

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
OCT 11 2022

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
208 E MIMOSA CIR., SAN MARCOS, TX 78666

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 787-4902

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
MR LESLIE
NICKNAME LAST SUFFIX
CARNES

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

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

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 / 22 THROUGH 9 / 30 / 22

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other
Description
11 / 8 / 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		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)	\$ 150.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,718.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,379.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,030.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 48,942.00

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]

Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Ruben Becerra this the 11th day of October.

20 22 to certify which witness my hand and seal of office.

[Signature] Anita 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	\$ 4,718.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 300.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,046.62
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,000.00
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	\$ 7,379.34
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: 1 of 12

2 FILER NAME

RUBEN BECERRA

3 Filer ID (Ethics Commission Filers)

4 Date

08/14/2022

5 Full name of contributor

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

TARA RACINE

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

291 BRUNSON LANE, WIMBERLEY, TX 78676

8 Principal occupation / Job title (See Instructions)

NOT EMPLOYED

9 Employer (See Instructions)

Date

08/14/2022

Full name of contributor

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

HEIKO STANG

Amount of contribution (\$)

10.00

Contributor address;

City;

State;

Zip Code

382 TURKEY HOLLOW, WIMBERLEY, TX 78676

Principal occupation / Job title (See Instructions)

HOMEMAKER

Employer (See Instructions)

Date

08/21/2022

Full name of contributor

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

LESLIE CARNES

Amount of contribution (\$)

125.00

Contributor address;

City;

State;

Zip Code

351 LIMESTONE LANE, DRIFTWOOD, TX 78619

Principal occupation / Job title (See Instructions)

ANALYST

Employer (See Instructions)

TRAVIS CO

Date

08/21/2022

Full name of contributor

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

HEIKO STANG

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

382 TURKEY HOLLOW, WIMBERLEY, TX 78676

Principal occupation / Job title (See Instructions)

HOMEMAKER

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.

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 of 12**

2 FILER NAME

RUBEN BECERRA

3 Filer ID (Ethics Commission Filers)

4 Date

07/31/2022

5 Full name of contributor

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

OSCAR AVALOS

6 Contributor address;

City;

State;

Zip Code

3937 TERRACE ST., PHILADELPHIA, PA 19128

7 Amount of contribution (\$)

1.00

8 Principal occupation / Job title (See Instructions)

STUDENT

9 Employer (See Instructions)

GARY JOB CORP

Date

08/07/2022

Full name of contributor

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

SHARRI BOYETT

Contributor address;

City;

State;

Zip Code

2631 OAK HAVEN DR., SAN MARCOS, TX 78666

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

Date

08/07/2022

Full name of contributor

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

JEFFREY KAUFMANN

Contributor address;

City;

State;

Zip Code

407 LEISUREWOODS DR., BUDA, TX 78610

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

MANAGER

Employer (See Instructions)

DEPT OF AGING AND DISABILITY SERVICES

Date

08/07/2022

Full name of contributor

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

ANGELA SAMBRANO

Contributor address;

City;

State;

Zip Code

821 STAGECOACH TRAIL, SAN MARCOS, TX 78666

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

ADMIN ASST.

Employer (See Instructions)

TXST**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

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: 3 of 12

2 FILER NAME

RUBEN BECERRA

3 Filer ID (Ethics Commission Filers)

4 Date

08/14/2022

5 Full name of contributor

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

RAOUL BELLEAU

6 Contributor address;

City;

State;

Zip Code

291 BRUNSON LANE, WIMBERLEY, TX 78676

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

ELECTRICAL ENGINEER

9 Employer (See Instructions)

TARADYNE

Date

08/14/2022

Full name of contributor

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

MICHAEL RAMBO

Contributor address;

City;

State;

Zip Code

2614 FM 3237 WIMBERLEY, TX 78676

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

Date

08/14/2022

Full name of contributor

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

CORA MENDEZ

Contributor address;

City;

State;

Zip Code

26411 DANCING BEAR, SAN ANTONIO, TX 78260

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

08/14/2022

Full name of contributor

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

SOLL SUSSMAN

Contributor address;

City;

State;

Zip Code

114 HAZELNUT CT, DRIFTWOOD, TX 78619

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

CONSULTANT

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.

