

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 Mr.	FIRST Ruben	MI	OFFICE USE ONLY
	NICKNAME	LAST Becerra	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 208 E Mimosa Cir., San Marcos, TX 78666			RECEIVED OCT 31 2022 <i>ad</i>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 787-4902	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Leslie	MI	Date Hand-delivered or Date Postmarked
	NICKNAME	LAST Carnes	SUFFIX	Receipt # Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE 351 Limestone Lane, Driftwood, TX 78619			Date Processed
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 923-2964	EXTENSION	Date Imaged
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 1 / 2022 10 / 30 / 2022			
11 ELECTION	ELECTION DATE Month Day Year 11 / 8 / 2022		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> 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.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS			

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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2918.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2816.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,948.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 51,758.75

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 31st day of October.

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

(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 <i>Ruben Becerra</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2,918.50</i>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ <i>2,816.75</i>
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>2,816.75</i>
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 8
2 FILER NAME Ruben Becerra		3 Filer ID (Ethics Commission Filers)
4 Date 10/09/2022	5 Full name of contributor Gina Fulkerson out-of-state PAC (ID# _____) 6 Contributor address, City, State, Zip Code 131 River Bend Rd. Wimberley TX 78676	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) The Hudgins Law Firm
Date 10/09/2022	Full name of contributor Cora Mendez out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code 26411 Dancing Bear, San Antonio TX 78260	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 10/16/2022	Full name of contributor Marshall Jennings out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code 180 O Neill Ranch Rd Dripping Springs TX 78620	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 10/16/2022	Full name of contributor Mandy Wright out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code 230 Woodcreek Dr Wimberley TX 78676	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Aesthetician		Employer (See Instructions) Self- Employed
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 8
2 FILER NAME Ruben Becerra		3 Filer ID (Ethics Commission Filers)
4 Date 10/16/2022	5 Full name of contributor out-of-state PAC (ID# _____) Sibyl White 6 Contributor address; City; State; Zip Code 10 De Luna Ln Wimberley TX 78676	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 10/16/2022	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) Not Employed
Date 10/16/2022	Full name of contributor out-of-state PAC (ID# _____) Nancy Berlage Contributor address; City; State; Zip Code 201 Verdin Drive Buda TX 78610	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas State University
Date 10/16/2022	Full name of contributor out-of-state PAC (ID# _____) Chris Arthur Contributor address; City; State; Zip Code 180 Turkey Hollow Wimberley TX 78676	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Property Management		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 3 of 8
2 FILER NAME Ruben Becerra		3 Filer ID (Ethics Commission Filers)
4 Date 10/16/2022	5 Full name of contributor out-of-state PAC (ID# _____) Leslie Carnes 6 Contributor address; City; State; Zip Code 351 Limestone Ln Driftwood TX 78619	7 Amount of contribution (\$) 125.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 10/16/2022	Full name of contributor out-of-state PAC (ID# _____) Donald Likes Contributor address; City; State; Zip Code 550 Onion Creek Ranch Rd Driftwood TX 78619	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Software		Employer (See Instructions) Self
Date 10/23/2022	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 10/23/2022	Full name of contributor out-of-state PAC (ID# _____) Melanie Liddle Contributor address; City; State; Zip Code 109 COLLEEN CT SAN MARCOS TX 78666	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Student Development Specialist		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. 4 of 8
2 FILER NAME Ruben Becerra		3 Filer ID (Ethics Commission Filers)
4 Date 10/23/2022	5 Full name of contributor out-of-state PAC (ID# _____) James Jacob 6 Contributor address, City, State, Zip Code 446 Adoquin Trail Buda TX 78610	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Pastor		9 Employer (See Instructions) Word Of Life
Date 10/23/2022	Full name of contributor out-of-state PAC (ID# _____) Roxanne Lee Contributor address, City, State, Zip Code 200 Telegraph Trl San Marcos TX 78666	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 10/23/2022	Full name of contributor out-of-state PAC (ID# _____) Sherwood Bishop Contributor address, City, State, Zip Code 124Elm Hill Court San Marcos TX 78666	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) TXST
Date 10/23/2022	Full name of contributor out-of-state PAC (ID# _____) John Hatch Contributor address, City, State, Zip Code 48 Country Oaks Dr Buda TX 78610	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Texas Petition Strategies
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 8
2 FILER NAME Ruben Becerra		3 Filer ID (Ethics Commission Filers)
4 Date 10/30/2022	5 Full name of contributor Dorothy Rangel out-of-state PAC (ID# _____) 6 Contributor address: City: State: Zip Code 1165 Firecracker Dr Buda TX 78610	7 Amount of contribution (\$) 12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 10/30/2022	Full name of contributor Cathleen Day out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code 909 Berrywood Dr., Austin TX 78753	Amount of contribution (\$) 12.50
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Crystal Works
Date 10/30/2022	Full name of contributor Judith Nicholls out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code 501 Skyline Ridge Lookout Wimberley TX 78676	Amount of contribution (\$) 12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 10/30/2022	Full name of contributor Ana Leal out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code 111 Cave Springs Dr Wimberley TX 78676	Amount of contribution (\$) 10.00
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. 6 of 8
2 FILER NAME Ruben Becerra		3 Filer ID (Ethics Commission Filers)
