JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	n Guide explains how to com	plete this form.	1 Filer ID (Ethics Comm 00083703	· · ·	2 Total pages	filed: 58
3 CANDIDATE /	MS / MRS / MR	FIRST	1	MI		
OFFICEHOLDER	The Honorable	J. Christian				
NAME					Date Received	
					ELECTRONIC	CALLY FILED
	NICKNAME	LAST		SUFFIX	01/15/2025	
	Chrisitan	Becerra				
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CI	ΓΥ:	ZIP CODE	Date Hand-delivered	d or Date Postmarked
OFFICEHOLDER	4311 Pond Apple Place	,	,			
MAILING ADDRESS					Receipt #	Amount
Change of Address	Richmond, TX 77406				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Dr.	William Troy				
	NICKNAME	LAST			SUFFIX	
		Rodriguez				
6 CAMPAIGN	STREET ADDRESS (NO P		٨٦	PT / SUITE #; CITY	·	TATE; ZIP CODE
TREASURER		J BOX FLEASE),	Ar	1730ITE#, CITT	, 3	TATE, ZIF CODE
ADDRESS	17034 University Blvd					
(Residence or Business)						
	Sugar Land , TX 77479					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
TREASURER		INE NOWIBER	EXTENSION			
PHONE	(281) 494-9191					
8 REPORT						
TYPE	X January 15	30th day befor	e election	Runoff	15th day after o	campaign treasurer
					appointment (o	fficeholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (A	ttach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	T	HROUGH	12/31/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	— Г	Primary	Runoff	Other	
			General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	F (if known)	
II OFFICE	District Judge District 434	1 Fort Bend		12 OFFICE SOUGH		
		GO [·]	TO PAGE 2			
Forms provided by Ta	exas Ethics Commission		thics.state.tx.u	IS	\/or	sion V4.1.0.5dd2ace2
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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 58

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			I	
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 informatio	the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	15)	\$ 39,750.00
EXPENDITURE TOTALS		IZED POLITICAL EXPENDITURES	(5)	\$ 0.00
TOTALS	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 40,099.30
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY OF THE	\$ 26,040.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Honora	able J. Christian Bec	cerra
		Signature o	f Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	ribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offic	er administering oath	Printed name of officer administering oath	Title of office	er administering oath
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V4.1.0.5dd2ace

FORM JC/OH COVER SHEET PG 3

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18 FILE			19 Filer ID	(Ethics (Commission Filers)
		I. Christian (The Honorable) E SUBTOTALS	00083701	Τ	
	EDULE E OF S	SU	BTOTAL AMOUNT		
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	39,750.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	40,099.30
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 CONTRIBUTIO	ONS	\$	
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	1,025.03

SUBTOTALS - JC/OH

The Instrue	ction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 1/12 Rpt: 4/58
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#:_)	7 Amount of Contribution (\$)
10/09/2024	Ahmad, Zavitsanos & Mensing PLLC		\$15,000.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77010		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	•
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (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 (\$)
07/05/2024	Becerra, Yvonne		\$100.00
	Contributor address; City; State; Zip Code		
	ТХ		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (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 (\$)
07/02/2024	Bledsoe, Kirby)	\$25.00
0110212024			ψ25.00
	Contributor address; City; State; Zip Code		
	ТХ		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm Law firm of contributor's sp		bouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)		
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The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 2/12 Rpt: 5/58
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Christian (The Honorable)		00083701
4 Date	5 Full name of contributor 🗌 out-of-state PAC (ID	#:)	7 Amount of Contribution (\$)
07/02/2024	Bobrick, William		\$50.00
	6 Contributor address; City; State; Zip Code		
	Fulshear , TX 77406		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	•
N/A			
10 Contributor's e	employer/law firm	11 Law firm of contributor's s	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Data			
Date	Full name of contributor Out-of-state PAC (ID	#:)	Amount of Contribution (\$)
07/02/2024	Cabello Uresti, Lupe		\$100.00
	Contributor address; City; State; Zip Code		
	тх		
Contributor's F	Principal Occupation	Contributor's Job Title	•
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Data			Amount of Constribution (ft)
Date	Full name of contributor Out-of-state PAC (ID	#:)	Amount of Contribution (\$)
07/02/2024	Caldwell, Douglas		\$25.00
	Contributor address; City; State; Zip Code		
	тх		
Contributor's F	Principal Occupation	Contributor's Job Title	•
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
	by Toyoo Ethioo Commission		Version V/4.1.0.Edd2aaa

