FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00083701 40 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable J. Christian NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Chrisitan Becerra CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Dr. William Troy NAME NICKNAME LAST **SUFFIX** Rodriguez **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 494-9191 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 434 Fort Bend

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 40

13 C / OH NAME	Becerra, J. Christian	(The Honorable)	14 Filer ID (00083701	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$ 0.00
		TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	NS)	\$ 24,575.00
EXPENDITURE TOTALS	3. TOTAL UNITEN	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 67,596.81
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE ERIOD	LAST DAY OF THE	\$ 27,743.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.		
		The Honor	able J. Christian Bece	erra
		Signature o	f Candidate or Officehold	der
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of officer	administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	3 of 40							
	18 FILER NAME19 Filer ID(Ethics Commission Filers)Becerra, J. Christian (The Honorable)00083701							
l	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 24,575.00					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$					
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 67,596.81					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$					

	MONET	ARY POLITICAL COI	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to	complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/9 Rpt: 4/40	
2	FILER NAME Becerra, J. (Christian (The Honorable)			3 Filer ID (Ethics Commission Filers) 00083701	
4	Date 07/19/2023	Ahmad, Adnan 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$150.0	10	
•	Contributor's I	Richmond, TX 77406 Principal Occupation		Contributor's Joh Title		
8		Principal Occupation		9 Contributor's Job Title		
10	Attorney	and a variant fine		Attorney	marra (if and)	_
10	N/A	employer/law firm		11 Law firm of contributor's sp	pouse (if any)	
12	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	=
	09/19/2023 Ahmed, Farha Contributor address; City; State; Zip Code				\$100.0	Ю
	Cambrilaritarila	Richmond, TX 77406		Constribution to Joh Title		_
	Attorney	Principal Occupation		Contributor's Job Title		
		and a variant fine		Attorney	marra (if and)	_
	N/A	employer/law firm		Law firm of contributor's sp	pouse (ii arry)	
	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	=
	08/11/2023	Ansar, Shazia	_		\$1,000.0	00
		Contributor address; City; State; z	Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	N/A N/A			N/A		
Contributor's employer/law firm Law firm of contributor's s			pouse (if any)	_		
	N/A					
	If contributor i	s a child, law firm of parent(s) (if any)				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/9 Rpt: 5/40			
2	FILER NAME Becerra, J. (Christian (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083701			
4	Date 08/08/2023	5 Full name of contributor out-of-state PAC (ID#:) Ashford, Eric 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00				
		Houston, TX 77074							
8		utor's Principal Occupation 9 Contributor's Job Title							
_	Attorney			Attorney					
10	N/A	employer/law firm		11 Law firm of contributor's sp	oous	se (If any)			
12	If contributor is	s a child, law firm of parent(s) (if	any)						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)			
	11/09/2023 Becerra, Yvonne & Anthony Contributor address; City; State; Zip Code				\$100.00				
		Rosenberg, TX 77471		I					
	Manger	Principal Occupation		Contributor's Job Title N/A					
		employer/law firm		Law firm of contributor's sp	oous	se (if any)			
		s a child, law firm of parent(s) (if	any)						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)			
	08/01/2023	Cease, Allan Contributor address; City; 9 Richmond, TX 77469	State; Zip Code			\$500.00			
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>				
	Attorney								
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)			
	If contributor is	s a child, law firm of parent(s) (if	any)	I.					

