CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | Guide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
|---|--|--|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR FIRST MY. Ruben | MI | OFFICE USE ONLY |
| | NICKNAME LAST BELEMA | SUFFIX | Date Received |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX: APT / SUITE #: 208 E. Mimosa Cir., San Mo | CITY: STATE: ZIP CODE | |
| 5 CANDIDATE/ | AREA CODE PHONE NUMBER | EXTENSION | Date Hand-delivered or Date Postmarked |
| OFFICEHOLDER | (512) 787-4902 | | Receipt # Amount \$ |
| 6 CAMPAIGN TREASURER | MS/MRS/MR FIRST M. Leslie D. | МІ | Date Processed |
| NAME | NICKNAME LAST | SUFFIX | Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / 351 Limestone Ln., Driftword, | SUITE #: CITY: | STATE; ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (512)923-2964 | EXTENSION | |
| 9 REPORT TYPE | January 15 30th day before July 15 8th day before e | | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year | Month THROUGH | Day Year 3 2022 |
| 11 ELECTION | ELECTION DATE Month Day Year Primary 11 / 8 / 2022 General | Description | |
| 12 OFFICE | OFFICE HELD (if any) COUNTY Judge | 13 OFFICE SOUGHT (If known County Judge | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITUR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQU COMMITTEE TYPE COMMITTEE NAME | S ACCEPTED OR POLITICAL EXPENDITURES M ES MAY HAVE BEEN MADE WITHOUT THE CAND | DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR |
| Additional Pages | GENERAL COMMITTEE ADDRESS | EASURER NAME | |
| | COMMITTEE CAMPAIGN TI | REASURER ADDRESS | |
| | GO TO | PAGE 2 | |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 16 | Filer ID (Ethics Commission Filers) |
|---|--|
| 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ Ø |
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 512.00 |
| 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ Ø |
| 4. TOTAL POLITICAL EXPENDITURES | \$ 5,039.58 |
| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD | \$ 13,096.96 |
| 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | € \$ 56,434.25 |
| | ate or Onicenoider |
| Please complete either option below: | |
| • | 7th day of January. |
| which, witness my hand and seal of office. | |
| Anta A Colluss | Notan |
| Printed name of officer administering oath | Title of officer administering oath |
| OR | Title of officer administering oath |
| - | Title of officer administering oath |
| OR | |
| OR on, and my date of birth is | |
| OR ion, and my date of birth is (street) (city) (state |) (zip code) (country) |
| OR on, and my date of birth is | |
| | 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) 3. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD wear, or affirm, under penalty of perjury, that the accompanying report is true an puried to be reported by me under Title 15, Election Code. Weather of Candid Please complete either option below: May Beccerra before me by Ruber Beccerra |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

| | HEDULE SUBTOTALS ME OF SCHEDULE | SUBTOTAL AMOUNT |
|-----|---|--------------------|
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 512.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | SCHEDULE E: LOANS | \$ |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 343.98 |
| 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 | \$ 4,675.50 |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 1. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 2. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

| Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: |
|---|---|---|
| Rubes Bererra | | 3 Filer ID (Ethics Commission Filers |
| 5 Full name of contributor out-of-state PAC | ; (ID#:) | 7 Amount of contribution (\$) |
| 6 Contributor address; City; | State; Zip Code | \$ 50,00 |
| pation / Job title (See Instructions) | | tions) |
| Full name of contributor out-of-state PAC | : (ID#:) | Amount of contribution (\$) |
| Contributor address; City; | State; Zip Code Dๆๆจเ | \$ 25.00 |
| ation / Job title (See Instructions) | | tions) |
| Kelly Curbow Contributor address; City; | State; Zip Code | Amount of contribution (\$) |
| ation / Job title (See Instructions) | Employer (See Instruct | tions) |
| | (ID#:) | Amount of contribution (\$) |
| Contributor address; City; | State; Zip Code | \$ 50.00 |
| ation / Job title (See Instructions) | Employer (See Instruct | tions) |
| | Linda Shoecraft 6 Contributor address; City; 19 Noodcheek DX., Wimberley, TX Dation / Job title (See Instructions) yed Full name of contributor out-of-state PAC Michael Nivion Contributor address; City; 185 Rospect Ave, Red Bank, NJ ation / Job title (See Instructions) Full name of contributor out-of-state PAC Kelly Curbow Contributor address; City; 206 Quary Spring, Son Marcos, TX ation / Job title (See Instructions) Full name of contributor out-of-state PAC Kelly Curbow Contributor address; City; 206 Quary Spring, Son Marcos, TX ation / Job title (See Instructions) Full name of contributor out-of-state PAC Wia Mendez Contributor address; City; 20411 Dancing Bear, San Antonia, T | 5 Full name of contributor out-of-state PAC (IDE:) 6 Contributor address; City; State; Zip Code 14 Nood(cleek DX., Wimberley, TX 18/01/4 9 Employer (See Instructions) 9 Employer (See Instructions) 14 Pull name of contributor out-of-state PAC (ID#:) Difference 18 Full name of contributor out-of-state PAC (ID#:) Difference 18 5 Ricycci Ave, Red Bank, NJ ONDI Employer (See Instructions) 4 Etry: State; Zip Code 18 5 Ricycci Ave, Red Bank, NJ ONDI Employer (See Instructions) 4 Etry: State; Zip Code 18 Full name of contributor out-of-state PAC (ID#:) 6 Contributor address; City: State; Zip Code 20 Quarry Spring, Son Marros, TX 18/01/6 AT & T Full name of contributor out-of-state PAC (ID#:) Attion / Job title (See Instructions) Employer (See Instruct 4 T State; Zip Code 20 Quarry Spring, Son Marros, TX 18/01/6 AT & T |

| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: 2 of 2 |
|---------------------------|--|--|---------------------------------------|
| 2 FILER NAME | Ruben Becerra | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC Heiko Stang | (ID#) State; Zip Code | 7 Amount of contribution (\$) |
| 11-14-2022 | 380 Turkey Hollow, Wimberley, T | 5 10.00 | |
| not emplo | | 9 Employer (See Instruct | ions) |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 11-14-2022 | Contributor address; City; 351 fimestone Ln., Driftwood, TX | State; Zip Code | \$ 125.00 |
| Principal occu Amalyst | ipation / Job title (See Instructions) | Employer (See Instruct TRANIS Co. Wasta | |
| Date | Date Full name of contributor out-of-state PAC (ID#:) | | Amount of contribution (\$) |
| 11-28-2022 | Contributor address; City; 3937 Terrace St., Philadelphia, P | State; Zip Code | 1.00 |
| Principal occu Student | upation / Job title (See Instructions) | Employer (See Instruct Gary Job Corps | ions) |
| Date | Full name of contributor out-of-state PAC | : (ID#:) | Amount of contribution (\$) |
| 2-28-2022 | Contributor address; City; 3937 Terrace St., Philadelphia, PA | State; Zip Code | 1.00 |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instruc | ions) |
| student | | Gary Job Cies | |

