CANDIDATE / OFFICEHOLDER FORM C/OH COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 2 Total pages filed 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY Ruben **OFFICEHOLDER** Mr. NAME Date Received NICKNAME becerra RECEIVED 7IP CODE 4 CANDIDATE! STATE: ADDRESS I PO BOX. OFFICEHOLDER OCT 3 1 2022 0 MAILING 208 E Mimosa Cir., San Marcos, TX 78666 **ADDRESS** Change of Address PHONE NUMBER EXTENSION AREA CODE 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 187-4902 (512) PHONE Receipt # Amount 5 MS / MRS / MR MI 6 CAMPAIGN estic TREASURER M. Date Processed NAME NICKNAME SUFFIX Date Imaged Carnes STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #. STATE ZIP CODE CITY: 7 CAMPAIGN TREASURER **ADDRESS** 351 Limestone lane, Driftwood, TX 78619 (Residence or Business) AREA CODE EXTENSION 8 CAMPAIGN TREASURER PHONE (512) 9 REPORT TYPE 15th day after campaign 30th day before election Runoff (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 3th day before election Reporting Limit 10 PERIOD COVERED 30 / 2022 10 / 2012 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Rungfl Day Special OFFICE HELD (d anv) 13 OFFICE SOUGHT (# known) 12 OFFICE Hays County Judge Haus County Judge THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMETTERS TO SUPPORT THE CANDIDATE I OFFICENCIDER. THESE EXPENDITURES MAY HAVE SEEN MADE INTROUT THE CANDIDATE'S OR OFFICENCIDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICENCIDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL **Additional Pages** COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGN	N FINANCE REPORT	COVER SHEET FOR
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 8
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2918.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 8
	4. TOTAL POLITICAL EXPENDITURES	\$ 2814.75
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 12,948.94
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	
	swear, or affirm, under penalty of perjury, that the accompanying report is tru- quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	M	
	Signature of Ca	andidate or Officeholder
ANIT TO NO. TA	Please complete either option below	w:
4) Afficavit		
NOTARY STAMP SEA	& Mac France	31 & day or Ochibar.
11	which witness my hand and seal of office.	Notary
Signature of officer administr	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	ion	
My name is	, and my date of birth is	s
	(street) (city)	(state) (zip code) (country)
Executed to	County, State of, on the day of	(year) .
	Signature of Candi	idate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

LERNAME D	20 Filer ID (Ethics Cor	nmission Filers)
Kuben Becerra		
CHEDULE SUBTOTALS AME OF SCHEDULE		SUBTOTAL AMOUNT
SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS		s 2918.50
SCHEDULE A2. NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
SCHEDULE E. LOANS		s 2,814.75
SCHEDULE F1. POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	S
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		S
SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	S
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
SCHEDULE G. POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$ 2,814.75
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	s
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	S
	CHEDULE SUBTOTALS ME OF SCHEDULE SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2. NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E. LOANS SCHEDULE F1. POLITICAL EXPENDITURES MADE FROM POLITICAL CO SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G. POLITICAL EXPENDITURES MADE FROM PERSONAL FU SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	HEDULE SUBTOTALS ME OF SCHEDULE SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS SCHEDULE B2. NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B3. PLEDGED CONTRIBUTIONS SCHEDULE E1. LOANS SCHEDULE F1. POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3. PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G. POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

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 10/09/2022	5 Full name of contributor out-of-state PAG Gina Fulkerson 6 Contributor address. City; 131 River Bend Rd. Wimberley	State; Zip Code	7 Amount of contribution (\$) 250.00
8 Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instruction The Hudgins Law F	
Date 10/09/2022	Cora Mendez	State; Zip Code	Amount of contribution (\$) 50.00
Principal occup Not Employe	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 10/16/2022	Marshall Jennings	State: Zip Code	Amount of contribution (S)
Principal occup Not Employe	d	Employer (See Instruct	tions)
Date 10/16/2022	Full name of contributor out-of-state PAC Mandy Wright Contributor address: City: 230 Woodcreek Dr Wimberley	State; Zip Code	Amount of contribution (S)
Principal occup Aesthetician	pation / Job title (See Instructions)	Employer (See Instruction Self- Employed	tions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	JEEDED