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/9 Rpt: 6/40
2	FILER NAME	Christian (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083701
4	Date 08/28/2023			7	Amount of Contribution (\$) \$3,000.00	
		Manvel, TX 77578				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			N/A		
10	N/A	employer/law firm		11 Law firm of contributor's sp	ous	se (II any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)	L		
	Date 08/18/2023					Amount of Contribution (\$) \$25.00
	Contributorlo	N/A, TX		Contributor's Job Title		
	N/A	Principal Occupation		N/A		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	I.		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	09/22/2023	Hadi, Husein Contributor address; City; TX	State; Zip Code			\$2,500.00
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Attorney					
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (i	f any)			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1
	The Instru	ction Guide explains ho	form.	1	Total pages Schedule A(J)1: Sch: 4/9 Rpt: 7/40	
2	FILER NAME	Christian (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083701
4	Date 12/29/2023			7	Amount of Contribution (\$) \$1,000.00	
		Houston, TX 77045				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	O Contributor's 6 N/A	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
_	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/23/2023 Jeff Strange Attorney at Law Contributor address; City; State; Zip Code				•	\$500.00
	0	Sugar Land, TX 77478		I 0		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/03/2023	John, Jaison Contributor address; City; S TX	State; Zip Code			\$500.00
	Contributor's F	Principal Occupation		Contributor's Job Title	_	
	N/A N/A					
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	N/A					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHE	DULE A	A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Total pages Scheo Sch: 5/9 Rpt: 8/4		:
2	FILER NAME				3	Filer ID (Ethics 0	Commissio	on Filers)
	Becerra, J. 0	Christian (The Honorable)				00083701		
4	Date	5 Full name of contributor	out-of-state PAC (ID#:		7	Amount of Contrib	ution (\$)	
	12/18/2023	Jones, Geneva						\$250.00
		6 Contributor address; City;	State; Zip Code					
		Missouri City, TX 77459)					
8	Contributor's	Principal Occupation		9 Contributor's Job Title				
	N/A	N/A N/A						
10		employer/law firm		11 Law firm of contributor's s	pou	se (if any)		
	N/A							
12	! If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contrib	ution (\$)	
	07/01/2023	Khawaja, Omar (Mr.)	_					\$2,500.00
		Contributor address; City;	State; Zip Code					
		Bellaire, TX 77401		T =				
		Principal Occupation		Contributor's Job Title				
	Attorney			Attorney				
	N/A	employer/law firm		Law firm of contributor's s	spou	se (if any)		
		s a child, law firm of parent(s) (if any)					
	ii contributori	s a ciliu, iaw iiiiii oi pareiii(s) (ii aiiy)					
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contrib	ution (\$)	
	12/06/2023	Kline, Rick						\$5,000.00
		Contributor address; City;	State; Zip Code		"			
		Missouri City , TX 7745	9	_				
	Contributor's	Principal Occupation		Contributor's Job Title				
	Doctor			Doctor				
		employer/law firm		Law firm of contributor's s	spou	se (if any)		
	N/A							
	If contributor i	s a child, law firm of parent(s) (if any)					

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1
	The Instru	ction Guide explains ho	form.	1	Fotal pages Schedule A(J)1: Sch: 6/9 Rpt: 9/40	
2	FILER NAME				1	Filer ID (Ethics Commission Filers)
	Becerra, J. (Christian (The Honorable)			—	00083701
4	Date 12/06/2023			7 /	Amount of Contribution (\$) \$100.00	
		TX				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	N/A			N/A		
10	Contributor's (employer/law firm		11 Law firm of contributor's sp	oouse	(if any)
_						
12	! If contributor i	s a child, law firm of parent(s) (i	fany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ι,	Amount of Contribution (\$)
	12/17/2023	Morgan, Alan	out or outle 1710 (12)			\$100.00
		Contributor address; City;	State; Zip Code			
		TX				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	N/A			N/A		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oouse	(if any)
-		s a child, law firm of parent(s) (i	f any)			
		, a para (-) (
	Date	Full name of contributor	out-of-state PAC (ID#:)	/	Amount of Contribution (\$)
	07/26/2023	Mudassar , Amara				\$2,500.00
		Contributor address; City;	State; Zip Code			
		Houston, TX 77074				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	N/A			N/A		
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	(if any)
	N/A					
	If contributor i	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 7/9 Rpt: 10/40
2	FILER NAME	Christian (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083701
4	Date 12/06/2023			7	Amount of Contribution (\$) \$100.00	
		TX				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title N/A		
10		employer/law firm		11 Law firm of contributor's sp	2011	co (if any)
10	N/A	этрюуетлам шт		11 Law IIIII of Contributor 3 Sp	Jou	se (II ally)
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/06/2023	Nicar, Dana Contributor address; City;	State; Zip Code			\$100.00
