;
2 FILER NAME Ruben Be	cerra	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Patricia Daunts - Grogan	7 Amount of contribution (\$)
1-10-22		\$ 25.00
	300 Little Barton Dr., Dripping Springs 78420 pation / Job title (See Instructions) 9 Shippings (See Instructions)	
		tions)
not empe	ryed	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
1-12-22	Patricia Kron Contributor address; City; State; Zip Code	\$50.00
	251 Lone Man Overlook, Wimberley, TX 78676	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
not emp	loyed	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
1-14-22	Patricia Nilsson Contributor address; City; State; Zip Code	\$ 50.00
	JUI Kings Castle Dr., Katy, TX 77450 pation / Job title (See Instructions) Employer (See Instructions)	
A		
Jeach	ter Spring Brane	in 1650
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
1-14-22	Contributor address; City; State; Zip Code	\$50.00
	291 Brunson Ln., Wimberley TX 78476	
.0-1 -	pation / Job title (See Instructions) Employer (See Instruc	tions)
Mot empl	loyed	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N if contributor is out-of-state PAC, please see instruction guide for additional	

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in t	ne report.
The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Ruben Be	есегга	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Heiko Stang 6 Contributor address City: State: Zip Code 380 Junkey Hollow, Wimberley TX 78476	7 Amount of contribution (\$) 4 \0.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Ins	structions)
not empl	byed	
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
1-15-22	100 110	\$ 25.00
Principal occur	pation / Job title (See Instructions) Employer (See Ins	
not emple		in dollors)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
1-15-22	Contributor address; City; State; Zip Code	\$ 20.00
	P.O. Box 2422, Wimberley TX 78474	
ON Chutco	pation / Job title (See Instructions) Employer (See Ins	structions)
Date	Full name of contributor out-of-state PAC (ID#:	
1-15-22	Contributor address: City: State; Zip Code	\$ 100.00
	2414 +m3237 Wimberley TX 78470	
	pation / Job title (See Instructions) Employer (See Ins	structions)
not limp	loyed	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	

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	s form.	1 Total pages Schedule A1:
2 FILER NAME Ruben Be				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAI	C (ID#:)	7 Amount of contribution (\$)
	Les Carnes			
1-14-22	6 Contributor address;	City;	State; Zip Code	25.00
	351 Timestone In.	Driftwood	TX 78419	
	upation / Job title (See Instructions) /		9 Employer (See Instruc	*
analy	+		Havis Co. Co	mstrade # 3
Date	Full name of contributor	out-of-slate PA	C (IO#:)	Amount of contribution (\$)
	Jama Borein			4
1-14-22	Contributor address;	City:	State; Zip Code	50.00
1-14-11	7717 14	Auct	-tv 71029	
Principal occu	17717 Hayans Janus pation / Job title (See Instructions)	- HUSTIN	Employer (See Instruc	tions)
locrow &	_		Heritage Jit	
			4	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Uscar Avalos	* * * * * * * * * * * * * * * * *		1.00
1-16-22	Contributor address;	City;	State; Zip Code	1.00
	3937 Ferrance St.	Philadelp	hia PA 19128	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Alls			Nordstrom	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Jerra Janssen			
1-16-22	Contributor address;	City;	State; Zip Code	10.00
	218 Nivens Dr. Buda	TX 784	10	10.00
Principal occi	ipation / Job title (See Instructions)	1 1/2 10-	Employer (See Instruc	tions)
Agles)		Medi	
	ATTAOUADDITIO	MAI CODIFO	OF THE COURDING AGA	ICCDCD
	ATTACHADDITIO	MAL COPIES	OF THIS SCHEDULE AS N	REPUED

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

SCHEDULE A1

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

Ti tile reques	ted information is not applicable, DO NOT include this page in the	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME Ruben Be	сегга	3 Flier ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:) Onnie Hay	7 Amount of contribution (\$)
1-14-22	6 Contributor address; City; State; Zip Code	\$ 25.00
	949 Billie Brooks Ln., Driftwood, TX 78419	
Travel	pation / Job title (See Instructions) 9 Employer (See Instructions)	lions)
100		
Date	Charles Jubbs	Amount of contribution (\$)
1-18-22	Contributor address; City; State; Zip Code	\$ 25.00
	12518 Darrye Dr., Buda, TX 78610	
	pation / Job title (See Instructions) Employer (See Instructions)	tions)
not impl	oyea	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
1-16-22	Frank & Cynthia Arredndo Contributor address, City; State; Zip Code	\$ 100.00
	904 Stagecoach tr. Jan Marcos, TX 78666	
Principal occup [XEC. QSS]	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
-18-22	Contributor address; City; State; Zip Code	\$ 500.00
	305 Oakridge, San Marcos, TX 78464	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	VEEDED.
	if contributor is out-of-state PAC, please see instruction guide for additional	

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 Be	cerra		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Sonathan Stainburg City; State; Zip Code 13125 Filldstrne Loop, Austin, TX 78737		7 Amount of contribution (\$)
8 Principal occu		Employer (See Instruction	ons)
Date 1-10-22	Full name of contributor out-of-state PAC (ID#:_ David Chiu Contributor address; City; St	ate; Zip Code	Amount of contribution (\$) \$400.00
	San Marcos, 7	X 78664	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date -14-22	Full name of contributor out-of-state PAC (ID#:_ State PAC (ID#:_ Contributor address; City; State PAC (ID#:_	ate; Zip Code	Amount of contribution (\$)
	64 Woodcrex Dr., Wimberley, T)		•
Principal occur Presiden	1	Employer (See Instruction	Drading Co.
Date	Full name of contributor out-of-state PAC (ID#:_	4 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 ×	Amount of contribution (\$)
	Contributor address; City; St	ate; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.