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.

ii the reques	ted information is not applicable, be NOT meter		
The	Instruction Guide explains how to complete this fo	orm.	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 (IC Sibyl White	D#	7 Amount of contribution (\$)
10/16/2022		State, Zip Code	100.00
8 Principal occu Not Employe		Employer (See Instruction	ons)
Date		D#	Amount of contribution (S)
10/16/2022	Heiko Stang Contributor address: City: 380 Turkey Hollow Wimberley T	State; Zip Code	10.00
Principal occup Homemaker	ation / Job title (See Instructions)	Employer (See Instruction of Employed	ons)
Date	Full name of contributor out-of-state PAC (II Nancy Berlage	D#	Amount of contribution (\$)
10/16/2022	Contributor address: City: 201 Verdin Drive Buda TX	State: Zip Code X 78610	25.00
Principal occup Professor	pation / Job title (See Instructions)	Employer (See Instructi exas State Univers	
Date		D#)	Amount of contribution (\$)
10/16/2022	Chris Arthur Contributor address, City;	State: Zip Code	100.00
	180 Turkey Hollow Wimberley T	X 78676	
Principal occu Property Mai	pation / Job title (See Instructions) nagement	Employer (See Instructi	ons)

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

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT incl	ude this page in the r	eport.
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1
2 FILER NAME Ruben Be	cerra		3 Filer ID (Ethics Commission Filers)
4 Date	Leslie Carnes	DW	7 Amount of contribution (\$)
10/16/2022	6 Contributor address; City; 351 Limestone Ln Driftwood TX	State; Zip Code	125.00
8 Principal occur Not Employe	, , , , , , , , , , , , , , , , , , , ,	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (I	DW	Amount of contribution (\$)
10/16/2022	Contributor address; City; 550 Onion Creek Ranch Rd Driftwood	State, Zip Code	25.00
Principal occup Software	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Jeffrey Kaufmann	1044	Amount of contribution (\$)
10/23/2022	Contributor address. City: 407 Leisurewoods Dr. Buda TX	State: Zip Code	50.00
Principal occu Manager	pation / Job title (See Instructions)	Employer (See Instruction Country of Aging and Coun	
Date	Full name of contributor out-of-state PAC (104)	Amount of contribution (S)
10/23/2022	Contributor address: City. 109 COLLEEN CT SAN MARCO	State: Zip Code OS TX 78666	25.00
l '	pation / Job title (See Instructions) elopment Specialist	Employer (See Instruct	ions)

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

SCHEDULE A1

	ted information to not applicable, 20 from in-		
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	James Jacob	(ID#)	7 Amount of contribution (\$)
10/23/2022	6 Contributor address. City: 446 Adoquin Trail Buda	State; Zip Code	50.00
8 Principal occu Pastor	pation / Job title (See Instructions)	9 Employer (See Instruct Word Of Life	ions)
Date	Full name of contributor out-of-state PAC	; (ID#)	Amount of contribution (\$)
10/23/2022	Contributor address; City; 200 Telegraph Trl San Marcos	State, Zip Code	10.00
Principal occup Not Employe	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC Sherwood Bishop	C (ID#)	Amount of contribution (\$)
10/23/2022	Contributor address: City: 124Elm Hill Court San Marcos	State: Zip Code	50.00
Principal occup Teacher	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date		C (ID#)	Amount of contribution (\$)
10/23/2022	Contributor address: City;	State: Zip Code	500.00
Diagram and a second		T	·
Consultant	pation / Job tille (See Instructions)	Texas Petition Stra	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED
Teacher Date 10/23/2022 Principal occup	Contributor address: City: 124EIm Hill Court San Marcos pation / Job title (See Instructions) Full name of contributor out-of-state PAC John Hatch Contributor address: City: 48 Country Oaks Dr Buc pation / Job title (See Instructions)	Employer (See Instruct TXST State: Zip Code Can TX 78610 Employer (See Instruct Texas Petition Strate) OF THIS SCHEDULE AS N	Amount of contribution (S) 500.00 tions) tegies