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	N/A	····opai Coopaio.		N/A		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/22/2023	Njoku, Michael Contributor address; City; Sugar Land, TX 77487	State; Zip Code			\$300.00
-	Contributor's F	Principal Occupation		Contributor's Job Title		
	N/A			N/A		
	Contributor's employer/law firm Law firm of contributor's spo			oous	se (if any)	
	N/A					
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 8/9 Rpt: 11/40
2	FILER NAME Becerra, J. (Christian (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083701
4	Date 11/27/2023			7	Amount of Contribution (\$) \$1,000.00	
		Sugar Land, TX 77478		_		
8		r's Principal Occupation 9 Contributor's Job Title				
10	Lawyer	and a conflored finance		N/A		on (if any)
10	N/A	employer/law firm		11 Law firm of contributor's sp	oous	se (II any)
12	! If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/18/2023 Smith, Phoebe Contributor address; City; State; Zip Code				\$1,000.00	
	Contributorio	Sugar Land, TX 77478		Contributor's Job Title		
	Attorney	Principal Occupation		Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor i	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	12/09/2023	Stewart, Herbert Contributor address; City;	State; Zip Code			\$1,000.00
		TX				
		Principal Occupation		Contributor's Job Title		
	N/A N/A				or (it am)	
	N/A	employer/law firm		Law firm of contributor's sp	oous	se (If any)
		s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Total pages Schedule A(J)1: Sch: 9/9 Rpt: 12/40
2	FILER NAME	Christian (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083701
4	Date 12/06/2023			7	Amount of Contribution (\$) \$100.00	
		Missouri City, TX 77459	1			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title N/A		
10		employer/law firm		11 Law firm of contributor's sp	2011	so (if any)
	N/A	employer/iaw iiim		Law IIIII of Contributor 5 Sp	Jou	se (II dily)
12	If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/01/2023	Uschkrat, James Contributor address; City;	State; Zip Code			\$150.00
	0	Sugar Land, TX 77479		T 0 17 1 1 7 7		
	Retired	Principal Occupation		Contributor's Job Title N/A		
H		employer/law firm		Law firm of contributor's sp	วดนะ	se (if any)
	N/A	, . ,		N/A		(1. 7)
	If contributor i N/a	s a child, law firm of parent(s) (i	f any)	•		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/13/2023	Velasquez, RUDY Contributor address; City;	State; Zip Code			\$500.00
	Contributor's I	Sugar Land, TX 77498 Principal Occupation		Contributor's Job Title		
	Attorney	-ппстрат Оссиралоп		N/A		
-		employer/law firm		Law firm of contributor's sp	oou	se (if any)
	N/A					
	If contributor i	s a child, law firm of parent(s) (i	f any)			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 1/28 Rpt: 13/40	2 FILER NAME Becerra, J. Christian (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083701
4	Date	5 Payee name
	12/19/2023	FBHSNC-41 - Super Neighborhood
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code3611 Ennis St
		Houston, TX 77004
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Donation
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/06/2023	American Caribbean Chamber Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	6201 Bonhomme Suite 214N
		Houston, TX 77036
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/11/2023	American Caribbean Chamber Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	6201 Bonhomme Suite 214N
	,	
		Houston, TX 77036
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LIIDITORE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
L	2.00k oaa'i aymon	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 2/28 Rpt: 14/40	Becerra, J. Christian (The Honorable) 00083701	
4	Date	5 Payee name	
L	10/24/2023	American Caribbean Chamber Commerce	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	6201 Bonhomme Suite 214N	
		Houston, TX 77036	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	ZA LIBITORL	Candidate/Officeholder/Political Committee	
		Donation	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	CAPETIGITATE TO DETICITE C/OF		
	Date	Payee name	
	09/15/2023	American Legion Post 942	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$125.00	311 Ulrich St	
		Sugar Land , TX 77498	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Condidate/Officeholder/Political Committee Condidate/Officeholder/Political Committee	
		Candidate/Officeholder/Political Committee	
		Donation Of	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	
-	Dato	Davies name	_
	Date	Payee name Arrodondo, Carlos	
	11/14/2023	Arredondo, Carlos	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	PO Box 1481	
		Richmond , TX 77406	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee	
		Turkey Donation	
	Commission ONE V. C. P.	Constitute (Office helder no rec	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/28 Rpt: 15/40	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	08/29/2023	Attack Poverty
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.55	1305 Clay St
		Rosenberg, TX 77469
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		2 Silvatorii
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/O	
_	Data	Davis same
	Date	Payee name
	11/15/2023	BF Terry High School
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.00	5500 Avenue N
