CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST MI MY. Ruben NICKNAME LAST SUFFIX	OFFICE USE ONLY Dete Received Hays Co. Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE: ZIP CODE 208 E Mimosa GR., San Marcos, TX 18466 AREA CODE PHONE NUMBER EXTENSION (512) 781-4902	JUL 17 2023 RECEIVED Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI MV. LEST D NICKNAME LAST SUFFIX CAINES	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: 351 Limestone La., Driftwood, TX 78 619	STATE. ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (5/2) 923-294	
9 REPORT TYPE	Jenuary 15 30th day before election Runoff But day before election Exceeded Modifier Reporting Limit	15th day after campaign tressurer appointment (Officeholder Only) d Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month L	
11 ELECTION	Month Day Year Primary Runoff Other Descripti	
12 OFFICE	OFFICE HELD (18 any) 13 OFFICE SOUGHT (18 a) (DUNTY Judge (DUNTY Judge	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLE. COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 8 EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING 15. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING 16. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE SALAST DAY OF THE REPORTING PERIOD 18 SIGNATURE 1 swear, or siffirm, under penalty of perjury, that the accompanying report is true and correct and includes all in required to be reported by me under Title 15, Election Code. Please complete either option below: ALISON CASTILLO Signature of Candidate or Officeholder Please complete either option below: ALISON CASTILLO NOTARY STAMP/SEAL Swoom to and subscribed before me by Ruber Becarce this the 17 day of Tuty NOTARY STAMP/SEAL Swoom to and subscribed before me by Ruber Becarce this the 17 day of Tuty TOTAL STAMP/SEAL Swoom to and subscribed before me by Ruber Becarce this the 17 day of Tuty Printed name of officer administering cath Title of officer administration My name is	CAMPAIGN	I FINANCE REPORT	COVER SHEET FG 2
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE LECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOANS AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING LOANS AS OF THE SALE OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING LOANS AS OF THE SALE OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING LOANS AS OF THE SALE OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING LOANS AS OF THE SALE OF THE REPORTING PERIOD OUTSTANDING LOANS AS OF THE SALE OF THE REPORTING PERIOD OUTSTANDING LOANS AS OF THE SALE OF THE REPORTING PERIOD OF REPORTING PERIOD OF REPORTING PERIOD OF REPORTING PERIOD OF REPORTING PERIOD ALISON CASTILLO NOTARY STAMP I SEAL	15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE STANDING LOAN TOTALS 1 swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all in required to be reported by me under Title 15, Election Code. Please complete either option below: OUTSTANDING LOAN TOTALS 1 swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all in required to be reported by me under Title 15, Election Code. Please complete either option below: OUTSTANDING ALISON CASTILLO Signature of Candidate or Officeholder Please complete either option below: OUTSTANDING NOTARY STAMP/SEAL Sworn to and subscribed before me by		PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR	s 19
4. TOTAL POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE 1 swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all in required to be reported by me under Title 15, Election Code. Please complete either option below: ALISON CASTILLO Signature of Candidate or Officeholder Please complete either option below: ALISON CASTILLO Notary Public, State of Texas Notary ID 134242247 Notary ID 134242247 Notary ID 134242247 This the 17 day of Tulk We have Becare this the LAST DAY OF THE REPORTING PERIOD The accompanying report is true and correct and includes all in required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: ALISON CASTILLO Notary ID 134242247 Notary ID 134242247 This the 17 day of Tulk We have Becare this the LAST DAY Title of officer administering oath OR (2) Unsworn Declaration My name is and my date of birth is My address is (street) (city) (state) (zip code) (countries)			, \$ Ø
CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 1 swear, or affirm, under penalty of perfury, that the accompanying report is true and correct and includes all in required to be reported by me under Title 15. Election Code. Please complete either option below: ALISON CASTILLO Signature of Candidate or Officeholder Please complete either option below: ALISON CASTILLO Notary Public, State of Texas Comm. Expires 03-08-2027 Notary ID 134242247 Notary ID 134242247 Notary ID 134242247 Notary Public, witness my hand and seal of office. ALISON CASTILLO Notary ID 134242247 Notary ID 134242247 Title of officer administrating oath Printed name of officer administering oath Title of officer administrating oath Title of officer administrating oath OR (2) Unsworn Declaration My name is		3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø
OUTSTANDING LOAN TOTALS 8. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 1 swear, or affirm, under penelty of perjury, that the accompanying report is true and correct and includes all in required to be reported by me under Title 15, Election Code. Please complete either option below: ALISON CASTILLO Signature of Candidate or Officeholder Please complete either option below: ALISON CASTILLO Notary Public, State of Texas Comm. Expires 03-08-2027 Notary ID 134242247 NOTARY STAMP/SEAL Swom to and subscribed before me by Ruber Becerre this the 17 day of July Notary Public State of Texas Notary Bull 134242247 Notary Entire administering ceth Printed name of officer administering oath Title of officer administering ceth Oit (2) Unsworn Declaration My name is My address is (city) (city) (state) (zip code) (countries)		4. TOTAL POLITICAL EXPENDITURES	\$ 7,706.47
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all in required to be reported by me under Title 15, Election Code. Please complete either option below: ALISON CASTILLO Signature of Candidate or Officeholder Please complete either option below: ALISON CASTILLO Notary Public, State of Texas Notary Public, State of Texas Notary ID 134242247 NOTARY STAMP/SEAL Sworm to and subscribed before me by ALISON CASTILLO Notary ID 134242247 Notary ID 134242247 Notary ID 134242247 This the 17 day of July Notary Public State of Texas Notary ID 134242247 Notary ID 134242247 Notary Public State of Texas Notary ID 134242247 Notary ID 134242247 Notary Public State of Texas Notary ID 134242247 Notary ID 134242247 Notary Public State of Texas Notary ID 134242247 Notary ID 134242247 Notary Public State of Texas Notary ID 134242247 Notary ID 134242247 Notary ID 134242247 Notary Public State of Texas Notary ID 134242247 Nota			ST DAY \$ 8,096.96
Please complete either option below: ALISON CASTILLO Notary Public, State of Texas Comm. Expires 03-08-2027 Notary ID 134242247 NOTARY STAMP/SEAL Swom to and subscribed before me by			OF THE
NOTARY STAMP/SEAL Sworn to and subscribed before me by		ALISON CASTILLO	w:
Sworn to and subscribed before me by	(1) Affidavit	Comm. Expires 03-08-2027	
20 23	NOTARY STAMP/SEA		
Signature of efficer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration My name is	Sworn to and subscribed	before me by Kulen Becera this the	17 day of July
Signature of efficer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration My name is and my date of birth is My address is (city) (state) (zip code) (country)	20, to certify		Note Public
OR (2) Unsworn Declaration My name is, and my date of birth is My address is, (city) (state) (zip code) (country)	Simplure of afficer administe		
(2) Unsworn Declaration My name is, and my date of birth is, My address is, (city) (state) (zip code) (country)	Syllator By Sillosi administra		The or officer dammistering out
My address is	(2) Unsworn Declaration		
My address is	My name is	and my date of birth it	s
(street) (city) (state) (zip code) (country			1
			(state) (zip code) (country)
Executed in County, State of, on the day of, 20 (month) (year)	Executed in		th) , 20