The Instrue	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 3/12 Rpt: 6/58	
2 FILER NAME Becerra, J. C	Christian (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083701
4 Date 07/03/2024	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$) \$1,000.00
	Houston, TX 77074		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)	1	
Date 07/02/2024	Full name of contributor out-of-state PAC (ID#:_ Clouser, Joelynn Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$50.00
Contributor's F	Missouri City , TX 77489 Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	1	
Date 07/02/2024	Full name of contributor out-of-state PAC (ID#:_ Curimbaba, Sally Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$150.00
	Fulshear, TX 77441		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	I	
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т	he Instru	ction Guide explains how to complete th	is form.	1 Total pages Schedule A(J)1: Sch: 4/12 Rpt: 7/58
2 FI	LER NAME			3 Filer ID (Ethics Commission Filers)
B	ecerra, J. C	Christian (The Honorable)		00083701
4 Da	ate	5 Full name of contributor out-of-state PAC (I	D#:)	7 Amount of Contribution (\$)
07	7/02/2024	Ellis, Donna		\$150.00
		6 Contributor address; City; State; Zip Code		
		ТХ		
8 Co	ontributor's I	Principal Occupation	9 Contributor's Job Title	
10.0		and a south as shure	11 Low firms of constributions	
10 00	ontributor s e	employer/law firm	11 Law firm of contributor's s	pouse (il any)
12 If	contributor i	s a child, law firm of parent(s) (if any)		
"	contributor			
	ate	Full name of contributor out-of-state PAC (i	D#:)	Amount of Contribution (\$)
	7/02/2024	Felcman, Terry	Δπ)	\$100.00
	.,	Contributor address; City; State; Zip Code		
		Rosenberg , TX 77471		
C	ontributor's I	Principal Occupation	Contributor's Job Title	
Co	ontributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
lf	contributor i	s a child, law firm of parent(s) (if any)		
Da	ate	Full name of contributor out-of-state PAC (I	D#:)	Amount of Contribution (\$)
07	7/02/2024	Franco, Leticia		\$1,000.00
		Contributor address; City; State; Zip Code		
		ТХ		
Co	ontributor's I	Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm Law firm of contrib		Law firm of contributor's s	pouse (if any)	
If.	oontributor i	a child low firm of poront(a) (if an)		
	CONTIDUTOR	s a child, law firm of parent(s) (if any)		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 5/12 Rpt: 8/58
2 FILER NAME Becerra, J. C	Christian (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083701
4 Date 07/02/2024	 5 Full name of contributor out-of-state PAC (ID#: Garza, Clayton 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$25.00
9 Contributor's [TX Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 07/02/2024	Full name of contributorout-of-state PAC (ID#: Haleem , Shah Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$100.00
Contributor's F	Fulshear, TX 77406 Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 07/02/2024	Full name of contributorout-of-state PAC (ID#: Hauenstein , Sue Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$50.00
	Rosenberg, TX 77471		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	<u> </u>	
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The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 6/12 Rpt: 9/58	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Becerra, J. C	Christian (The Honorable)		00083701
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
07/02/2024	Huff, James		\$150.00
	6 Contributor address; City; State; Zip Code		
	Richmond, TX 77406		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	amployor/low firm	11 Law firm of contributor's sp	pource (if any)
	employen/aw inm	II Law IIIII of contributors sp	Jouse (ii 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 (\$)
08/05/2024	James A Stevens Attorney at Law		\$500.00
	Contributor address; City; State; Zip Code		
	Richmond , TX 77406-0011		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (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 (\$)
07/02/2024	James Rivera Law Firm		\$1,000.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77002		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor of			
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
	by Tayas Ethics Commission www.ethic	s state ty us	Version VA 1.0 5dd2ace2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 7/12 Rpt: 10/58
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Becerra, J. C	Christian (The Honorable)		00083701
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
07/03/2024	Jeff Strange Attorney at Law		\$1,000.00
	6 Contributor address; City; State; Zip Code		
	Richmond , TX 77469		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
10 K			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 07/02/2024	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/02/2024	Jeremy Ducote Law Firm		\$1,000.00
	Contributor address; City; State; Zip Code		
	Sugar Land, TX 77478		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (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 (\$)
07/03/2024	Kelley, Birdie		\$50.00
	Contributor address; City; State; Zip Code		
	TX	1	
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributoria	malavar/law firm	Law firm of contributor's sp	oouco (if opv)
Contributors e	employer/law firm	Law IIIII of contributor 5 Sp	
If contributor is	s a child, law firm of parent(s) (if any)		
	hy Tayon Ethion Commission		Version V(4.1.0 Edd2ess)