		Rosenberg, TX 77471
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
	Data	
	Date	Payee name
	10/13/2023	Becerra, Lacy (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,200.00	4311 Pond Apple Place
		Richmond, TX 77406
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
		Check if Austin, TX, officeholder living expense
		Loan Repayment
	Operation ONLY if alice at	On did to 10 ff as hald a grant Off as hald
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations N Event Expense
Fees
Food/Beverage Expense
ade By - Gftfl/Awards/Memorials Expen
Political Committee Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 4/28 Rpt: 16/40	Becerra, J. Christian (The Honorable) 00083701	
4	Date	5 Payee name	
	07/03/2023	Becerra, Lacy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$650.00	4311 Pond Apple Place	
		Richmond, TX 77406	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Campaign Exp	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	CAPERIORALE TO DETICITE C/OI	1	
	Date	Payee name	
	09/21/2023	Boy Scout	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$58.55	4650 Cardinal Dr	
		Beaumont, TX 77705	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Candidate/Officeholder/Political Committee	
		Donation	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	- CAPOTICITO TO BOTTOTIC GAOT		
	Date	Payee name	
L	11/23/2023	CPS Region 6	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	3403 Mustang Rd	
		Alvin , TX 77511	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	LAFENDITURE	Candidate/Officeholder/Political Committee	
		Donation	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiorare to benefit C/OI	1	
1			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
Ļ	-	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		
	Sch: 5/28 Rpt: 17/40	Becerra, J. Christian (The Honorable) 00083701	
4	Date	5 Payee name	
	11/14/2023	Cantu, Jennifer	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,500.00	24200 Southwest Freeway	
		Ste 402	
		Rosenberg, TX 77471	
8	PURPOSE		
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign Exp Canvassers	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	11/20/2023	Cantu, Jennifer	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,360.00	24200 Southwest Freeway	
		Ste 402	
		Rosenberg, TX 77471	
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign Exp Canvassers	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	07/07/2023	Dibrell & Associates	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,650.00	4203 Glade Shadow Ct	
L		Katy, TX 77494	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Consulting	
		Consulting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

nt Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/28 Rpt: 18/40	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	08/03/2023	Dibrell & Associates
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	4203 Glade Shadow Ct
		Katy, TX 77494
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting
		Consuming
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	the state of the s
┡		
	Date	Payee name
	08/04/2023	Dibrell & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	4203 Glade Shadow Ct
		Katy, TX 77494
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting
		Consuming
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
⊨		
	Date	Payee name
	09/10/2023	Dibrell & Associates
l	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	4203 Glade Shadow Ct
l		
		Katy, TX 77494
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Consulting
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superiord to borient 0/01	·

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/28 Rpt: 19/40	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	10/11/2023	Dibrell & Associates
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 4203 Glade Shadow Ct Katy, TX 77494
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/18/2023	Dibrell & Associates
	Amount (\$) \$2,587.58	Payee address; City; State; Zip Code 4203 Glade Shadow Ct Katy, TX 77494
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Commerical Placement
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/03/2023	Dibrell & Associates
	Amount (\$) \$2,225.00	Payee address; City; State; Zip Code 4203 Glade Shadow Ct
		Katy, TX 77494
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Exp
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
_	Sch: 8/28 Rpt: 20/40	Becerra, J. Christian (The Honorable) 00083701	
4	Date	5 Payee name	
	12/09/2023	Dibrell & Associates	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1,150.00	4203 Glade Shadow Ct	
		Katy, TX 77494	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign Exp	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	12/09/2023	Dibrell & Associates	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,000.00	4203 Glade Shadow Ct	
		Katy, TX 77494	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Campaign Exp	
	0 1: 0 1: 0		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	Date	Davida nama	—
	10/27/2023	Payee name Disha USA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$101.00	5680 Highway 6	
		Ste 186	
		Missouri City, TX 77459	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation	