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Cor		mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBU	TIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM 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 PERSO	\$ 2,706.97	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLI	TICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidats/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
Total pages Schedule F1:	2 FILER NAME Ryben Bellerra		3 Filer ID (Ethica	Commission Filers
Date \- 3\-23	5 Payee name Monica Becerra			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$ 5,000.00	208 E Mimora Lie San Marcos, TX 78644			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Veimbulsement	(b) Description		
	(C) Check if travel outside of Texas. Complets Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City:	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if Insvel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense		expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories flated at the top of this schedule)	Description		
	Check if travel outside of Texes. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held

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 Fess Food/Beverage Expense Gft/Awards/Memorials Expense Legal Services Loen 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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	2 FILER NAME Ruben Bellerra		3 Filer ID (Ethics (Commission Filers)
4 Date \-2-13	5 Payee name Google GSuite			
6 Amount (\$) [6].41 Reimbursement from political contributions intended	7 Payer address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description VEVSIK & Condition	n, TX, officeholder living exp	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held
)-17-23	Payee name Shai Yo			
Amount (\$) 5555 Reimbursement from political contributions intended	Payee address: 700 N L&T Dr. San Marcos, TX 78666	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD BLY. Exp.	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		Office held
Date	Payee name			
1-27-23	Adobe			
Amount (\$) 59.53 Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Od. Lxp -{LLS	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE G