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 B Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain | Office Overhea Polling Expens Printing Expens Salaries/Wages | se s/Contract Labor | Travel In District Travel Out Of Distri | pment & Related Expense |
|---|---|--|---|--|--|-------------------------|
| 1 Total pages Schedule F1: | 2 FILER N | AME | | | 3 Filer ID (Ethic | s Commission Filers) |
| 4 Date 12-31-2022 | 5 Payee na ACT | | | | | |
| 6 Amount (\$) \$ 343.98 | 7 Payee ad | idress; | | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | | ry (See Categories listed at the top of this | schedule) (t | Description | | |
| | (c) | Check if travel outside of Texas, Complete S | ichedule T. | Check if Aus | tin, TX, officeholder livin | g expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | date / Officeholder name | | Office sought | | Office held |
| Date | Payee na | ame | | | 1 111 211 | |
| Amount (\$) | Payee a | ddress; | | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Categor | y (See Categories listed at the top of this s | schedule) | Description | | |
| | Check if travel outside of Texas. Complete Schedule T. Check if | | Check if Aus | tin, TX, officeholder livir | g expense | |
| Complete <u>QNLY</u> if direct expenditure to benefit C/OH | | date / Officeholder name | | Office sought | | Office held |
| Date | Payee n | ате | | | · · · · · | |
| Amount (\$) | Payee a | ddress; | | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category | ✓ (See Categories listed at the top of this s | schedule) | Description | | |
| | | Check if travel outside of Texas. Complete S | ichedule T. | Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OF | | date / Officeholder name | | Office sought | | Office held |
| | AT | TACH ADDITIONAL COPIES | OF THIS SC | HEDULE AS NE | EDED | |

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 Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment | Fees Off Food/Beverage Expense Po By Gift/Awards/Memorials Expense Pri | an Repayment/Reimbursement ice Overhead/Rental Expense Illing Expense Inting Expense Iarles/Wages/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 Ruben Beceria | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11-2-22 | 5 Payee name GOOD | | |
| 6 Amount (\$) 5 89.54 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 schedu | ie) (b) Description | |
| | (c) Check if travel outside of Texas. Complete Schedule | T. Check if Austi | 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 11-5-2022 | Payee name Starbucks | | |
| Amount (\$) 25.00 Reimbursement from political contributions intended | Payee address; 101 University Dr., San Marcos, | City; TX 78666 | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedu Food Bev. Exp. | le) Description | |
| | Check if travel outside of Texas. Complete Schedule | | n, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/ | Candidate / Officeholder name DH | Office sought | Office held |
| Date | Payee name | (Haca) | |
| 11-6-2022 | Hispanic Business Student Ass | or (HBSA) | |
| Amount (\$) 8,50 Reimbursement from political contributions intended | bol University Dr., San Marcos, T | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedu Fold Bev. Exp. | le) Description (Haros, Sweets) | |
| | Check if travel outside of Texas. Complete Schedule | T. Check if Austin | n, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF TH | IIS SCHEDULE AS NEED | DED |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

SCHEDULE G

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

| | EXPENDITURE CATEGO | RIES FOR BOX 8(a) | |
|---|--|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment | Fees C Food/Beverage Expense F By Gift/Awards/Memorials Expense F | oan Repayment/Reimbursement office Overhead/Rental Expense offing Expense rinting Expense salaries/Wages/Contract Labor now 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 of 6 | 2 FILER NAME Ruben Becerra | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name Starbucks | | |
| 6 Amount (\$) 30.00 Reimbursement from political contributions intended | 7 Payee address: [20] University Dr., Son Marcos | City: TX 18666 | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sched FOUL Bev. Exp. | (b) Description | |
| | (c) Check if travel outside of Texas. Complete Schedu | le T. 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 11-8-2022 | Payee name Storbucks | | |
| Amount (\$) 20.00 Reimbursement from political contributions intended | Payee address; 601 University Dr., Stn Marco | City: | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this sched Fold Bev Exe. | dule) Description | |
| | Check if travel outside of Texas. Complete Schedu | le T. Check if Austin | n, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/0 | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | ······································ |
| 11-11-2022 | Canva | | |
| Amount (\$) 119.40 Reimbursement from political contributions intended | Payee address; | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this sched Odvertising exp. | | |
| | Check if travel outside of Texas. Complete Schedu | le 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 T | HIS SCHEDULE AS NEED | DED |