		Donation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

sement Solicitation/Fundraising Expense
pense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

n Filers)
nc

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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 F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 10/28 Rpt: 22/40	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	10/17/2023	Ever Ready Lodge 506
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	429 West St
		Rosenberg, TX 77471
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	_/	Candidate/Officeholder/Political Committee
		Donation
_	Complete ONLY if direct	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/05/2023	Exchange Club of Fort Bend
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 169
		Sugar Land, TX 77487
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	_/	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
	Date	Payee name
	10/28/2023	Families Helping Families
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	17322 Kinivile Crossing
		Rosenberg, TX 77407
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donaton
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/28 Rpt: 23/40	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	11/20/2023	Fort Bend County Democrat Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	13515 Southwest Freeway
		Suite 204
		Sugar Land, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Filing Fee with Democrat Party
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Data	
	Date	Payee name
	09/05/2023	Fort Bend Family Promise
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,545.11	4645 Cartwright Road
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation GVD
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	09/25/2023	Fort Bend Family Promise
		Payee address; City; State; Zip Code
	Amount (\$) \$200.00	4645 Cartwright Road
	Ψ200.00	4043 Cartwinght Noau
		Miccouri City TV 774E0
		Missouri City , TX 77459
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/28 Rpt: 24/40	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	09/18/2023	Fort Bend Museum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	410 S 5th St
		Richmond, TX 77469
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/13/2023	Foster High School
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	4400 Farm to Market Rd 723
		Richmond , TX 77406
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeriolder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	10/25/2023	Gaylar, Shelly
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/28 Rpt: 25/40	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	07/03/2023	H-E-B
6	Amount (\$) \$93.74	7 Payee address; City; State; Zip Code 10161 W Grand Parkway Richmond, TX 77407
8	PURPOSE	
o	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food Exp
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/16/2023	Hilton Houston Post Oak
	Amount (\$) \$12.00	Payee address; City; State; Zip Code 2001 Post Oak Blvd
		Houston , TX 77056
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/21/2023	Hobby Lobby
	Amount (\$) \$32.44	Payee address; City; State; Zip Code 24636 Commercial Drive
		Rosenberg, TX 77471
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Exp
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/28 Rpt: 26/40	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	07/18/2023	Hope Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	PO Box 2011
		Richmond, TX 77406
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/05/2023	Hotel Zaza
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	5701 Main Street
	Ψ12.00	3701 Main Street
		Houston, TX 77005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Parking
	0 1: 0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/10/2023	Kappa Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2322 North Broad St
		Philadelphia, PA 19132-4590
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/28 Rpt: 27/40	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	10/16/2023	Katy Pride LGBTQ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	22101 Morton Ranch Road
		Katy , TX 77449
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/05/2023	Literacy Council of Fort Bend County
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.00	12530 Emily Ct
		Sugar Land, TX 77478
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/23/2023	Literacy Council of Fort Bend County
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,510.00	12530 Emily Ct
	·	
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/OI	¬

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Finding Expense Splaine Memory/Contract Lobor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/28 Rpt: 28/40	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	09/11/2023	Lone Star Exchange Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	310 Morton St
		Richmond, TX 77469
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	10/25/2023	Los Gallitos
H	Amount (\$)	Payee address; City; State; Zip Code
	\$187.96	20420 Southwest Freeway
	¥-22	
		Richmond, TX 77469
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event exp
		2.5.11.6.7.
