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 24 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable J. Christian NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 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 appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 02/25/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ 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 24

13 C / OH NAME	Becerra, J. Christian	(The Honorable)	14 Filer ID 00083701	(Ethics Com	mission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	committees t ceholder's kn notice of such							
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL COMMITTEE ADDRESS							
	SPECIFIC							
	_							
		COMMITTEE CAMPAIGN TREASURER NA	ME					
		COMMITTEE CAMPAIGN TREASURER AD	DRESS					
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER ES OF LOANS, OR CONTRIBUTIONS MADE		\$	0.00			
		ICAL CONTRIBUTIONS	OANS)	\$	39,527.46			
EXPENDITURE TOTALS	 	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL UNITEMIZED POLITICAL EXPENDITURES						
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	18,930.72			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF T	HE LAST DAY OF THE	\$	25,363.80			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAN TING PERIOD	S AS OF THE LAST DAY	\$	0.00			
17 AFFIDAVIT			enalty of perjury, that the a des all information required ode.					
		The Ho	norable J. Christian Be	cerra				
		Signatu	ure of Candidate or Officeho	older				
AFFIX NO	TARY STAMP / SEAL AB	OVE						
		aid			day			
of	, 20, to c	ertify which, witness my hand and seal of office) .					
Signature of office	cer administering oath	Printed name of officer administering oa	th Title of offic	er administer	ing oath			

SUBTOTALS - JC/OH

FORM JC/OH **COVER SHEET PG 3**

					3 of 24
	ER NAN	(Ethic	es Commission Filers)		
	HEDULI		SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	37,100.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,427.46
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	18,930.72	
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.	. Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	54.10

	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: 1/3 Rpt: 4/24
2	FILER NAME	Christian (The Honorable)			1	Filer ID (Ethics Commission Filers) 00083701
4	Date 5 Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$) \$500.00
		Richmond, TX 77406				
8		Principal Occupation		9 Contributor's Job Title		
10	N/A Contributor's	employer/law firm		N/A	201100	(if any)
10	N/A	employer/law limi		11 Law firm of contributor's sp	Jouse	e (ii ariy)
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 (\$)
	06/21/2024	Ahmed, Farha Contributor address; City;	State; Zip Code			\$100.00
	Cambulayaana	TX		Contributoulo Job Title		
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
		employer/law firm		Law firm of contributor's sp	oouse	e (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#:)	<u> </u>	Amount of Contribution (\$)
	05/01/2024	Arnold & Itkin LLP Contributor address; City;	State; Zip Code			\$15,000.00
		Houston, TX 77007				
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u>I</u>	
	Contributor's e	employer/law firm		Law firm of contributor's sp	oouse	e (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/24
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Becerra, J. (Christian (The Honorable)				00083701
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Capetillo, Adam 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$1,000.00	
		Stafford, TX 77477		_		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			N/A		
10	Contributor's (employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
42		a a shiled law firms of managet(a) (if	·			
12	in 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 (\$)
	03/04/2024	Moerer, Carl		·		\$500.00
		Contributor address; City; S	State; Zip Code			
		TX				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Moerer & Ki	ng Law Firm				
	If contributor i	s a child, law firm of parent(s) (if	any)			
-	Date	Full name of contributor	out-of-state PAC (ID#:)	l	Amount of Contribution (\$)
	04/05/2024	The Adams Law Firm	_			\$5,000.00
		Contributor address; City; S	State; Zip Code		1	
		Katy, TX 77494				
	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 i	s a child, law firm of parent(s) (if	any)			
\vdash						

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1	otal pages Schedule A(J)1: ch: 3/3 Rpt: 6/24
2	FILER NAME Becerra, J. Christian (The Honorable)				ler ID (Ethics Commission Filers)
_		·			0083701
4	Date 04/09/2024	5 Full name of contributor out-of-state PAC (ID#:)	Ar	mount of Contribution (\$) \$15,000.00
	04/03/2024	6 Contributor address; City; State; Zip Code		-	Ψ10,000.00
		Sugar Land , TX 77479			
8	Contributor's I	Principal Occupation	9 Contributor's Job Title		
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
L2	If contributor i	s a child, law firm of parent(s) (if any)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	L	SCHEDULE A2					
The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 7/24					
2 FILER NAME Becerra, J. Christian (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083701					
4	LITIONIC	\$					
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB							
5 Date 06/12/2024 6 Full name of contributor out-of-state PAC (ID#: Amaro Law Firm 7 Contributor address; City; State; Zip Code)	8 Amount of contribution (\$) In-kind contribution (\$) description \$2,427.461JCB					
Houston, TX 77008		Check if travel outside of Texas. Complete Schedule T.					
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)					
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)					
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)					
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