SCHEDULE G

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

| | EXPENDITURE CATEGOR | IES FOR BOX 8(a) | |
|--|--|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment | Event Expense Loa Fees Offic Food/Beverage Expense Poll By Gift/Awards/Memorials Expense Prin | n Repayment/Reimbursement xe Overhead/Rental Expense ing Expense ing Expense anes/Wages/Contract Labor | 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: 3 d V | 2 FILER NAME Ruben Becerra | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11-21-2022 | 5 Payee name Constant Contact | | |
| 6 Amount (\$) 1193 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 Advectising Exp. | a) (b) Description | |
| | (c) Check if travel outside of Texas. Complete Schedule | Check if Austi | in, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 11-27-2022 | Adobe | | |
| Amount (\$) 59.63 | Payee address; | City: | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedul OddVert. exp. | e) Description | |
| | Check if travel outside of Texas. Complete Schedule | T. Check if Aust | in, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/ | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 12-12-2022 | Martin Golando | | |
| Amount (\$) Amount | Payee address; 405 N St. Marys, Suite 700 San Antonio, TX 78205 | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule Legal Services | e) Description | |
| | Check if travel outside of Texas. Complete Schedule | T. Check if Aust | in, 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 | IS SCHEDULE AS NEE | DED |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

| PERSONAL | EXPENDITURES MADE FR FUNDS | ОМ | SCHEDULE G |
|---|---|--|---|
| If the requested in | formation is not applicable, DO NOT include | this page in the re | eport. |
| | EXPENDITURE CATEGORIE | S FOR BOX 8(a) | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment | Fees Office C Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing | epayment/Reimbursement Overhead/Rental Expense Expense Expense Wages/Contract Labor o complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expen 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 |
| Date | 5 Payeename | | |
| 12-14-2022 | Goodle | | |
| Amount (\$) 89.54 Reimbursement from | 7 Payee address | City; | State; Zip Code |
| political contributions intended | online | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description | |
| EXPENDITURE | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| penditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date 12-27-2022 | Payee name Ado be | | |
| Amount (\$) 59,53 Reimbursement from political contributions intended | Payee address; | City; | State; Zip Code |
| PURPOSE | Category (See Categories listed at the top of this schedule) | Description | |
| EXPENDITURE | advertising exp. | | |
| | Checker travel outside of Texas. Complete Schedule T. | | in, TX, officeholder living expense |
| | Candidate / Officeholder name | Office sought | Office held |
| Complete <u>QNLY</u> if direct expenditure to benefit C/ | н | | |
| | DH Payee name | | |
| expenditure to benefit C/ | Payee name | itu | |
| Date 11-9-2022 Amount (\$) 300.00 Reimbursement from | | city: | State; Zip Code |
| Expenditure to benefit C// Date 11-9-2022 Amount (\$) 300.00 | Payee name Greater TX Staffing & Secu | | State; Zip Code |
| expenditure to benefit C// Date 11-9-2022 Amount (\$) 300.00 Reimbursement from political contributions intended PURPOSE OF | Payee name <u>Greater TX</u> Staffing & Secu Payee address; Kyle, TX 18140 Category (See Categories listed at the top of this schedule) | City: | State; Zip Code |
| expenditure to benefit C// Date 11-9-2022 Amount (\$) 300.00 Reimbursement from political contributions intended | Payee name <u>Greater TX</u> Staffing & Secu Payee address; Kyle, TX 18140 | Description Security | State; Zip Code |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

| PERSONAL | EXPENDITURES MA FUNDS ormation is not applicable, DO NO | | SCHEDULE G |
|--|--|---|---|
| If the requested in | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politis Credit Card Payment | Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials Expen cal Committee Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor explains 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: 5 d le | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11-7-2022 | 5 Payee name Facebook Ads Manager | | |
| 6 Amount (\$) 15000 Reimbursement from political contributions intended | 7 Payee address; J | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of Odverthing Exp. (c) Chick if travel outside of Texas. Comp | FB ads | in, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date 11-7-2022 | Payee name | | |
| Amount (\$) 224.24 | Payee address; | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top Foul Ben Exp. | of this schedule) Description | lper Snacks & drinks |
| Complete <u>QNLY</u> if direct expenditure to benefit C/ | Check if travel outside of Texas. Com Candidate / Officeholder name OH | | tin, TX, officeholder living expense Office held |
| Date 11- 9-2022 | Payee name | | |
| | | | |

| | | | | | _ |
|---|--|--|--------|-------------|---|
| Amount (\$) 24 69 | Payee address; | City; | State; | Zip Code | |
| Reimbursement from political contributions intended | San Marcos, TX THULL | | | | |
| 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 | | xpense | |
| 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