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 8/12 Rpt: 11/58
2 FILER NAME Becerra, J. C	Christian (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083701
4 Date 07/02/2024	 5 Full name of contributor out-of-state PAC (ID#: Law Office Phoebe Smith 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$2,000.00
	Sugar Land, TX 77478		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	ouse (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 (\$)
07/22/2024	Law Office of James Bennett		\$500.00
	Contributor address; City; State; Zip Code		
	Rosenberg, TX 77471		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	ouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 07/02/2024	Full name of contributor out-of-state PAC (ID#:_ Law Office of Julia Bella Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$100.00
	Richmond, TX 77469		
Contributor's F	Principal Occupation	Contributor's Job Title	I
Contributor's e	employer/law firm	Law firm of contributor's sp	ouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
	by Tayas Ethics Commission	s state ty us	Version V/4 1 0 5dd2ace2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/12 Rpt: 12/58
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#:)	7 Amount of Contribution (\$)
07/03/2024 Law Office of Omar Khawaja		\$2,500.00
6 Contributor address; City; State; Zip Code		
Houston, TX 77056		
8 Contributor's Principal Occupation	9 Contributor's Job Title	
	11 Low firms of constributions of	
10 Contributor's employer/law firm	11 Law firm of contributor's sp	bouse (ii any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/02/2024 Lee Cox Lawyer PLLC	10#)	\$2,000.00
Richmond, TX 77469		
Contributor's Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm	Law firm of contributor's s	bouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/02/2024 Moon, Felicia		\$100.00
Contributor address; City; State; Zip Code		
TX		
Contributor's Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm	Law firm of contributor's sp	
If contributor is a child, law firm of parent(s) (if any)		
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The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 10/12 Rpt: 13/58	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Becerra, J. C	Christian (The Honorable)	00083701	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
07/03/2024	Moreno, Jessica		\$100.00
	6 Contributor address; City; State; Zip Code		1
	Houston , TX		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	•
Attorney		Attorney	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (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 (\$)
07/02/2024	Noto, Joan		\$1,000.00
	Contributor address; City; State; Zip Code		
	тх		
Contributor's F	l Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (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 (\$)
09/25/2024	Novak, Matthew		\$50.00
	Contributor address; City; State; Zip Code		
	тх		
Contributor's	Principal Occupation	Contributor's Job Title	
Contributor 3 1			
Contributor's e	employer/law firm	Law firm of contributor's sp	nouse (if any)
Contributor o C			
If contributor is	s a child, law firm of parent(s) (if any)		
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The Instru	ction Guide explains how to complete this t	1 Total pages Schedule A(J)1: Sch: 11/12 Rpt: 14/58	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Becerra, J. C	Christian (The Honorable)	00083701	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
07/03/2024	Obialo, Derek		\$250.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77008		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (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 (\$)
07/02/2024	Paul Tu		\$1,500.00
	Contributor address; City; State; Zip Code		
	Richmond, TX 77469		
Contributor's	Principal Occupation	Contributor's Job Title	
Contributor 3 h			
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (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 (\$)
07/03/2024	Richard L Tate Attorney		\$5,000.00
	Contributor address; City; State; Zip Code		
	Richmond , TX 77469-3128		
Contributor's F	I Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
lf a antributar i			
If contributor is	s a child, law firm of parent(s) (if any)		
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The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 12/12 Rpt: 15/58	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Becerra, J. C	Christian (The Honorable)	00083701	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
07/02/2024	Santee, Roschell		\$25.00
	6 Contributor address; City; State; Zip Code		
	ТХ		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	bouse (if any)
10.11.1.1.1.1			
12 IT 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 (\$)
08/16/2024	Stephen Doggett Attorney at Law		\$500.00
	Contributor address; City; State; Zip Code		
	Dishmand TV 77400		
Contributoria	Richmond , TX 77469	Contributor's Job Title	
Contributors	Principal Occupation		
Contributor's	employer/law firm	Law firm of contributor's sp	pouse (if any)
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 (\$)
07/02/2024	Will Adams Law Firm	/	\$2,500.00
	Contributor address; City; State; Zip Code		
	Katy, TX 77494		
Contributor's	Principal Occupation	Contributor's Job Title	
Contributor's	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor i	s a child, law firm of parent(s) (if any)	•	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			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: 1/42 Rpt: 16/58		Becerra, J. Christian (The Honorable)				00083701			
4	Date 12/07/2024	5	Payee name Act Blue							
6	Amount (\$) \$30.00	7 Payee address; City; State; Zip Code .00 PO Box 441146 Somerville, MA 02144								
 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Texas Democratic Women Fort Bend C Donation 					officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ght		Office held			
	Date		Payee name							
	10/04/2024		Aguilar, Ray							
	Amount (\$) \$100.00		Payee address; City; State;	Zip Co	de					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Commi		Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense Fort Bend County Fair			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ght		Office held			
	Date		Payee name							
	09/03/2024		Allen, Cynthia (Ms.)							
	Amount (\$) \$50.00			Zip Co	de					
			ТХ							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Polling Expense	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense Sing			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ght		Office held			
		_		_		_				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loa Fees Off Food/Beverage Expense Pol Gitt/Awards/Memorials Expense Prin nittee Legal Services Sal The Instruction Guide explains how	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:	FILER NAME		3 Filer ID (Ethics Commission Filers)						
	Sch: 2/42 Rpt: 17/58	Becerra, J. Christian (The Honorable)		00083701						
4	Date	Payee name								
	11/01/2024	Allen, Cynthia (Ms.)								
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code .000 TX								
8	PURPOSE	Category (See Categories listed at the top of this schedule	(b) Description							
	OF EXPENDITURE	Polling Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office	e sought	Office held						
	Date	Payee name								
	10/18/2024	Allen, Cynthia (Ms.)								
	Amount (\$) Payee address; City; State; Zip Code \$500.00 TX									
	PURPOSE OF EXPENDITURE	outside of Texas. Complete Schedule T. n, TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office	e sought	Office held						
	Date	Payee name								
	08/09/2024	Amazon								
	Amount (\$) \$64.92	Payee address; City; State; Zi	o Code							
		ГХ								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense DNS - Back to School						
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	andidate/Officeholder name Office	e sought	Office held						