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: 4 of 12

2 FILER NAME

RUBEN BECERRA

3 Filer ID (Ethics Commission Filers)

4 Date

07/17/2022

5 Full name of contributor

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

TARA RACINE

6 Contributor address;

City;

State;

Zip Code

291 BRUNSON LANE, WIMBERLEY, TX 78676

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

NOT EMPLOYED

9 Employer (See Instructions)

Date

07/17/2022

Full name of contributor

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

HEIKO STANG

Contributor address;

City;

State;

Zip Code

380 TURKEY HOLLOW, WIMBERLEY, TX 78676

Amount of contribution (\$)

10.00

Principal occupation / Job title (See Instructions)

HOMEMAKER

Employer (See Instructions)

Date

07/17/2022

Full name of contributor

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

LESLIE CARNES

Contributor address;

City;

State;

Zip Code

351 LIMESTONE LANE, DRIFTWOOD, TX 78619

Amount of contribution (\$)

125.00

Principal occupation / Job title (See Instructions)

ANALYST

Employer (See Instructions)

TRAVIS CO

Date

07/24/2022

Full name of contributor

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

SAM HERNANDEZ

Contributor address;

City;

State;

Zip Code

115 TURKEY HOLLOW CIRCLE, SAN MARCOS, TX 78666

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

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.

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 **5 of 12**

2 FILER NAME

RUBEN BECERRA

3 Filer ID (Ethics Commission Filers)

4 Date

07/10/2022

5 Full name of contributor

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

RAOUL BELLEAU

6 Contributor address;

City;

State;

Zip Code

291 BRUNSON LANE, WIMBERLEY, TX 78676

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

ELECTRICAL ENGINEER

9 Employer (See Instructions)

TARADYNE

Date

07/10/2022

Full name of contributor

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

CORA MENDEZ

Contributor address;

City;

State;

Zip Code

26411 DANCING BEAR, SAN ANTONIO, TX 78260

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

07/17/2022

Full name of contributor

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

VALARIE GUZMAN

Contributor address;

City;

State;

Zip Code

324 PAULS DR., SAN MARCOS, TX 78666

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

NOT WORKING

Employer (See Instructions)

Date

07/17/2022

Full name of contributor

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

CORY GLISSON-MUNIER

Contributor address;

City;

State;

Zip Code

305 WILD PLUM, SAN MARCOS, TX 78666

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

INTERNET SALES

Employer (See Instructions)

SELF**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

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: 6 of 12
2 FILER NAME RUBEN BECERRA		3 Filer ID (Ethics Commission Filers)
4 Date 09/25/2022	5 Full name of contributor out-of-state PAC (ID#: _____) LINDA SHOECRAFT 6 Contributor address; City; State; Zip Code 69 WOODCREEK DR., WIMBERLEY, TX 78676	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions)
Date 09/25/2022	Full name of contributor out-of-state PAC (ID#: _____) IDA MILLER Contributor address; City; State; Zip Code 811 W HOPKINS, SAN MARCOS, TX 78666	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) TEXAS HHSC
Date 09/25/2022	Full name of contributor out-of-state PAC (ID#: _____) LAURALEE HARRIS Contributor address; City; State; Zip Code PO BOX 1232, KYLE, TX 78640	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions)
Date 09/30/2022	Full name of contributor out-of-state PAC (ID#: _____) OSCAR AVALOS Contributor address; City; State; Zip Code 3937 TERRACE ST., PHILADELPHIA, PA 19128	Amount of contribution (\$) 1.00
Principal occupation / Job title (See Instructions) STUDENT		Employer (See Instructions) GARY JOB CORP
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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: 7 of 12

2 FILER NAME

RUBEN BECERRA

3 Filer ID (Ethics Commission Filers)

4 Date

09/11/2022

5 Full name of contributor

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

MARTY TAGLAUER

7 Amount of contribution (\$)

25.00

6 Contributor address;

City;

State;

Zip Code

2817 BELVOIR DR., SAN ANTONIO, TX 78230

8 Principal occupation / Job title (See Instructions)

RN

9 Employer (See Instructions)

SCA HEALTH

Date

09/18/2022

Full name of contributor

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

NINA BUCKLAND

Amount of contribution (\$)

10.00

Contributor address;

City;

State;

Zip Code

807 ALTO ST., SAN MARCOS, TX 78666

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

Date

09/18/2022

Full name of contributor

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

HEIKO STANG

Amount of contribution (\$)

10.00

Contributor address;

City;

State;

Zip Code

380 TURKEY HOLLOW, WIMBERLEY, TX 78676

Principal occupation / Job title (See Instructions)

HOMEMAKER

Employer (See Instructions)