SCHEDULE A1

The	Instruction Guide explains how to complete this	i form.	1 Total pages Schedule A1. 5 of \$
2 FILER NAME Ruben Be	сегга		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAG Dorothy Rangel	C (ID#)	7 Amount of contribution (\$)
10/30/2022	6 Contributor address: City; 1165 Firecracker Dr Buda TX 7	State. Zip Code	12.50
8 Principal occur Not Employe	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG Cathleen Day	C (ID#)	Amount of contribution (\$)
10/30/2022	Contributor address: City: 909 Berrywood Dr., Austin TX	State. Zip Code	12.50
Principal occup Sales	ation / Job title (See Instructions)	Employer (See Instruct Crystal Works	ions)
Date 10/30/2022	Judith Nicholls	State: Zip Code	Amount of contribution (\$) 12.50
Principal occup Not Employe	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG	C (ID#)	Amount of contribution (\$)
10/30/2022		State. Zip Code	10.00
Principal occup Not Employe	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr		

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 Susan Grosz	(10#)	7 Amount of contribution (\$)
10/30/2022	6 Contributor address; City; 4 Coach House RD Austin TX	State; Zip Code	50.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		(IDal)	Amount of contribution (\$)
10/30/2022	Contributor address; City;	State; Zip Code	100.00
	7717 Haggans Lane Austin TX	78739	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct Heritage Title	ions)
Date	Full name of contributor out-of-state PAC	(IDW)	Amount of contribution (\$)
10/30/2022	Bradley Brownlow		100.00
10,00,2022	Contributor address: City: 1334 Wellington Street Oakland	State: Zip Code	100.00
Principal occup Attorney	eation / Job title (See Instructions)	Employer (See Instruction Holland & Knight LL	-
Date	Full name of contributor out-of-state PAC Sherwood Bishop	: (ID#)	Amount of contribution (\$)
10/30/2022	Contributor address, City;	State: Zip Code	25.00
Daine single commun	124Elm Hill Court San Marcos		bone t
Teacher	eation / Job title (See Instructions)	Employer (See Instruct	10/15)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

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.

	too momentum to not applicable, 20 ftc		
The	Instruction Guide explains how to complete	e this form.	1 Total pages Schedule A1.
² FILER NAME Ruben Be	cerra		3 Filer ID (Ethics Commission Filers)
4 Date	Elyn Roberts	ste PAC (ID#)	7 Amount of contribution (\$)
10/30/2022	6 Contributor address: City; 197 Country Creek Rd Aust	·	25.00
8 Principal occu Sales	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		ate PAC (IDW)	Amount of contribution (\$)
10/30/2022	Eric Gilbertson Contributor address: City; 149 W Holland St San Marc	State: Zip Code	12.50
Principal occup Assistant pro	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-sta	ate PAC (ID#)	Amount of contribution (\$)
10/30/2022	Robert Rodriguez	• • • • • • • • • • • • • • • • • • • •	2.50
10,00,2022	Contributor address, City: Post Office Box 12, San Ma		2.50
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instruc Holland & Knight Lt	
Date		ate PAC (ID#	Amount of contribution (\$)
10/30/2022	Josh Reyna Contributor address: City:	State: Zip Code	500.00
	567 Delayne Drive Austin T	X 78737	000.00
	pation / Job title (See Instructions)	Employer (See Instruc	
Chief of Staff		TX House of Repre	esentatives

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

 $If contributor is \ out-of\text{-state PAC}, \ please \ see \ Instruction \ guide \ for \ additional \ reporting \ requirements.$