	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: 3/42 Rpt: 18/58		Becerra, J. Christian (The Honorable)				00083701
4	Date	5	Payee name				
	07/30/2024		American Caribbean Chamber Comme	rce			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$250.00		6201 Bonhomme Suite 214N				
			Houston, TX 77036				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description	1	
	OF	Ľ	Contributions/Donations Made By	euule)			side of Texas. Complete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee	Check if A	ustin, T	X, officeholder living expense
					Donation		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	ght		Office held
	Date		Payee name				
	11/18/2024		American Caribbean Chamber Comme	rce			
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$200.00 6201 Bonhomme Suite 214N						
			Houston, TX 77036				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	1	
	OF EXPENDITURE		Contributions/Donations Made By	,	Check if tr	avel out	side of Texas. Complete Schedule T.
	EXPENDITORE		Candidate/Officeholder/Political Commi	ittee			X, officeholder living expense
					Donation	- Tha	nksgiving
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	gnt		Office held
		_					
	Date		Payee name				
	12/11/2024		American Caribbean Chamber Comme	rce			
	Amount (\$)			Zip Co	de		
	\$300.00		6201 Bonhomme Suite 214N				
			Houston, TX 77036				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	1	
	OF EXPENDITURE		Contributions/Donations Made By				side of Texas. Complete Schedule T.
	-		Candidate/Officeholder/Political Commi	ittee			X, officeholder living expense for Christimas
						100111	
	Complete ONLY if direct	Ļ	Candidate/Officeholder name O	office sour	nht		Office held
	expenditure to benefit C/OI				grit		

	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:	· · · · · ·	Filer ID (Ethics Commission Filers)							
-	Sch: 4/42 Rpt: 19/58									
4	Date 10/18/2024	5 Payee name American Caribbean Chamber Commerce								
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code \$250.00 6201 Bonhomme Suite 214N Houston, TX 77036								
8	PURPOSE OF EXPENDITURE	OF Contributions/Donations Made By								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/25/2024	American Legion Post 942								
	Amount (\$) \$250.00									
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description 										
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/04/2024	Avenida Brazil								
	Amount (\$) \$66.30	Payee address; City; State; Zip Code								
		12350 Southwest Frwy Stafford, TX 77477								
	PURPOSE OF EXPENDITURE		iside of Texas. Complete Schedule T. X, officeholder living expense - Meeting							
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 5/42 Rpt: 20/58	Becerra, J. Christian (The Honorable)	00083701							
4	Date 10/04/2024	Payee name Avenida Brazil								
6	Amount (\$) \$29.98	\$29.98 7 Payee address; City; State; Zip Code TX								
8 PURPOSE 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 Political Event - Meeting										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/03/2024	Baker Fundraiser								
	Amount (\$) \$211.23	Payee address; City; State; Zip Code								
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	outside of Texas. Complete Schedule T. n, TX, officeholder living expense efit Bryan Baker							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/01/2024	Becerra, Alyssa								
	Amount (\$) \$300.00	Payee address; City; State; Zip Code								
		ТХ								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schodula E1:		3 Filer ID (Ethics Commission Filers)							
1	Total pages Schedule F1: Sch: 6/42 Rpt: 21/58	Becerra, J. Christian (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083701							
4	Date	5 Payee name								
	07/27/2024	Becerra, Lacy								
6	Amount (\$) \$250.00									
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE (b) Category (see Categories listed at the top of this schedule) (b) Description OF Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food Donations - Back To School									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/21/2024	Behind The Badge Charities								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,500.00	202 Century Square Blvd Sugar Land, TX 77478								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/11/2024	Blockhouse Coffee								
	Amount (\$) \$8.22	Payee address; City; State; Zip Code 611 Jackson St Ste C								
		Richmond, TX 77469								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense D							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B 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: 7/42 Rpt: 22/58		Becerra, J. Christian (The Honorable)				00083701		
4	Date 12/31/2024		Payee name Blockhouse Coffee						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
Ū	\$7.22		611 Jackson St Ste C	2.0 000					
			Richmond, TX 77469						
8 PURPOSE 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 Political Expenditure - Meeting 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name O	ffice souç	ht		Office held		
	Date		Payee name						
	10/08/2024		Blockhouse Coffee						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$16.18		611 Jackson St Ste C Richmond, TX 77469						
PURPOSE 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 Political Meeting 						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ht		Office held		
	Date		Payee name						
	12/02/2024		Boy Scout						
	Amount (\$) \$33.54		Payee address; City; State; Zip Code 4650 Cardinal Dr						
			Beaumont, TX 77705						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Commi	,			de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name O	ffice soug	ht		Office held		