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/07/2023	M3 Graphics
	Amount (\$)	Payee address; City; State; Zip Code
	\$546.33	11730 S Wilcrest Dr
		Houston, TX 77099
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Cards
		Carus
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/28 Rpt: 29/40	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	08/25/2023	M3 Graphics
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,350.34	11730 S Wilcrest Dr
		Houston, TX 77099
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Printing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	1
	Date	Payee name
	10/03/2023	M3 Graphics
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,027.30	11730 S Wilcrest Dr
		Houston, TX 77099
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Printing
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	11/30/2023	M3 Graphics
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,066.16	11730 S Wilcrest Dr
	·	
		Houston, TX 77099
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Printing
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/28 Rpt: 30/40	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	12/26/2023	M3 Graphics
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	11730 S Wilcrest Dr
		Houston, TX 77099
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
	_/	Check if Austin, TX, officeholder living expense Printing
		Filling
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	the state of the s
_	Date	Davida marra
	12/28/2023	Payee name M3 Graphics
		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,629.92	11730 S Wilcrest Dr
		Houston, TX 77099
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Printing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/04/2023	Marriott Marquis
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.00	1777 Walker St
		Houston, TX 77010
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Parking Parking
	Commission ONU Wife allows	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/28 Rpt: 31/40	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	11/04/2023	Marriott Marquis
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	1777 Walker St
		Houston, TX 77010
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking
		1 diving
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	09/05/2023	NAACP - Unit 6262
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 1053
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Fort Bend County NAACE
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	10/24/2023	PAWS
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	PO BOX 1714
		Rosenberg, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Dollations
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/28 Rpt: 32/40	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	11/30/2023	PCT 2 Comissioner Gala
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	303 Texas Parkway Ste 213
		Missouri City, TX 77489
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Black Tie Gala
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/28/2023	Parks Youth Ranch
	Amount (\$)	Payee address; City; State; Zip Code
	\$467.77	11614 FM 361 Rd
		Richmond , TX 77469
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
	Date	Payee name
	11/17/2023	Pilgrim Journey Baptist Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	2022 Williams Way
		Richmond , TX 77469
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Donation
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
Sch: 21/28 Rpt: 33/40 Becerra, J. Christian (The Honorable) 00083701	
4 Date 5 Payee name	
07/24/2023 Raffoul, Leticia	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$250.00	
тх	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Contributions/Donations Made By Check if travel outside of Texas. Com	
Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living Donation	y expense
Bondion	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office he	eld
expenditure to benefit C/OH	J.u
Date Payee name	
08/07/2023 Raise-365	
Amount (\$) Payee address; City; State; Zip Code	
\$54.34 PO Box 892	
Needville, TX 77461	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Contributions/Donations Made By Check if travel outside of Texas. Com	
Candidate/Officeholder/Political Committee Centric in Check if Austin, TX, officeholder living Donation	g expense
Bondion	
Complete ONLY if direct Candidate/Officeholder name Office sought Office he	eld
expenditure to benefit C/OH	
Date Payee name	
12/12/2023 SCR South Belt Houston Chapter	
Amount (\$) Payee address; City; State; Zip Code	
\$252.50 10223 Broadway St	
Suite 367	
Pearland, TX 77584	
OF Contributions/Donations Made Ry Check if travel outside of Texas. Com	nplete Schedule T.
EXPENDITURE Contributions/Donations whate By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living	
Donation Jack & Jill	
Complete ONLY if direct Candidate/Officeholder name Office sought Office he	eld
expenditure to benefit C/OH	
	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/28 Rpt: 34/40	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	07/03/2023	Safari Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8,491.63	11627 FM 1464
		Richmond, TX 77407
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Kick Off
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/28/2023	Sewa International
H	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	100 W Oaks Plaza Dr
		Houston , TX 77082
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Bollation
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/03/2023	Stafford MSD
H	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1625 Staffordshire Rd
		Stafford, TX 77477
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Donation Hole Sponsorship
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 23/28 Rpt: 35/40	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	12/31/2023	Stripe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$458.88	510 Townsend St
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fees for Credit Card Donations from July -
		December 2023
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/05/2023	Sugar Land Exchange Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	4800 Sugar Grove Blvd
		Sugar Land , TX 77477
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/31/2023	Sugar Land Tickets
	Amount (\$)	Payee address; City; State; Zip Code
	\$111.00	1 Stadium Dr
		Sugar Land , TX 77498
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Tickets to Baseball for High School
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	7

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/28 Rpt: 36/40	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	09/05/2023	Sugar Land Tickets
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.00	1 Stadium Dr
		Sugar Land , TX 77498
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking for High School Student
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/19/2023	TSU Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	3100 Cleburne St
		Houston, TX 77004
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Thurgood Golf 2023
		agood Go., 2020
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/13/2023	Thankful Ones
	Amount (\$)	Payee address; City; State; Zip Code
	\$265.05	2006 Pecan Forest Ct
		Richmond, TX 77406
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Bondion
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/28 Rpt: 37/40	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	11/16/2023	The Houstonian
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.00	111 North Post Oak Ln
		Houston, TX 77024
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	11/09/2023	Thomas Culver PTO
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	3131 Learning Tree Lan
L		Rosenberg, TX 77471
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin TV office helder living expanse.