SCHEDULE A1

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

The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1.
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Ruben Be	cerra			
4 Date	5 Full name of contributor Larissa Garcia	out-of-state PAC	(ID#)	7 Amount of contribution (\$)
10/30/2022	6 Contributor address;	City;	State, Zip Code	500.00
	567 Delayne Drive Au	stin TX 7	79737	000.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructi	ons)
Attorney			Garcia & Villarreal P	LCA
Date	Full name of contributor Anita Collins	out-of-state PAC	: (ID#)	Amount of contribution (\$)
10/30/2022	Contributor address:	City;	State; Zip Code	25.00
	923 W. Hopkins St. Sa	-	•	20.00
4			3 17(10000	
Principal occup Exec Asst.	eation / Job title (See Instructions)		Employer (See Instructi Hays County	ons)
Date	Full name of contributor	out-of-state PAC	C (ID#)	Amount of contribution (\$)
10/30/2022	Blaine Brownlow			100 00
		- ·	State; Zip Code	100.00
	615 Sheldon Lake Dr (Georgeto	own TX 78633	
Principal occup	pation / Job title (See Instructions)		Employer (See Instructi Rugg Realty LLC	ions)
Date	Full name of contributor	out-of-state PAG	C (10#)	Amount of contribution (\$)
	Oscar Avalos			
10/30/2022	Contributor address;	City;	State: Zip Code	100 00
	3937 Terrace Street P	hiladelph	nia PA 19128	100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ons)
Student	,		Gary Job Corps	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 NO	T include this page in the re	port.
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E
2 FILER NAME	luben Becerra		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state #	PAC (ID+)	9 Loan Amount (\$)
10-30-22	Monica L. Becerra		2,816.75
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Γ γ K μ	208 & Mimosa Cir. San	Marcos, TX 78464	11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	ateral	Check if personal fun- account (See Instruct	ds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address, City;	State, Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of toan	Name of lender out-of-state	PAC (ID#)	Loan Amount (S)
ls lender a financial	Lender address; City;	State: Zip Code	Interestrate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Calla	aleral	Check if personal fun account (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If Is	ATTACH ADDITIONAL COP	MES OF THIS SCHEDULE AS NE	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagas/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Total pages Schedule G:	2 FILER NAME RUBEA BECETIA		3 Filer ID (Ethics Commission Filers
Date 10-9-22	5 Payee name Kerby Lane		
Amount (\$) 51.42	7 Payee address;	City;	State; Zip Code
X political contributions intended	221 E Sessom Dr., San Ma	1005, TX 78	666
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 Aust	in, TX, officeholder living expense
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10-4-22	Artic Chill		
Amount (\$) 29.90 Reimbursement from political contributions	Payee address: 1100 Patton St. San Marca	City:	State: Zip Code
rended	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	food & bev.		
OF	Tool & bev. Check if travel outside of Texas. Complete Schedule T	Check if Aust	in, TX officeholder living expense
OF	Check if travel outside of Texas. Complete Schedule T Candidate / Officeholder name	Check if Ausi Office sought	in, TX officeholder living expense Office held
OF EXPENDITURE Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T Candidate / Officeholder name		
Complete ONLY if direct expenditure to benefit C/	Check if travel outside of Texas. Complete Schedule T Candidate / Officeholder name OH Payee name		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/4	Check if travel outside of Texas. Complete Schedule T Candidate / Officeholder name OH		
Complete ONLY if direct expenditure to benefit C/4 Date 10-11-22	Check If travel outside of Texas. Complete Schedule T Candidate / Officeholder name OH Payee name Whataburger Payee address: DO4 SH-123 & Marcos;	Office sought City;	Office held
Complete ONLY if direct expenditure to benefit C/4 Date 10-11-22 Amount (\$) Reimbursement from political contributions	Check if travel outside of Texas. Complete Schedule T Candidate / Officeholder name OH Payee name Whataburage Payee address:	Office sought City;	Office held
Complete ONLY if direct expenditure to benefit C/d Date 10-11-22 Amount (\$) 19.34 Reimbursement from political contributions intended	Check if travel outside of Texas. Complete Schedule T Candidate / Officeholder name OH Payee name Whataburge Payee address: DO4 SH-123 & Marcos; Category (See Categories listed at the top of this schedule)	City: The Total Control Contr	Office held