	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 F	LER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 8/42 Rpt: 23/58		ecerra, J. Christian (The	Honorable)				00083701	
4	Date	5 P	ayee name				1		
	09/06/2024		ervates, Rosemary						
6	Amount (\$) \$130.00	7 Payee address; City; State; Zip Code TX							
8	PURPOSE	(a) C	ategory (See Categories listed at	the top of this sche	edule)	b) Description			
	OF EXPENDITURE	Contributions/Donations Made Ry						officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office held	
	Date	Pa	ayee name						
	08/28/2024	hild Advocates of Fort Be	nd						
Amount (\$) Payee address; City; State; Zip Code									
	\$500.00	R	403 Avenue N osenberg, TX 77471						
	PURPOSE OF EXPENDITURE	С	ategory (See Categories listed at ontributions/Donations M andidate/Officeholder/Pol	ade By				de of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office held	
	Date	P	ayee name						
	11/25/2024	С	onde, Emily						
	Amount (\$) Payee address; City; State; Zip Code \$440.00 \$440.00								
		T.	X						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at ood/Beverage Expense	the top of this sch	edule)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense Tamales to Friends of North	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 9/42 Rpt: 24/58		Becerra, J. Christian (The Honorable)				00083701		
4	Date	5	Payee name						
	08/19/2024		Crave Cookies						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$30.08		4836 Waterview Town Center Dr 400						
			Richmond, TX 77407						
8	PURPOSE	<u> </u>			(b) Description				
ľ	OF		Category (See Categories listed at the top of this sche Contributions/Donations Made By	edule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Candidate/Officeholder/Political Comm	ittee			, officeholder living expense		
					Donation - B	ack	to School		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held		
	Date		Payee name						
	07/02/2024		Dibrell & Associates						
	Amount (\$)	<u> </u>	Payee address; City; State;	Zip Co	10				
	\$1,445.00		4203 Glade Shadow Ct	Zip Co					
	φ1,445.00		4203 Glade Shadow Cl						
			Katy, TX 77494						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Consulting Expense				ide of Texas. Complete Schedule T.		
						Check if Austin, TX, officeholder living expense			
					Consultant	ee			
			Candidate/Officeholder name C		- la 4				
	Complete ONLY if direct expenditure to benefit C/OF			Office sou	JIIL		Office held		
	Date		Payee name						
	09/30/2024		Edison Arts Foundation						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$100.00		1959 Texas Pkwy	p 00					
	+=00.00								
			Missouri City , TX 77489						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.		
	EXPENDITORE		Candidate/Officeholder/Political Comm	ittee		n, TX,	, officeholder living expense		
					Donation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Iht		Office held		
	openditure to benefit C/OI								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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				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: 10/42 Rpt: 25/58		Becerra, J. Christian (The Honorable)				00083701		
4	Date	5	Payee name			I			
	12/04/2024		Edward Ministerial Association						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$200.00		PO BOX 151768						
			Austin, TX 78715-1768						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.		
	_/		Candidate/Officeholder/Political Commi	ittee			, officeholder living expense		
					Donation - C	nns	sinas		
9	Complete ONLY if direct		Candidate/Officeholder name O	office soug	ht		Office held		
9	expenditure to benefit C/OI			nice sou	n t		Onice held		
	Date		Payee name						
	12/02/2024		Elkins High School						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$107.00		7007 Knights Court	·					
			Missouri City , TX 77459						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.		
			Candidate/Officeholder/Political Commi	ittee	Check if Austin, TX, officeholder living expense Donation Elkins HS Girls Soccer				
					Donation Lik	1115			
-	Complete ONLY if direct		Candidate/Officeholder name O	office soug	ht		Office held		
	expenditure to benefit C/OI			1100 000					
-	Date		Payee name						
	09/11/2024		Enrich Gymnastics						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$1,000.00		1661 Blaisdale Rd	·					
			Richmond , TX 77406						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.		
			Candidate/Officeholder/Political Commi	ittee		і, ТХ	, officeholder living expense		
					Donation				
	Complete ONIL V if direct	Ľ	Candidate/Officeholder name	office cours	bt		Office hold		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	li it		Office held		