4 Date 10/30/2022	5 Full name of contributor out-of-state PAC (ID# _____) Susan Grosz 6 Contributor address; City; State; Zip Code 4 Coach House RD Austin TX 78737	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 10/30/2022	Full name of contributor out-of-state PAC (ID# _____) Laura Boreing Contributor address; City; State; Zip Code 7717 Haggans Lane Austin TX 78739	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Title		Employer (See Instructions) Heritage Title
Date 10/30/2022	Full name of contributor out-of-state PAC (ID# _____) Bradley Brownlow Contributor address; City; State; Zip Code 1334 Wellington Street Oakland CA 94602	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Holland & Knight LLP
Date 10/30/2022	Full name of contributor out-of-state PAC (ID# _____) Sherwood Bishop Contributor address; City; State; Zip Code 124Elm Hill Court San Marcos TX 78666	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) TXST
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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 8
2 FILER NAME Ruben Becerra		3 Filer ID (Ethics Commission Filers)
4 Date 10/30/2022	5 Full name of contributor Elyn Roberts out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code 197 Country Creek Rd Austin TX 78737	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Ubiquitous
Date 10/30/2022	Full name of contributor Eric Gilbertson out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 149 W Holland St San Marcos TX 78666-2904	Amount of contribution (\$) 12.50
Principal occupation / Job title (See Instructions) Assistant professor		Employer (See Instructions) TXST
Date 10/30/2022	Full name of contributor Robert Rodriguez out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code Post Office Box 12, San Marcos TX 78667	Amount of contribution (\$) 2.50
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Holland & Knight LLP
Date 10/30/2022	Full name of contributor Josh Reyna out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 567 Delayne Drive Austin TX 78737	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions) TX House of Representatives
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 8
2 FILER NAME Ruben Becerra		3 Filer ID (Ethics Commission Filers)
4 Date 10/30/2022	5 Full name of contributor out-of-state PAC (ID# _____) Larissa Garcia 6 Contributor address; City; State; Zip Code 567 Delayne Drive Austin TX 79737	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Garcia & Villarreal PLCA
Date 10/30/2022	Full name of contributor out-of-state PAC (ID# _____) Anita Collins Contributor address; City; State; Zip Code 923 W. Hopkins St. San Marcos TX 78666	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Exec Asst.		Employer (See Instructions) Hays County
Date 10/30/2022	Full name of contributor out-of-state PAC (ID# _____) Blaine Brownlow Contributor address; City; State; Zip Code 615 Sheldon Lake Dr Georgetown TX 78633	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Rugg Realty LLC
Date 10/30/2022	Full name of contributor out-of-state PAC (ID# _____) Oscar Avalos Contributor address; City; State; Zip Code 3937 Terrace Street Philadelphia PA 19128	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) 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 NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E
2 FILER NAME <i>Ruben Becerra</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>10-30-22</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Monica L. Becerra</i>	9 Loan Amount (\$) <i>2,816.75</i>
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <i>208 E Mimosa Cir., San Marcos, TX 78666</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>O&P</i>		13 Employer (See Instructions) <i>SMS</i>
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 of 11	2 FILER NAME Ruben Becerra	3 Filer ID (Ethics Commission Filers)
4 Date 10-9-22	5 Payee name Kerby Lane	
6 Amount (\$) 51.62 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code 221 E Sessom Dr., San Marcos, TX 78666	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food & bev	(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 10-9-22	Payee name Artic Chill	
Amount (\$) 29.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code 1100 Patton St., San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food & bev.	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		
Date 10-11-22	Payee name Whataburger	
Amount (\$) 29.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code 1004 SH-123, San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food & bev.	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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 of 11		2 FILER NAME Ruben Becerra		3 Filer ID (Ethics Commission Filers)	
4 Date 10-21-22		5 Payee name Labor			
6 Amount (\$) 851.50 <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) Salaries/Wages / Contract labor		(b) Description	
		(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 10-1-22		Payee name Wake The Dead			
Amount (\$) 27.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1432 Old RR12, San Marcos, TX 78666			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food & bev		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					
Date 10-3-22		Payee name Hays Co. BBQ			
Amount (\$) 48.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1412 IH35, San Marcos, TX 78666			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food & Bev.		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 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
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: 3 of 11		2 FILER NAME Ruben Becerra		3 Filer ID (Ethics Commission Filers)	
4 Date 10-1-22		5 Payee name DRI 48 Hour Print			
6 Amount (\$) 115.38 <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 stickers		
	(c) Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 10-1-22		Payee name Amazon			
Amount (\$) 60.98 <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) Other		Description film equipment		
	Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held					
Complete ONLY if direct expenditure to benefit C/OH					
Date 10-14-22		Payee name DRI 48 Hour Print			
Amount (\$) 138.02 <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 stickers buttons		
	Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held					
Complete ONLY 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
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: 4 of 11		2 FILER NAME Ruben Becerra		3 Filer ID (Ethics Commission Filers)	
4 Date 10-17-22		5 Payee name Amazon			
6 Amount (\$) 158.44 <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) Other		(b) Description Video equipment		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 10-19-22		Payee name The Halal Project			
Amount (\$) 20.50 <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) Food & Bev.		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					