SCHEDULE G

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

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consutting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees OI Food/Beverage Expense Pro Gift/Awards/Memorials Expense Pr	sen Repsyment/Reimbursement ffice Overhead/Rental Expense offing Expense inting Expense aleries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME RUben Becerra		3 Filer ID (Ethics Commission Filers)
4 Date 10-21-22	5 Payee name		
Amount (\$) 851.50 Reimbursement from political contributions intended	7 Payee address;	City:	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this ached Salaries / Wages / Contract Lawr	(b) Description	
	(c) Check if travel outside of Texas. Complete Scheduli	eT. Check if Austin	n. TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10-1-22	Wake The Dead		
Amount (\$) 27,00 Reimbursement from political contributions intended	Payee address: 1432 Old RRIZ, San Mar	cos, TX 78466	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheduled food & bev		
Complete ONLY if direct expenditure to benefit C/0	Check if travel outside of Texas. Complete Schedul Candidate / Officeholder name OH	Office sought	n, TX, officeholder living expense Office held
Date 10-3-22	Havs 6. BBQ		
Amount (\$) 48.69 Reimbursement from political contributions intended	Payee address: [412 IH35, San Marcus TX	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheduled by the Section Category (See Categories listed at the top of this scheduled by the Section Category (See Categories listed at the top of this scheduled by the Section Category (See Categories listed at the top of this scheduled by the Section Category (See Categories listed at the top of this scheduled by the Section Category (See Categories listed at the top of this scheduled by the Section Category (See Categories listed at the top of this scheduled by the Section Category (See Categories listed at the top of this scheduled by the Section Category (See Categories listed at the top of this scheduled by the Section Category (See Categories listed at the top of this scheduled by the Section Category (See Categories listed at the top of this scheduled by the Section Category (See Categories listed at the Section Categories Listed at the Section Categories (See Categories Listed at the Section Categories Listed at the Section Categories (See Categories Listed at the Section Categories Listed at the Section Categories (See Cate	Description	
	Check if travel outside of Texas Complete Schedule	T Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Office C Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing	epsyment/Reimbursement overhead/Rental Expense Expense g Expense s/Wages/Contract Labor o complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
Total pages Schedule G:	2 FILER NAME Ruben Becerra		3 Filer ID (Ethics Commission Filers)
4 Date 10-1- 22	DRI 48 Hour Print		
6 Amount (\$) 15.38 Reimbursement from political contributions intended	7 Payee address;	City:	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	Stickers	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10-1-22	Amazo a		
Amount (\$) W.98	Payee address;	City;	State; Zip Code
Rembursement from political contributions intended	Online		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	film equip	ment
	Check if travel outside of Taxas. Complete Schedule T		an, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 0-14-22	DRI 48 Hour Print		
Amount (\$) \38.62 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule) Rinting Expense		OU TONS
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T		II IA UMCARCHON INSUR AKRARIA

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expens

Loen Repayment/Reimbursement. Office Overhead/Rental Expense Polling Expense Printing Expense Selsries/Wages/Contract Labor Solicitation/Fundraleing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of Instrict
Officer (active a category) and listed shows