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

	EXP	ENDITURE CATEGORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Sanking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Gift/Awards al Committee Legal Servi	rage Expense Polling s/Memorials Expense Printin	tepsyment/Reimbursement Overhead/Rental Expense Expense g Expense e/Wagee/Contract Labor to complete this form.	Solicitation/Fundralsin Transportation Equipr Travel in District Travel Out Of District Other (enter a categor	nent & Related Expense
Total pages Schedule G:	2 FILER NAME RU	ben Becerra		3 Filer ID (Ethics	Commission Filers)
4 Date 2-3-23	5 Payee name 60096 6Suit				
Reimbursement from political contributions intended	7 Payee address;		City:	State;	Zip Code
PURPOSE OF EXPENDITURE	fels od exp.	ries listed at the top of this schedule)	(b) Description Website & em	ails	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office	outside of Texas. Complete Schedule T. eholder name	Office sought	in, TX, officeholder living e	Office held
Date 2-25-23	Payee name Habana Solo.				
Amount (\$) 10.62 Reimbursement from political contributions intended	Payee address;	or Ave	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	food & bev. exp.	ries listed at the top of this schedule)	Description		
Complete ONLY if direct expenditure to benefit C/	Candidate / Offic	outside of Texas. Complete Schedule T. reholder name	Check if Aust Office sought	in, TX, officeholder living e	Office held
2-27.23	Payee name Adobe				
Amount (\$) 59.53 Reimbursement from political contributions intended	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	ad exp. fees	ries listed at the top of this schedule)	Description		
	Chack Erwell	outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offic	eholder name	Office sought		Office held

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
Candidats/Officeholder/Political Committee
Codt/Card Paymont

Event Expense Fees Food/Beverage Expense Glit/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement 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)

	2 51 52 14145		2 =====================================	3
Total pages Schedule G:	.3		3 Filer ID (Ethics (Commission Filers
	Kubun becerra 5 Paves name		1	
3/4/23	Vaudri 1/c			
Amount (\$) 32.48 Reimbursement from political contributions intended	7 Payee address; 230 E Main St. Fredricksburg, TX	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Catagory (See Categories listed at the top of this schedule) food Vev. Exp.	(b) Description		
	(c) Check if travel outside of Taxas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exp	pense
complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held
3\4\23	Payee name Rolos			
Amount (\$) 49.96 Reimbursement from political contributions intended	Payee address: 121 E Main St. Fildricksbwg, TX	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Catagory (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/	Candidate / Officeholder name DH	Office sought		Office held
Date 3\5\23	Rodeo Austin			
Amount (\$) \(\frac{15.0b}{15.0b} \) Reimbursement from political contributions intended	Payee address; 7311 Decker Lone Austin, TX	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description DA(King		
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.		tin, TX, officeholder living ex	nense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held

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
Consutting Expense
Contributions/Donations Made By
Candidate/Openbolder/Political Committee

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)

Credit Card Payment	The instruction Guide explains how to	complete this form.	
1 Total pages Schedule G:	2 FILER NAME RUBEN BELLETO		3 Filer ID (Ethics Commission Filers)
4 Date 3\30\23	5 Payee name Ado be		
Amount (\$) 59.53 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) files Od exp.	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule 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 4-2-23	Payon name Gougle & Suite		
Amount (\$) 38.38 Reimbursement from political contributions intended	Payee address;	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		na 1/5
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date 4-15-23	Payee name Wix		
Amount (\$) 413,62 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) A Od Exp.	Description Website	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austi	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

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
Contributional/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loen Repsyment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagse/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		AWages/Contract Labor	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
5-2-23	5 Payee name Google & Suito		
Amount (\$) 50.38 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) Od. Exp.	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
5-10-23	Payee name 5ATD St.		
Amount (\$) 90,09 Reimbursement from political contributions intended	Payee address; 1303 1H35 San Marcos, 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	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office sought	Office held
5-27-23	Payee name Adolog		
Amount (\$) 59.53	Payee address;	City;	State; Zip Code
political contributions intended	Online		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this achedule) Res Od exp.	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check If Austin	a, TX, officeholder living expense
omplete ONLY if direct spenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