	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: 11/42 Rpt: 26/58		Becerra, J. Christian (The Honorable)				00083701		
4	Date	5	Payee name						
	07/03/2024		Ever Ready Lodge 506						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$59.00		429 West St						
			Rosenberg, TX 77471						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Contributions/Donations Made By	,		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE		Candidate/Officeholder/Political Commi	ittee		I, TX	, officeholder living expense		
					Donation				
					-				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	lht		Office held		
_	Date	<u> </u>	Payee name						
	08/12/2024		Ever Ready Lodge 506						
				7:0 000					
	Amount (\$)			Zip Coo	ie				
\$1,500.00 429 West St									
			Rosenberg, TX 77471						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.		
			Candidate/Officeholder/Political Commi	ittee	Donation	I, IX,	, officeholder living expense		
					Donation				
_	Complete ONLY if direct		Candidate/Officeholder name O	office soug	ıht		Office held		
	expenditure to benefit C/OI			1100 000					
	Date		Payee name						
	10/16/2024		Ever Ready Lodge 506						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$60.00		429 West St						
			Rosenberg, TX 77471						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Contributions/Donations Made By	ŕ	Check if travel	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE		Candidate/Officeholder/Political Commi	ittee		I, TX	, officeholder living expense		
					Donation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	lht		Office held		

	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:	· · · · · · · · · · · · · · · · · · ·	Filer ID (Ethics Commission Filers)						
-	Sch: 12/42 Rpt: 27/58	Becerra, J. Christian (The Honorable)	00083701						
4	Date 09/14/2024	5 Payee name Exchange Club of Fort Bend							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$250.00	4800 Sugar Grove Blvd. Sugar Land, TX 77477							
8	PURPOSE	-							
	OF	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/14/2024	Expose Excellence Youth Foundation							
-	Amount (\$)	Payee address; City; State; Zip Code							
	\$725.39	4203 Glenshadow Ct. Katy, TX 77494							
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. K, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/25/2024	Extra Space 1945							
	Amount (\$) \$159.00	Payee address; City; State; Zip Code 7940 W Grand Parkway							
		Richmond, TX 77406							
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. K, officeholder living expense IS						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 13/42 Rpt: 28/58		Becerra, J. Christian (The Honorable)				00083701			
4	Date 08/29/2024	5	Payee name Extra Space 1945							
6	Amount (\$) \$159.00	7	 Payee address; City; State; Zip Code 7940 W Grand Parkway Richmond, TX 77406 							
8	PURPOSE OF EXPENDITURE	OF Advertising Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	09/26/2024		Extra Space 1945							
	Amount (\$) \$129.40		Payee address; City; State; 7940 W Grand Parkway	Zip Co	ode					
			Richmond, TX 77406							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Advertising Expense	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense S			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	11/25/2024		Extra Space 1945							
	Amount (\$) \$129.40		Payee address; City; State; 7940 W Grand Parkway	Zip Co	ode					
			Richmond, TX 77406							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Advertising Expense	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			

	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: 14/42 Rpt: 29/58	Becerra, J. Christian (The Honorable)	00083701						
4	Date 12/26/2024	5 Payee name Extra Space 1945							
6	Amount (\$) \$129.40	 Payee address; City; State; Zip Code 7940 W Grand Parkway Richmond, TX 77406 							
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/28/2024	Extra Space 1945							
	Amount (\$) \$129.40	Payee address; City; State; Zip Code 7940 W Grand Parkway							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/04/2024	Families Helping Families							
	Amount (\$) \$515.38	Payee address; City; State; Zip Code 17322 Kinivile Crossing							
		Rosenberg, TX 77407							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 15/42 Rpt: 30/58		Becerra, J. Christian (The Honorable)				00083701		
4	Date 08/12/2024	5	Payee name Fort Bend County Pride						
6	Amount (\$) \$20.00	7	Payee address; City; State; TX	Zip Co	de				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Commi			, TX,	de of Texas. Complete Schedule T. officeholder living expense - estival		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held		
	Date		Payee name						
	08/08/2024		Fort Bend County Pride						
	Amount (\$) \$500.00		Payee address; City; State;	Zip Coo	de				
			ТХ						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Commi				de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ght		Office held		
	Date	Γ	Payee name						
	10/30/2024		Fort Bend Family Promise						
	Amount (\$) \$1,500.00		Payee address; City; State; 4645 Cartwright Road	Zip Co	de				
			Missouri City , TX 77459						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Commi				de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held		