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)	
Total pages Schedule G: 4 of 11 Date 10-17-22	Kuben Becerra 5 Payse name		3 Filer ID (Ethics Commission Filers)	
5 Amount (\$) 158.44 Reimbursement from political contributions intended	7 Payee address;	City:	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office	(b) Description	ipment	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, afficeholder living expense		
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
10-19-22	The Halal Project			
Amount (\$) 20.50 Reimbursement from political contributions intended	San Maccos, TX 78666	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 ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
Date \0 - 22 - 22	Payee name Smokin' Brew BB12 #2			
Amount (\$) 40.00 Reimbursement from political contributions intended	737 Fm 1626, Manchaca, TX	78652	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	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Constibutions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Cod/Beverage Expense P By Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement office Overhead/Rental Expense folling Expense rinting Expense steries/Wages/Contract Lebor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G: 5 of 1	Ruben Becerra		3 Filer ID (Ethics Commission Filers)
4 Date 0-12-22	5 Payee name HEB		
Amount (\$) Reimbursement from political contributions intended	Payor address:	City:	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school food & Bev	(b) Description bottled wat	er
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedu Candidate / Officeholder name	Office sought	n. TX. officeholder living expense Office held
Date \0- 24-22	Payee name Facebook		
Amount (\$) 81.34 Reimbursement from political contributions intended	Payee address:	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	dule) Description	
Complete ONLY if direct expenditure to benefit C/	Check if Yavel outside of Texas. Complete Schedu Candidate / Officeholder name OH	Office sought	n, TX, officeholder living expense Office held
Date 10-29-22	Payoo namo Whataburger		
Amount (\$) 29.47 X Reimbursement from political contributions intended	670 Old San Ambonio, Buda	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Description	
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedu Candidate / Officeholder name	Office sought	n, TX, officeholder living expense Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED	DED

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/Benking
Consulting Expense
Contributions/Officentions Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memoriale Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Masse/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (entre is category and listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule G:	Ruben Becula		3 Filer ID (Ethics Commission Filers)
4 Date 0-28-22	5 Payor name Taract		
6 Amount (\$) 4.47 Reimbursement from political contributions intended	Downtown San Marcus TX	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOW & VEV.	(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 10-11-22	Payee name Adobe		
Amount (\$) 5463 Reimbursement from political contributions intended	Payee address;	City;	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FRES	Description	
	Check if travel outside of Texas. Complete Schedule T	Check if Austri	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 10-26-22	Payee name Whatavwaer		
Amount (\$) 24.81	Payee address;	City;	State; Zip Code
Reimbursement from political contributions Intended	1004 SH-123, San Marays	TX 78466	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Dev.	Description	
	Check if travel outside of Texas. Complete Schedule T	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED

SCHEDULE G

	EXPEN	DITURE CATEGORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Expense Polling morisis Expense Printin	tepsymen/Reimbursement Overhead/Rental Expense g Expense g Expense g Wages/Contract Labor to complete this form.	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule G:	2 FILER NAME RUBIN BECENA			3 Filer ID (Ethics	Commission Filers)
4 Date \0-15-12	5 Payee name Chirmys				
Amount (\$) 30,12 Reimbursement from political contributions intended	7 Payee address: 217 E Hopkins	St., San Dan	City:	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories In food & bcv. (c) Check if travel outside	sted at the top of this schedule)	(b) Description	** Officerbolder house	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehol		Office sought	i, TX, officeholder living ex	Office held
10.23-22	Payee name Popeyes				
Amount (\$) 45.29 Reimbursement from political contributions intended	Payee address:	na Springs Dr.,	San Marcos, 7	State:	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories in		Description		
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officehol	e of Texas. Complete Schedule T. der name	Check if Austr	n, TX officeholder living ex	pense Office held
Date 10-22-22	Sign Up Gen	nius			
Amount (\$) 29.99 Reimbursement from political contributions intended	Payee address;		City:	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories In	ated at the top of this schedule)	Description		
	Check if travel outside	of Texas Complete Schedule T	Check of Austin	, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehol	der name	Office sought	(Office held
	ATTACH ADDITIO	NAL COPIES OF THIS	SCHEDULE AS NEED	ED	