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	
_	T	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 1/16 Rpt: 8/24	2 FILER NAME Becerra, J. Christian (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083701
4	Date	5 Payee name
	03/18/2024	American Foundation for Suicide Prevention
6	Amount (\$) \$365.75	7 Payee address; City; State; Zip Code 1045 Park Ave
		New York, TX 10028
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
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/16/2024	Attack Poverty
	Amount (\$)	Payee address; City; State; Zip Code
	\$146.00	1305 Clay St
		Rosenberg, TX 77469
	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 expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/13/2024	Attack Poverty
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1305 Clay St
		Rosenberg, TX 77469
	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 137
	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)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/16 Rpt: 9/24	Becerra, J. Christian (The Honorable)	00083701
4	Date	5 Payee name	
	06/21/2024	Baker, Bryan	
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code TX	
8	PURPOSE OF EXPENDITURE	Contributions/Donations Made By	outside of Texas. Complete Schedule T. , TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/27/2024	Collins, Theresa	
	Amount (\$) \$1,494.00	Payee address; City; State; Zip Code	
		TX	
	PURPOSE OF EXPENDITURE	1 Olling Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense xpenditure
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/01/2024	Collins, Theresa	
	Amount (\$) \$540.00	Payee address; City; State; Zip Code	
		TX	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense kpenditure #130
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
_	 		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	T. 1 0 1 1 54		`
1	Total pages Schedule F1: Sch: 3/16 Rpt: 10/24	2 FILER NAME Becerra, J. Christian (The Honorable) 3 Filer ID (Ethics Commission Filer 00083701	rs)
4	Date	5 Payee name	
	03/07/2024	Collins, Theresa	
6	Amount (\$) \$1,041.00	7 Payee address; City; State; Zip Code TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Polling Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense Campaign Expenditure #131	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	04/05/2024	Collins, Theresa	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00		
		TX	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Campaign Expenditure	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	o	
	Date	Payee name	
	03/07/2024	Crawford, Rene	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$180.00		
		TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Campaign Expenditure	
_	Complete ONLY if direct	Condidate/Officeholder name Office cought	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
se Event Expense Loan Repayment/Reimbu

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: 4/16 Rpt: 11/24	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	06/26/2024	DSW
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.54	9419 Katy Freeway
		Katy , 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
		Wardrobe Expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/05/2024	Dibrell & Associates
	Amount (\$) \$778.50	Payee address; City; State; Zip Code 4203 Glade Shadow Ct
	Φ110.50	4203 Glade Siladow 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 Expenditure
		Campaign Expenditure
	Operation ONLY & Street	Open Highest (Office health and a second sec
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/24/2024	Dibrell & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	4203 Glade Shadow Ct
		Katy, TX 77494
	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
		Campaign Expenditure
		Campaign Experiation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	•	