		Candidate/Officeholder/Political Committee
		Donation
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	Davies name
	Date 11/29/2023	Payee name Torres, Jesse
L		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,211.13	405 San Jose
		Richmond, TX 77406
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense Sign Placement
		Sign Flacement
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:								
	Sch: 26/28 Rpt: 38/40	Becerra, J. Christian (The Honorable) 00083701							
4	Date	5 Payee name							
	10/05/2023	Walgreens							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$261.55	9810 S Mason Rd							
		Richmond , TX 77406							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense							
		Event - GC							
_	2 1 2 2 3 3 4 5 7 7								
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	11/20/2023	Walmart							
	Amount (\$)	Payee address; City; State; Zip Code							
\$241.18 5330 FM1640									
		Richmond, TX 77469							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE		Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.							
		Candidate/Officeholder/Political Committee							
	Donation Fort Bend Meals on Wheels								
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	experientare to benefit 6/61	<u>'</u>							
	Date	Payee name							
	12/08/2023	Walmart							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$227.17	5330 FM1640							
		Richmond, TX 77469							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Candidate/Officeholder/Political Committee							
		Donation Bikes							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	<u> </u>							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
l	Sch: 27/28 Rpt: 39/40	Becerra, J. Christian (The Honorable) 00083701							
4	Date	5 Payee name							
l	10/26/2023	Wang, Anthony							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
l	\$2,000.00	2822 Oakland Dr.							
l									
l		Richmond, TX 77469							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Advertising Expense Advertising Expense Check if travel outside of Texas. Complete Schedule T.							
l	EXPENDITURE	Check if Austin, TX, officeholder living expense							
l		Website							
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
L									
l	Date	Payee name							
L	10/27/2023	Wang, Anthony							
l	Amount (\$)	Payee address; City; State; Zip Code							
l	\$1,982.25	2822 Oakland Dr.							
l									
		Richmond, TX 77469							
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Website							
		Website							
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
l	expenditure to benefit C/O								
⊨	Date	Power name							
l	08/08/2023	Payee name Westin Memorial Houston							
⊢	Amount (\$)	Payee address; City; State; Zip Code							
l	\$15.00	945 Gessner Rd							
l	Ψ13.00	545 Gessilei iku							
l		Houston, TV 77024							
L		Houston, TX 77024							
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense Check if travel outside of Texas. Complete Schedule T.							
l	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
l		Parking							
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OH								
<u> </u>									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	, ₋ I Coi	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	ense	Polling Expense Printing Expense	d/Rental Expense e se s/Contract Labor		Travel in District Travel Out of Dis	duipment & Related Expense strict category not listed above)
	Credit Card Payment			The Instruction Guide	explains h	ow to comple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 28/28 Rpt: 40/40		Becerra, J.	Christian (The Hon	orable)				00083701	
4	Date	5	Payee name	1						
	08/08/2023		Wray, Past							
-	Amount (\$)	7	Payee addre		State.	Zip Code				
ľ	\$140.00	'		imney Rock Rd	State,	Zip Couc				
	Ψ140.00		1001011 011	minicy reducted						
			Herreton T	V 770F2						
L			Houston, T							
8	PURPOSE OF	(a)		See Categories listed at the top		_{dule)} (b)	Description			
	EXPENDITURE			ns/Donations Made Officeholder/Politica		#***			de of Texas. Com , officeholder living	
			Cariuluale/	Officerolder/Politica	ı Commi	liee	Donation	1, 170,	, omeenoider name	Схрепос
9	Complete ONLY if direct		Candidate/Off	iceholder name	0:	ffice sought			Office he	ald
ľ	expenditure to benefit C/OI			.coc.cac		ee eeugm			000 1	