Date

09/18/2022

Full name of contributor

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

LESLIE CARNES

Amount of contribution (\$)

125.00

Contributor address;

City;

State;

Zip Code

351 LIMESTONE LANE, DRIFTWOOD, TX 78619

Principal occupation / Job title (See Instructions)

ANALYST

Employer (See Instructions)

TRAVIS CO

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 8 of 12
2 FILER NAME RUBEN BECERRA		3 Filer ID (Ethics Commission Filers)
4 Date 08/28/2022	5 Full name of contributor out-of-state PAC (ID#: _____) OSCAR AVALOS 6 Contributor address; City; State; Zip Code 3937 TERRACE ST., PHILADELPHIA, PA 19128	7 Amount of contribution (\$) 1.00
8 Principal occupation / Job title (See Instructions) STUDENT		9 Employer (See Instructions) GARY JOB CORP
Date 09/04/2022	Full name of contributor out-of-state PAC (ID#: _____) GUY ROLLINS Contributor address; City; State; Zip Code PO BOX 2422, WIMBERLEY, TX 78676	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) ARCHITECT		Employer (See Instructions) SELF
Date 09/04/2022	Full name of contributor out-of-state PAC (ID#: _____) JAMES BAKER Contributor address; City; State; Zip Code 727 BELVIN ST., SAN MARCOS, TX 78666	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) MEDICAL		Employer (See Instructions) SELF
Date 09/04/2022	Full name of contributor out-of-state PAC (ID#: _____) BRIGID SHEA Contributor address; City; State; Zip Code 2604 GERAGHTY AVE., AUSTIN, TX 78757	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) COUNTY COMMISSIONER		Employer (See Instructions) TRAVIS CO.
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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: 9 of 12
2 FILER NAME RUBEN BECERRA		3 Filer ID (Ethics Commission Files)
4 Date 09/06/2022	5 Full name of contributor out-of-state PAC (ID#: LESLIE CARNES 6 Contributor address; City; State; Zip Code 351 LIMESTONE LANE, DRIFTWOOD, TX 78619	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) ANALYST		9 Employer (See Instructions) TRAVIS CO
Date 07/08/2022	Full name of contributor out-of-state PAC (ID#: HCDP EXEC COMMITTEE Contributor address; City; State; Zip Code POST OFFICE BOX 1245, BUDA, TX 78610	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) HAYS COUNTY DEMOCRATIC PARTY		Employer (See Instructions)
Date 08/04/2022	Full name of contributor out-of-state PAC (ID#: JOSE GARCIA Contributor address; City; State; Zip Code 2325 JACKSON ST, APT 304, SAN FRANCISCO, CA 94115	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 09/22/2022	Full name of contributor out-of-state PAC (ID#: HCDP EXEC COMMITTEE Contributor address; City; State; Zip Code POST OFFICE BOX 1245, BUDA, TX 78610	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) HAYS COUNTY DEMOCRATIC PARTY		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.		

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: 10 of 12

2 FILER NAME

RUBEN BECERRA

3 Filer ID (Ethics Commission Filers)

4 Date

09/06/2022

5 Full name of contributor

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

ROSEMARIE CAMPISE

6 Contributor address;

City;

State;

Zip Code

5401 HILLIARD RD., SAN MARCOS, TX 78666

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

08/28/2022

Full name of contributor

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

CYNTHIA ARREDONDO

Contributor address;

City;

State;

Zip Code

212 SAGE MEADOW DR., SAN MARCOS, TX 78666

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

EXEC ADMIN

Employer (See Instructions)

LCRA

Date

09/05/2022

Full name of contributor

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

FRANK ARREDONDO

Contributor address;

City;

State;

Zip Code

212 SAGE MEADOW DR., SAN MARCOS, TX 78666

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

09/06/2022

Full name of contributor

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

GABRIELLE & LYNNY MOORE

Contributor address;

City;

State;

Zip Code

814 N LOOP ST., SAN MARCOS, TX 78666

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

REALTOR

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.