SCHEDULE G

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donate Candidate/Officeholder/Politi Credit Card Payment	Fees Off Food/Beverage Expense Po By Gift/Awards/Memorials Expense Pri	in Rapsyment/Reimbursement toe Overhead/Rental Expense iling Expense nting Expense aries/Weges/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME RUBIN BREGGE		3 Filer ID (Ethics Commission Filers)
4 Date 0-21-22	5 Payee name Constant Contact		,
6 Amount (\$) \38,58 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 schedul fee)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule	T Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
10.20-22	Payee name Chick-fil-a		
Amount (\$) 21.53 Reimbursement from political contributions intended	Payee address: San Marcos, TX 78466	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Description	
	Check if travel outside of Texas. Complete Schedule	T Check if Austr	e, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10-2-22	Google		
Amount (\$) \2,74 Reimbursement from political contributions intended	Payee address:	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this achedul ————————————————————————————————————	Description	
	Check if travel outside of Texas. Complete Schedule	T Check if Austri	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEED	DED

SCHEDULE G

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Oil Food/Beverage Expense Pr By Gift/Awards/Memorials Expense Pr	nan Repsyment/Reimbursement ffice Overhead/Rental Expense offing Expense rinting Expense alaries/Wages/Contract Labor low to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME RUBEN BECENA		3 Filer ID (Ethics Commission Filers)	
4 Date \0-2-22	5 Payee name			
6 Amount (\$) 1993 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 Scheduli	Check if Austin	, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
\0.30 - 22	Stad Altamilano			
Amount (\$) 23.50 Reimbursement from political contributions intended	Buda, TX 78644	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule food & DCV		, paletr truck	
	Check if travel outside of Texas. Complete Schedul	tule T Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
\0-29-22	Tara Racine			
Amount (\$) 170,00 X Reimbursement from political contributions intended	Payee address;	City:	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scried. Fool & VIV. Check if travel outside of Texas. Complete Schedule.	Candy	TV aNnahaldar hang are	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	. TX. officeholder living expense Office held	
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEED	ED	

SCHEDULE G

	EXPENDITURE CATEO	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politis Credit Card Payment		Loan Repayment/Rembursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	Ryben Becerra		3 Filer ID (Ethics Commission Filers)
4 Date 10-12-22	5 Payee name KU by Lane		
6 Amount (\$) 60,53 Reimbursement from political contributions intended	7 Payee address; 221 E Sesson Dr., Son Ma	city:	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so food & bey.		
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 0-12-22	Rissing tree Golf		
Amount (\$) 28,50 Reimbursement from political contributions intended	San Marcos Tx 78666	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Description	
	Check if travel outside of Texes. Complete Sch	nedule T Check If Austr	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date 10-16-22	Payee name Saltarass		
Amount (\$) \28.98 Reimbursement from political contributions intended	141 N 1435 Frontage R	d. San Marcos, T	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so fold & bev.	Description	
	Check if travel outside of Texas. Complete Sch		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEED	DED

SCHEDULE G

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Constions Made Candidate/Officeholder/Politic Credit Card Payment	Fees Cod/Beverage Expense P By Git/Awards/Memonals Expense P	can Repayment/Reimbursement office Overhead/Rental Expense colling Expense rinting Expense alaries/Wague/Contract Labor low to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	Ruben Becerra		3 Filer ID (Ethics Commission Filers)
4 Date \0-24-22	Rogelio's		
6 Amount (\$) 48.58 Reimbursement from political contributions intended	7 Payle address:	chy:	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school food food food.	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedu	le T. Check if Austin	n, TX, afficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10 - 27 - 22	The Palm Cafe		
Amount (\$) Reimbursement from political contributions intended	504 Broad way St. San N	City: Aarcos, TX 7844	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	dule) Description	
	Check if travel outside of Texas. Complete Schedu	de T Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	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 scheil	dule) Description	
	Check if travel outside of Texas. Complete Schedu	de T Check if Austr	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF 1	HIS SCHEDULE AS NEED	DED