SCHEDULE G

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

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Office Food/Beverage Expense Polling By Grit/Awards/Memorials Expense Printin	epsyment/Reimbursement Overhead/Rental Expense Expense g Expense eWages/Contract Labor o complete this form.	Solicitation/Fundralsing 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 GSWITE Ruben Bellera		3 Filer ID (Ethics Commission Filers)
4 Date 4-3-23	5 Payer name GOOGLE GSuite		
Reimbursement from political contributions intended	7 Payee address; Online	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	fees (ad. exo.	website en	ails
EXPENDITURE	(c) Check it travel outside of Texas. Complete Schedule T.		in, TX, officeholder living expense
GOMPLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4-21-23	Payee name Ado be		
Amount (\$) 59.53 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 Aus	lin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 4-30-23	Payee name JW Marriott Hyatta Travel traders		
Amount (\$) 49,39	23808 Resort Parkway Son Antonio TX	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this echedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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/Politic Credit Card Payment	Fees Of Food/Beverage Expense Pro Gift/Awards/Memorials Expense Pr	en Repayment/Reimbursement fice Overhead/Rental Expense illing Expense inting Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraisin Transportation Equipm Travel in District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule G:	2 FILER NAME Ruben Becerra		3 Filer ID (Ethics	Commission Filers)
4 Date 2-24-23	5 Payee name San Amanio Rodeo			
6 Amount (\$) 25.00 Reinbursement from political contributions intended	7 Payee address; AT&T (enter, Son Antonio, TX	City:	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedue) Other	(b) Description		
	(c) Check if travel outside of Texas. Complete Scheduli	eT. Check if Austi	In, TX, officeholder living ex	pense
9 Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 4-18-13	Payee name Eddie V's			
Amount (\$) 50.01 Reimbursement from political contributions intended	Payee address: 1834 N Loop 1604 Son Antonio, tx	City:	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule) Description		
	Check if travel outside of Texas. Complete Schedu	le T. Check if Aust	tin, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought		Office held
Date 4-7-23	Payor name Wimberley Chamber of Comm	e(ce		
Amount (\$) \56 00 Reimbursement from political contributions intended	Payee address! Wimberley TX	City:	State;	Zip Code
PURPOSE	Category (See Categories listed at the top of this sched	ule) Description		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Event Exp.

Office sought

Office held

Check if Austin, TX, officeholder living expense

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
Candidats/Officeholder/Political Committee

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

Loan Repayment/Reirnbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salariae/Wagae/Contract Labor Solicitation/Fundraleing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Salaries/Wages/Contract Lai ide explains how to complete this fo		ory not listed above)	
	3 Filer ID (Ethics	Commission Filers)	
Cit	ry; State;	Zip Code	
e top of this schedule) (b) Description	on		
. Complete Schedule T. Check	if Austin, TX, officeholder living	expense	
me Office sought		Office held	
CH	ty; State;	Zip Code	
ne top of this schedule) Description	on		
s. Complete Schedule T. Check	Check if Austin, TX, officeholder living expense		
me Office sought		Office held	
50c.			
City;	State;	Zip Code	
e top of this schedule) Description	on		
	if Austin, TX, officeholder living	expense	
ome Office sought		Office held	
		Office sought COPIES OF THIS SCHEDULE AS NEEDED	

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 Git/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selections (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (expenses performs on the little of the control of the control

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 categor	y not listed above)	
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Date 2-19-23	5 Payee name Buda Area Chamber of Commerce				
6 Amount (\$) 4.00 Reimbursement from political contributions intended	7 Payee address; Buda, TX	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	n, TX, afficeholder living w	Office held	
1-10-23	SP Dot Lords				
Armount (\$) 291.10 Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		ousiness cords		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name	Office sought		Office held	
2-3-23	Son Marces Chamber of Comme	su			
Amount (\$) \00.00 Reimbursement from political contributions intended	Payee address; San Marcos, TX	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (NOT EXP. Check if travel outside of Texas, Complete Schedule T.	Description Check if Australia	in, TX, officeholder living e	rnanca	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	THE SHOWING HAND	Office held	
expenditure to benefit C/OH	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE G

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

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Consulting Expense Candidate/Officeholder/Politit Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Losn Repsyment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Lebor 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:	2 FILER NAME RUDEN BELLETA		3 Filer ID (Ethics Commission Filers)		
4 Date \-20-23	5 Payee name TWitte				
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 sche	(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 - -23	Kerby Lone late				
Amount (\$) 4290 Reimbursement from political contributions intended	San Marcos, TX	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school DEV. EXP.				
Complete ONLY if direct expenditure to benefit C/6	Check if travel outside of Texas. Complete Sched	Office sought	n, TX, officeholder living expense Office held		
Date U-3-23	Payee name Worthington Renaissance Ft.	Worth Hotel			
Amount (\$) 204.22 Reimbursement from political contributions intended	Payee address; 200 Muin St. Ff. Wath, TX TUID2	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this ache	Description			
	Check if travel outside of Taxas. Complete School	dule T. Check if Austi	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		