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: 11 of 12
2 FILER NAME RUBEN BECERRA		3 Filer ID (Ethics Commission Filers)
4 Date 09/30/2022	5 Full name of contributor out-of-state PAC (ID#: _____) LINDA LANG 6 Contributor address; City; State; Zip Code 35 BROOKHOLLOW DR., WIMBERLEY, TX 78676	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions)
Date 09/30/2022	Full name of contributor out-of-state PAC (ID#: _____) CHARLES ANDERSON Contributor address; City; State; Zip Code PO BOX 1804, SAN MARCOS, TX 78667	Amount of contribution (\$) 5.00
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions) SELF
Date 09/30/2022	Full name of contributor out-of-state PAC (ID#: _____) BARBARA SAUCEDO Contributor address; City; State; Zip Code 122 AZOLAR DR., SAN MARCOS, TX 78666	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) EDUCATION		Employer (See Instructions) SMCISD
Date 09/04/2022	Full name of contributor out-of-state PAC (ID#: _____) ANGELITA & ROSALIO TOBIAS Contributor address; City; State; Zip Code 1818 ROLAND LANE, KYLE, TX 78640	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) RETIRED		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.		

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: 12/12
2 FILER NAME RUBEN BECERRA		3 Filer ID (Ethics Commission Filers)
4 Date 09/04/2022	5 Full name of contributor out-of-state PAC (ID#: _____) AMY MACK 6 Contributor address; City; State; Zip Code 118 SCARLET OAK COVE, KYLE, TX 78640	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions)
Date 09/11/2022	Full name of contributor out-of-state PAC (ID#: _____) CORA MENDEZ Contributor address; City; State; Zip Code 26411 DANCING BEAR, SAN ANTONIO, TX 78260	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 09/11/2022	Full name of contributor out-of-state PAC (ID#: _____) MIKE MARTINEZ Contributor address; City; State; Zip Code 16813 ADORO DR., MANOR, TX 78653	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF
Date 09/11/2022	Full name of contributor out-of-state PAC (ID#: _____) CLAUDIA PEREZ Contributor address; City; State; Zip Code 13501 RR 12 #103, WIMBERLEY, TX 78676	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) INNOVATION CONSULTANT		Employer (See Instructions) QI PARTNERS
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME RUBEN BECERRA		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/06/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TARA RACINE 7 Contributor address; City; State; Zip Code 291 BRUNSON LANE, WIMBERLEY, TX 78676	8 Amount of Contribution \$ 250.00	9 In-kind contribution description FOOD & BEV Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) NOT WORKING		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 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)			
Date 09/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAOUL BELLEAU Contributor address; City; State; Zip Code 291 BRUNSON LANE, WIMBERELY, TX 78676	Amount of Contribution \$ 50.00	In-kind contribution description WIMBERLEY PRIDE PARADE ENTRY Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) ELECTRICAL ENGINEER		Employer (FOR NON-JUDICIAL)(See Instructions) TARADYNE	
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)			

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

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: <u>1</u>
2 FILER NAME RUBEN BECERRA		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 09/30/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) MONICA BECERRA	9 Loan Amount (\$) 5,046.62
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) O&P		13 Employer (See Instructions) SMS
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 checked="" 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)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>1</u>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 09/23/2022	5 Payee name MONICA BECERRA	
6 Amount (\$) 4,000.00	7 Payee address; City; State; Zip Code 208 E MIMOSA CIR., SAN MARCOS, TX 78666	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) LOAN REIMBURSEMENT	(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		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	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		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	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		
Candidate / Officeholder name Office sought Office held		

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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: 188		2 FILER NAME RUBEN BECERRA		3 Filer ID (Ethics Commission Filers)	
4 Date 09/21/2022		5 Payee name CONSTANT CONTACT			
6 Amount (\$) 85.28 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: ONLINE		City:	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(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					
Candidate / Officeholder name		Office sought		Office held	
Date 08/01/2022		Payee name LOWE'S			
Amount (\$) 736.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: SAN MARCOS, TX		City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER		Description WOOD AND T-POSTS FOR LARGE SIGNS		
	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 08/01/2022		Payee name GOOGLE			
Amount (\$) 12.79 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: ONLINE		City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES		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	