		EXPENDITURE CATEGORIES FOR BOX 8(a)	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursen Fees Office Overhead/Rental Expen Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form	se Transportation Equipment & Related Expense Travel in District Travel Out of District r OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)							
	Sch: 16/42 Rpt: 31/58	Becerra, J. Christian (The Honorable)	00083701							
4	Date 09/09/2024	Payee name Foster High School								
6	Amount (\$) \$100.00	Payee address; City; State; Zip Code 4400 Farm to Market Rd 723 Richmond , TX 77406 TX 77406								
8	PURPOSE OF EXPENDITURE	OF Contributions/Donations Made By								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/09/2024	Gonzalez, Cynthia								
	Amount (\$) \$100.00	Payee address; City; State; Zip Code								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/30/2024	Griffin, Jacquelyn								
	Amount (\$) \$50.00	Payee address; City; State; Zip Code								
		TX								
	PURPOSE OF EXPENDITURE		ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Expen Sift/Awards/Memorials Legal Services The Instruction Gi	Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
1	Total pages Cabadula F1	1		The instruction of			iipic	te this form.	2	Filer ID	(Ethios Commission Filors)
1	Total pages Schedule F1: Sch: 17/42 Rpt: 32/58			Christian (The	Honorable)					Filer ID 00083701	(Ethics Commission Filers)
4	Date	5	Payee name						•		
	09/24/2024		H-E-B								
6	Amount (\$) \$21.06		Payee addres 10161 W Gra Richmond, T	and Parkway	State;	; Zip Co	de				
8	PURPOSE	(a)	Category (Ser	e Categories listed at t	the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Food/Bevera			euue	. ,	Check if travel	, TX,	de of Texas. Comp officeholder living iture Food	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	C	Office sou	ght			Office he	ld
	Date		Payee name								
	11/04/2024		H-E-B								
	Amount (\$)		Payee addres	s; City;	State;	; Zip Co	de				
	\$29.98		10161 W Gra Richmond, T	and Parkway X 77407							
	PURPOSE OF EXPENDITURE		Category (See Advertising E	e Categories listed at t Expense	he top of this sch	edule)	(b)			de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	C	Office sou	ght			Office he	ld
	Date		Payee name		-	_				-	
	11/07/2024		H-E-B								
	Amount (\$) \$45.58		Payee addres 10161 W Gra	s; City; and Parkway	State;	; Zip Co	de				
			Richmond, T	X 77407							
	PURPOSE OF EXPENDITURE		Category _{(See} Advertising E	e Categories listed at t Expense	the top of this sch	edule)	(b)			de of Texas. Comp officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	С	Dffice sou	ght			Office he	ld

			EXPENDITURE CATEGOR	RIES FOF	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 18/42 Rpt: 33/58		Becerra, J. Christian (The Honorable)				00083701
4	Date 11/18/2024	5	Payee name H-E-B				
6	Amount (\$) \$31.02	7	Payee address; City; State; 10161 W Grand Parkway Richmond, TX 77407	Zip Co	de		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Advertising Expense	edule)			de of Texas. Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	yht		Office held
	Date		Payee name				
	11/20/2024		H-E-B				
	Amount (\$) \$32.92		Payee address; City; State; 10161 W Grand Parkway	Zip Co	de		
			Richmond, TX 77407				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Event Expense	edule)			de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	12/11/2024		H-E-B				
	Amount (\$) \$16.98		Payee address; City; State; 10161 W Grand Parkway	Zip Co	de		
			Richmond, TX 77407				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Event Expense	edule)			de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explair	Office Ov Polling E Printing E Salaries/	verhead xpense Expense Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 19/42 Rpt: 34/58		Becerra, J. Christian (The Honorable	e)				00083701	
4	Date 12/21/2024		Payee name H-E-B						
6	Amount (\$) \$39.94		Payee address; City; Sta 10161 W Grand Parkway Richmond, TX 77407	te; Zip C	ode				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Food/Beverage Expense	chedule)	(b)		ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ught			Office held	
	Date		Payee name						
	12/05/2024		Hall, Pastor						
	Amount (\$) \$150.00		Payee address; City; Sta	te; Zip C	ode				
			ТХ						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Contributions/Donations Made By Candidate/Officeholder/Political Com		(b)		ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Church	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ught			Office held	
	Date		Payee name						
	12/16/2024		Hilton Houston Post Oak						
	Amount (\$) \$25.00		Payee address; City; Sta 2001 Post Oak Blvd	te; Zip C	ode				
			Houston , TX 77056						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Event Expense	schedule)	(b)			ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ught			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exp Gift/Awards/Memori Legal Services The Instruction	als Expense	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	9
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission File	ers)
	Sch: 20/42 Rpt: 35/58		Becerra, J. Christian (The	e Honorable)				00083701	,
4	Date	5	Payee name						
	12/09/2024		Hilton Houston Post Oak						
6	Amount (\$)	7	Payee address; City;	State;	Zip Cod	9			
	\$25.00		2001 Post Oak Blvd						
			Houston , TX 77056						
8	PURPOSE	(a)	Category (See Categories listed a	at the top of this sch	edule) (I	b) Description			
	OF EXPENDITURE		Event Expense		,		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITORE						I, TX,	, officeholder living expense	
						Parking			
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sougl	nt		Office held	
	Date		Payee name						
	10/07/2024		Hispanics Offering People	e Education					
	Amount (\$)		Payee address; City;		Zip Cod				
	\$300.00		PO BOX 2011	Otato,	2.10 000	5			
			Richmond, TX 77406						
	PURPOSE	(a)	Category (See Categories listed a	at the top of this sche	edule) (I	Description			
	OF EXPENDITURE		Contributions/Donations					ide of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Committee Donation						
						Donation			
	Complete ONLY if direct		andidate/Officeholder name		Office sough	at		Office held	
	expenditure to benefit C/OI				Since Sougi	n.		Onice neid	
	Date		Payee name						
	10/10/2024		Historic Richmond Associ	ation					
	Amount (\$)		Payee address; City;	State;	Zip Cod	e			
	\$25.00								
			ТХ						
-	PURPOSE	(a)	Category (See Categories listed a	at the ton of this sch	edule) () Description			
	OF		Contributions/Donations		cuule)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Candidate/Officeholder/P		ittee			, officeholder living expense	
						Membership	Co	ontribution	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	C	Office sougl	nt		Office held	