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	I Committee L					OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commiss	ion Filers)
Sch: 5/16 Rpt: 12/24	Becerra, J. C	hristian (The Hond	orable)				00083701		
4 Date	5 Payee name								
04/18/2024	Edison Arts F	oundation							
6 Amount (\$) \$217.10	7 Payee address	s; City;	State; Zip Co	ode					
8 PURPOSE	(a) Category (See	Categories listed at the top	of this schedule)	(b)	Description				
OF EXPENDITURE	Event Expen		, ,		=	, TX,	de of Texas. Com officeholder living		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Office	eholder name	Office sou	ught			Office he	eld	
Date	Payee name								
03/07/2024	Ever Ready I	_odge 506							
Amount (\$) \$250.00	Payee address 429 West St	s; City;	State; Zip Co	ode					
	Rosenberg, ⁻	ΓX 77471							
PURPOSE OF EXPENDITURE	Contributions	Categories listed at the top s/Donations Made E fficeholder/Political	Зу	(b)	=		de of Texas. Com officeholder living		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Office	eholder name	Office sou	ught			Office he	eld	
Date	Payee name								
04/15/2024	Ever Ready I	_odge 506							
Amount (\$) \$425.00	Payee address 429 West St	s; City;	State; Zip Co	ode					
	Rosenberg, ⁻	ΓX 77471							
PURPOSE OF EXPENDITURE	Contributions	Categories listed at the top s/Donations Made E fficeholder/Political	Зу	(b)	브		de of Texas. Com officeholder living	•	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Office	eholder name	Office sou	ught			Office he	eld	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Candidate/Office Credit Card Payme			Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed abo	ve)
1 Total pages Sch	nedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission	n Filers)
Sch: 6/16 Rpt		1	Christian (The Ho	onorable)				00083701		
4 Date		5 Payee name								
03/28/2024		Extra Spac	e 1945							
6 Amount (\$)		7 Payee addre	ess; City;	State; Zip C	ode					
	\$135.64	7940 W Gr	and Parkway							
		Richmond,	TX 77406							
8 PURPOSE		(a) Category (S	See Categories listed at the t	top of this schedule)	(b)	Description				
OF EXPENDITUR	E	Advertising	Expense			므		de of Texas. Com officeholder living		
						Storage for S			expense	
						otorago ioi o	,.g.,			
9 Complete ONLY	/ if direct	Candidate/Off	iceholder name	Office so	<u> </u> ught			Office he	eld	
expenditure to b					-9					
Date		Payee name								
04/29/2024		Extra Spac	e 1945							
Amount (\$)		Payee addre	ess; City;	State; Zip C	ode					
	\$85.00	7940 W Gr	and Parkway							
			,							
		Richmond,	TX 77406							
PURPOSE OF		(a) Category (S	See Categories listed at the t	top of this schedule)	(b)	Description				
EXPENDITUR	E	Advertising	Expense			=		de of Texas. Com officeholder living		
						Storage for S			rexpense	
						Storage for S	,igi i			
Complete ONLY	/ if direct	Candidate/Off	iceholder name	Office so	uaht			Office he	ald	
expenditure to b			icenoider name	Office 30	ugiit			Office the	Ju	
Data		l _B								
Date		Payee name								
05/28/2024		Extra Spac								
Amount (\$)	405.00	Payee addre		State; Zip C	ode					
	\$85.00	7940 W Gr	and Parkway							
		Richmond,	TX 77406							
PURPOSE OF		· ·	See Categories listed at the t	top of this schedule)	(b)	Description				
EXPENDITUR	E	Advertising	Expense					de of Texas. Com		
						Storage Cam		officeholder living	rexpense	
						Storage Call	ıpaı	gii Jigiis		
Complete ONLY	/ if direct	Candidate/Off	iceholder name	Office so	liaht			Office he	-ld	
expenditure to b			iccholder Haitie	Office 50	agni			Office He	Jiu	

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
Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Folling Expense
Salaries/Wangs/Contract Labor

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)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/16 Rpt: 14/24	Becerra, J. Christian (The Honorable) 00083701
4 Date	5 Payee name
06/28/2024	Extra Space 1945
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$85.00	7940 W Grand Parkway
	Richmond, TX 77406
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Storage for signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/6	
Date	Payee name
03/05/2024	Fort Bend Education Foundation
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	16431 Lexington Blvd
	Sugar Land, TX 77479
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. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Donation
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	
Date	Payee name Fort Road Portnership for Youth Inc.
05/03/2024	Fort Bend Partnership for Youth Inc
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	122 Golfview Drive
	Richmond, TX 77469
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
Complete <u>ONLY</u> if direct expenditure to benefit C/O	

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/Polit Credit Card Payment	Cal 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: 8/16 Rpt: 15/24	Becerra, J. Christian (The Honorable) 00083701
4 Date	5 Payee name
05/04/2024	Fort Bend Seniors MOW
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$150.00	PO BOx 1488
	Rosenberg, TX 77471
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
	Bonation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/	
Date	Pause seme
	Payee name Gristworkz
03/30/2024	
Amount (\$)	Payee address; City; State; Zip Code
\$171.60	1504 Chapman
	Houston, TX 77009
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
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name Office sought Office held OH
Date	Payee name
06/20/2024	JN Taylor
Amount (\$)	Payee address; City; State; Zip Code
\$80.00	3522 S Mason Drive
	Katy, TX 77450
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Event Wardrobe
Complete ONLY if allowed	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name Office sought Office held OH
,	

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	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: 9/16 Rpt: 16/24	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	02/27/2024	Lewis, Makisha
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	
		тх
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Expenditure
		Gampaigh Exponditatio
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Payee name
	05/09/2024	Lupitas Bakery
		Payee address; City; State; Zip Code
	Amount (\$) \$130.05	2600 Avenue I
	\$130.05	2000 Averlue I
		Rosenberg, TX 77471
	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 for Teacher's Breakfast
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	06/19/2024	Macy's
	Amount (\$)	Payee address; City; State; Zip Code
	\$581.29	900 Memorial City Way
	Ф301.29	900 Memorial City Way
		Houston, TX 77024
	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 Wardrobe
_	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 -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	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: 10/16 Rpt: 17/24	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	06/27/2024	Macy's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$108.45	16511 Southwest Freeway
		Sugar Land, TX 77478
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
		Event Wardrobe
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	03/07/2024	Marks Felix, Delores
┢	Amount (\$)	Payee address; City; State; Zip Code
	\$180.00	
	Ψ100.00	
		TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Expenditure
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	<u>'</u>
	Date	Payee name
	03/04/2024	Marriott Sugar Land
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.00	16090 City Walk
		Sugar Land, TX 77479
	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
		I diking
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