Date 10-22-22		Payee name Smokin' Brew BBQ #2			
Amount (\$) 40.60 <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) food & bev.		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					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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: 5 of 11		2 FILER NAME Ruben Becerra		3 Filer ID (Ethics Commission Filers)	
4 Date 10-22-22		5 Payee name HEB			
6 Amount (\$) 84.48 X Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 641 E Hopkins, San Marcos, TX 78666			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food & Bev		(b) Description bottled water		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 10-24-22		Payee name Facebook			
Amount (\$) 81.34 X 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) advertising		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					
Date 10-29-22		Payee name Whataburger			
Amount (\$) 29.47 X Reimbursement from political contributions intended		Payee address; City; State; Zip Code 670 Old San Antonio, Buda TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food & bev.		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					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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: 6 of 11		2 FILER NAME Ruben Becerra		3 Filer ID (Ethics Commission Filers)	
4 Date 10-28-22		5 Payee name Target			
6 Amount (\$) 34.47 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: City: State: Zip Code Downtown San Marcos, TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food & bev.		(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 10-27-22		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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 10-26-22		Payee name Whataburger			
Amount (\$) 26.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 1004 SH-123, San Marcos, TX 78666			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food & bev.		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					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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: 7 of 11		2 FILER NAME Ruben Becerra		3 Filer ID (Ethics Commission Filers)	
4 Date 10-25-22		5 Payee name Chimys			
6 Amount (\$) 30.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: City: State: Zip Code 217 E Hopkins St., San Antonio, Marcos, TX 78666			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) food & bev.		(b) Description	
		(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 10-23-22		Payee name Popeyes			
Amount (\$) 45.29 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 1628 Aquarena Springs Dr., San Marcos, TX 78666			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) food & bev.		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					
Date 10-22-22		Payee name Sign Up Genius			
Amount (\$) 29.99 <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 ONLY 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
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: 8 of 11	2 FILER NAME Ruben Becerra	3 Filer ID (Ethics Commission Filers)
4 Date 10-21-22	5 Payee name Constant Contact	
6 Amount (\$) 138.58 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code Online	
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 10.20-22	Payee name Chick-fil-a	
Amount (\$) 21.53 <input checked="" type="checkbox"/> <small>Reimbursement from political contributions intended</small>	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.	Description
	(c) 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 10.2-22	Payee name Google	
Amount (\$) 12.79 <input checked="" type="checkbox"/> <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code Online	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description
	(c) 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
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: 9 of 11	2 FILER NAME Ruben Becerra	3 Filer ID (Ethics Commission Filers)
4 Date 10-2-22	5 Payee name Google	
6 Amount (\$) 69.93 <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) fees	
	(b) Description	
(c) Check if travel outside of Texas. Complete Schedule T		
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 10-30-22	Payee name Israel Altamirano	
Amount (\$) 2350 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Buda, TX 78666	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food & bev	
	Description ice cream, paleta truck	
Check if travel outside of Texas. Complete Schedule T		
Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OH		
Date 10-29-22	Payee name Tara Racine	
Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 311 Brunson Lane, Wimberley TX 78676	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food & bev.	
	Description Candy	
Check if travel outside of Texas. Complete Schedule T		
Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held		
Complete ONLY 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
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: <i>10 of 11</i>	2 FILER NAME <i>Ruben Becerra</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10-12-22</i>	5 Payee name <i>Kerby Lane</i>	
6 Amount (\$) <i>60.53</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>221 E Sessam Dr., San Marcos, TX 78666</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>food & bev.</i>	(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 <i>10-12-22</i>	Payee name <i>Kissing Tree Golf</i>	
Amount (\$) <i>28.50</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>San Marcos, TX 78666</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>food & bev.</i>	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 <i>10-16-22</i>	Payee name <i>Saltgrass</i>	
Amount (\$) <i>128.98</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1141 N IH 35 Frontage Rd., San Marcos, TX 78666</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>food & bev.</i>	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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Candidate/Officeholder/Political Committee
Credit Card Payment

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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: 11 of 11	2 FILER NAME Ruben Becerra	3 Filer ID (Ethics Commission Filers)
4 Date 10-24-22	5 Payee name Rogelio's	
6 Amount (\$) 148.58 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 625 S LBJ Dr., San Marcos, TX 78666	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food & bev.	(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 10-27-22	Payee name The Palm Cafe	
Amount (\$) 132.68 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 504 Broadway St., San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food & bev.	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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