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 Candidate/Officeholder/Politi Credit Card Payment | cal Committee Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor e explains 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 Ruben Becerra | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date \2-22-2022 | 5 Payee name | | |
| 6 Amount (\$) 15k01 ✓ Reimbursement from political contributions intended | 7 Payee address; | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the to | op of this schedule) (b) Description | |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | in, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | e Office sought | Office held |
| Date | Payee name Falebook At Manager | | |
| Amount (\$) 502.97 | Payee address; | City; | State; Zip Code |
| Reimbursement from political contributions intended | Online. | | |
| political contributions | Online Category (See Categories listed at the to Odverhising Exp. | op of this schedule) Description | |
| PURPOSE OF | Category (See Categories listed at the to | FB Ads | in, TX, officeholder living expense |
| PURPOSE OF | Category (See Categories listed at the to Governision Cop. Chedde travel outside of Texas. Co Candidate / Officeholder name | TB Ads omplete Schedule T. Check if Aust | in, TX, officeholder living expense Office held |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the to Governision Cop. Chedde travel outside of Texas. Co Candidate / Officeholder name | TB Ads omplete Schedule T. Check if Aust | |
| Political contributions intended PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/ Date Amount (\$) Reimbursement from political contributions | Category (See Categories listed at the to GdVt(fising Cxp. Chedul travel outside of Texas. Co Candidate / Officeholder name | TB Ads omplete Schedule T. Check if Aust | |
| Political contributions intended PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/ Date Amount (\$) Reimbursement from | Category (See Categories listed at the to GOVECTISING CXP. Chedul travel outside of Texas. Co Candidate / Officeholder name OH Payee name | omplete Schedule T. Check if Aust e Office sought City; | Office held |
| PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date Amount (\$) Reimbursement from political contributions intended PURPOSE OF | Category (See Categories listed at the to GOVECTISING CXP. Checker travel outside of Texas. Co Candidate / Officeholder name OH Payee name Payee address; | omplete Schedule T. Check if Aust e Office sought City; | Office held |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: | | | | |
|---|--|--------------|--|--|--|
| 3 CANDIDATE / OFFICEHOLDER | MS/MRS/MR FIRST MI OFFICEUSE | ONLY | | | |
| NAME | NICKNAME LAST SUFFIX Date Received | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX. APT / SUITE #: CITY: STATE: ZIP CODE RECEIVE 208 E. Mimosa Cir., San Maros, TX 7844 JAN 17 202 | | | | |
| Change of Address | | (LO | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Data (512) 187-4902 | e Postmarked | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Receipt # Amo | NUNE & | | | |
| | NICKNAME LAST SUFFIX | | | | |
| | CAInts | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | 351 Limestone Ln., Driftword, TX 78419 | CODE | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512)923-2964 | | | | |
| 9 REPORT TYPE | January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) | | | | |
| | July 15 8th day before election Exceeded Modified Final Report (Attach Reporting Limit | C/OH - FR) | | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 10 / 31 / 2022 THROUGH 12 / 31 / 2022 | | | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE | | | | |
| | Month Day Yeer Primary Runoff Othar Description | | | | |
| 12 OFFICE | OFFICE HELD (if any) COUNTY JUdge COUNTY JUdge | | | | |
| 14 NOTICE FROM POLITICAL | 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 CANDIDATES OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | | |
| COMMITTEE(S) | COMMITTEE TYPE COMMITTEE NAME | | | | |
| Additional Pages | GENERAL COMMITTEE ADDRESS | | | | |
| | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |
| | GO TO PAGE 2 | | | | |