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: 11/16 Rpt: 18/24	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	02/27/2024	Morgan, Julie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$414.00	
		TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Expenditure
		Campaign Exponditare
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	05/13/2024	Nobie
H	Amount (\$)	Payee address; City; State; Zip Code
	\$593.10	2048 Colquitt Street
	Ψ000.10	2040 Colquitt Street
		Houston, TX 77098
H	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Volunteer Dinner
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experientare to benefit e/of	
	Date	Payee name
	06/19/2024	Nordstrom Rack
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.84	9714 Bunker Hill
		Houston, TX 77055
	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 Wardrobe
		Event wardiose
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
1		
I		

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	al Committee Legal Services Salaries/Wager The Instruction Guide explains how to compl	of/Contract Labor OTHER (enter a category not listed above) ete this form.								
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 12/16 Rpt: 19/24	Becerra, J. Christian (The Honorable)	00083701								
4	Date	5 Payee name	·								
	05/19/2024	OLG Youth Ministry									
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 514 Carlisle 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	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation								
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	05/19/2024	OLG									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$500.00	514 Carlisle									
		Rosenberg, TX 77471									
	PURPOSE OF	g y (con amagement matter the or and container,	Description Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Donation								
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	03/26/2024	Oppe Elementary PTO									
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 3094 Avenue T									
		Galveston, TX 77550									
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation								
	Complete ONLY if direct expenditure to benefit C/O	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 Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
1	Total pages Schedule F1: Sch: 13/16 Rpt: 20/24	2 FILER NAME Becerra, J. Christian (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083701
_	·	
4	Date	5 Payee name
	04/12/2024	Papa John's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.25	
		TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Donation to Attack Poverty
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Data	Para a sana
	Date	Payee name
	05/07/2024	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$126.11	
		Richmond, TX 77407
	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 for Teachers Breakfast
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefit C/Oi	1
	Date	Payee name
	06/07/2024	Santee Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	6363 Richmond Avenue Suite 200
		Houston, TX 77057
	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 Check if Austin, TX, officeholder living expense
		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)

Event Expense Loan Repayment/Reimbu

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

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	ll 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: 14/16 Rpt: 21/24	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	06/30/2024	Stripe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,952.19	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
		1 663
_	Commisto ONII V if disport	Constitute / Office helds no new Constitute of the constitute of t
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	06/07/2024	Tejas Cookers Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	
		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 130
	Complete ONL V if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/07/2024	The Grove Donutz
	Amount (\$)	Payee address; City; State; Zip Code
	\$186.11	815 Plantation Drive
		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
		Donation for Teacher's Breakfast
	Complete ONLY !! -!!	Condidate/Officeholder name Office south
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By 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: 15/16 Rpt: 22/24	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	03/04/2024	Uptown Valet Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.20	4723 Summer Lakes
		Missouri City, TX 77459
_	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Parking
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/12/2024	Wang, Antony
	Amount (\$)	Payee address; City; State; Zip Code
	\$425.00	
		TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website and Design
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/13/2024	iASpire Youth Program
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	4305 Engleford
		Houston, TX 77026
	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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	mmittee Leg	t/Awards/Memorials E gal Services ne Instruction Gui	Sala		es/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed abov	re)
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	n Filers)
	Sch: 16/16 Rpt: 23/24			ristian (The H	onorable)				00083701		
4	Date	5	Payee name								
	06/01/2024		iASpire Youth	Program							
6	Amount (\$)	7	Payee address;	City;	State; Zi	o Code					
	\$500.00		4305 Englefor	d							
			Houston, TX 7	7026							
8	PURPOSE	(a)	Category (See C	Categories listed at the	top of this schedule	(b)) Description				
	OF EXPENDITURE			Donations Mad						nplete Schedule T.	
			Candidate/Off	iceholder/Politi	cal Committee	9	Scholarship I		officeholder livin	g expense	
							ocholal ship i	D01	idilolis		
9	Complete ONLY if direct	Ц	Candidate/Officel	holder name	Office	sought	<u> </u>		Office h	eld	
ľ	expenditure to benefit C/O		Sarialadic/Office	noider name	Omoc	Jougin	•		Office fi	Ciu	

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 24/24 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Becerra, J. Christian (The Honorable) 00083701 5 Name of person from whom amount is received 8 Amount (\$) 05/13/2024 Sams Club \$54.10 6 Address of person from whom amount is received; City; State; Zip Code Richmond, TX 77407 Purpose for which amount is received Check if political contribution returned to filer Refund on 5/6/24 purchase