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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <div style="font-size: 1.5em; margin-left: 20px;">2 of 8</div>	2 FILER NAME RUBEN BECERRA	3 Filer ID (Ethics Commission Filers)
4 Date 09/01/2022	5 Payee name HAYS COUNTY DEMS	
6 Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO BOX 1245, BUDA, TX 78610	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(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	Candidate / Officeholder name Office sought Office held	
Date 09/03/2022	Payee name CASA MARIA	
Amount (\$) 70.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code SAN MARCOS, TX 78666	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEV 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 09/03/2022	Payee name GOOGLE	
Amount (\$) 12.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code ONLINE	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	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	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>3 of 8</i>	2 FILER NAME RUBEN BECERRA	3 Filer ID (Ethics Commission Filers)
4 Date 09/05/2022	5 Payee name WALMART	
6 Amount (\$) 148.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code SAN MARCOS, TX 78666	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE EXPENSE	(b) Description TOTES FOR SWAG, SMALL SIGNS & LITERATURE
	(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 Candidate / Officeholder name Office sought Office held		
Date 09/07/2022	Payee name DEVIL'S BACKBONE	
Amount (\$) 103.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code CANYON LAKE, TX	
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		
Date 09/24/2022	Payee name ADOBE	
Amount (\$) 59.53 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code ONLINE	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	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		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4 of 8		2 FILER NAME RUBEN BECERRA		3 Filer ID (Ethics Commission Filers)	
4 Date 07/12/2022		5 Payee name VISTA PRINT			
6 Amount (\$) 491.77 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; ONLINE		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description RACK CARDS		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 07/22/2022		Payee name TRAVEL TO SALTILLO FOR SISTER CITIES			
Amount (\$) 2,332.72 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; SALTILLO, COAHUILA, MX		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL OUT OF DISTRICT		Description TRAVEL TO SALTILLO FOR SISTER CITIES EVENTS AND CELEBRATION, FLIGHT, HOTEL, AND MEALS		
	<input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 07/27/2022		Payee name ADOBE			
Amount (\$) 57.36 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; ONLINE		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <u>5 of 8</u>	2 FILER NAME RUBEN BECERRA	3 Filer ID (Ethics Commission Filers)
4 Date 07/01/2022	5 Payee name GOOGLE	
6 Amount (\$) 38.38 <input checked="" type="checkbox"/> 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) FEES	(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 Candidate / Officeholder name Office sought Office held		
Date 07/02/2022	Payee name GOOGLE	
Amount (\$) 12.79 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	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 07/05/2022	Payee name HEB	
Amount (\$) 133.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 641 E HOPKINS, SAN MARCOS, TX 78666	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	Description FOOD AND BEV
	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		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>6 of 8</i>	2 FILER NAME RUBEN BECERRA	3 Filer ID (Ethics Commission Filers)
4 Date 09/01/2022	5 Payee name VISTAPRINT	
6 Amount (\$) 727.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code ONLINE	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description RACK CARDS
	(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 Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	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 Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	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 Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	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 Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>7 of 8</i>	2 FILER NAME RUBEN BECERRA	3 Filer ID (Ethics Commission Filers)
4 Date 08/21/2022	5 Payee name CONSTANT CONTACT	
6 Amount (\$) 10.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: ONLINE City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(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 Candidate / Officeholder name Office sought Office held		
Date 08/27/2022	Payee name MCCOYS	
Amount (\$) 259.79 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: SAN MARCOS, TX 78666 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description WOOD AND NAILS FOR LARGE SIGNS
	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 07/14/2022	Payee name TEXAS DEMOCRATIC CONVENTION- DALLAS TX	
Amount (\$) 1,382.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL OUT OF DISTRICT	Description HOTEL STAY, MEALS, & PARKING FOR DEM STATE CONVENTION
	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		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <u>8 of 8</u>	2 FILER NAME <u>Ruben Becerra</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>08/03/2022</u>	5 Payee name <u>GOOGLE</u>	
6 Amount (\$) <u>38.38</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>ONLINE</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>FEES</u>	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <u>08/10/2022</u>	Payee name <u>KND BOUTIQUE</u>	
Amount (\$) <u>555.17</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>SAN MARCOS, TX</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	Description <u>T-SHIRTS</u>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <u>08/27/2022</u>	Payee name <u>ADOBE</u>	
Amount (\$) <u>59.53</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>ONLINE</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>FEES</u>	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES
FOR TRAVEL OUTSIDE OF TEXAS****SCHEDULE T**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 T:

1**2 FILER NAME**
RUBEN BECERRA**3 Filer ID** (Ethics Commission Filers)**4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee**
MONICA BECERRA**5 Contribution / Expenditure reported on:**☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☒ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS**6 Dates of travel**7/22/22 TO
7/25/22**7 Name of person(s) traveling**
RUBEN AND MONICA BECERRA**8 Departure city or name of departure location**
AUSTIN, TX**9 Destination city or name of destination location**
SALTILLO, COAHUILA, MX**10 Means of transportation**
PLANE**11 Purpose of travel (including name of conference, seminar, or other event)**
SALTILLO AND AUSTIN SISTER CITIES

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

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