		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:		3 Filer ID (Ethics Commission Filers)							
-	Sch: 21/42 Rpt: 36/58	Becerra, J. Christian (The Honorable)	00083701							
4	Date	5 Payee name								
	11/21/2024	Houston Marathon 2025								
6	Amount (\$) \$100.00	Payee address; City; State; Zip Code								
	¢100000	ТХ								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/30/2024	I'll Have What She's Having								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$150.00	TX								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/18/2024	I'll Have What She's Having								
	Amount (\$) \$85.00	Payee address; City; State; Zip Code								
		тх								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Aw Imittee Legal S	everage Expense ards/Memorials Expense		Office Over Polling Exp Printing Exp Salaries/Wa	head ense pense ages/	e 'Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID (Ethics Commission Filers)
	Sch: 22/42 Rpt: 37/58		Becerra, J. Chris	ian (The Honor	able)					00083701
4	Date 12/08/2024		Payee name IAPAC							
6	Amount (\$) \$250.00		Payee address; TX	City;	State;	Zip Coo	le			
8	PURPOSE OF EXPENDITURE		Category _{(See Categ} Contributions/Do Candidate/Office	nations Made By	/		(b)			de of Texas. Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	ler name	Of	ffice soug	jht			Office held
	Date		Payee name							
	10/31/2024		JN Taylor							
	Amount (\$)		Payee address;	City;	State;	Zip Coo	le			
	\$40.00		3522 S Mason D Katy, TX 77450	rive						
	PURPOSE OF EXPENDITURE		Category _{(See Categ} Event Expense	ories listed at the top of	this sche	dule)				de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	ler name	Ot	ffice soug	jht			Office held
	Date		Payee name						_	
	12/06/2024		Johnson, Vera							
	Amount (\$) \$250.00		Payee address;	City;	State;	Zip Coo	le			
			ТХ							
	PURPOSE OF EXPENDITURE		Category _{(See Categ} Contributions/Do Candidate/Office	nations Made By	/	,			, TX,	de of Texas. Complete Schedule T. officeholder living expense N
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	ler name	Of	ffice soug	jht			Office held

			EXPENDITURE CATEGORI	ES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 23/42 Rpt: 38/58		Becerra, J. Christian (The Honorable)				00083701				
4	Date 07/05/2024	5	Payee name Katy Democrats								
6	Amount (\$) \$150.00	7	7 Payee address; City; State; Zip Code PO Box 6952 Katy, TX 77491								
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schede Contributions/Donations Made By Candidate/Officeholder/Political Committ				ide of Texas. Complete Schedule T. , officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Off	fice soug	ht		Office held				
	Date		Payee name								
	09/10/2024		KritzSits								
	Amount (\$) \$515.00			Zip Cod	e						
			Houston, TX 77005								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schede Event Expense	lule) (n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Off	fice soug	ht		Office held				
	Date		Payee name								
	08/01/2024		Literacy Council of Fort Bend County								
	Amount (\$) \$100.00		Payee address; City; State; 12530 Emily Ct	Zip Cod	e						
			Sugar Land, TX 77478	i							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schede Contributions/Donations Made By Candidate/Officeholder/Political Committ				ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name Off	fice soug	ht		Office held				

			EXPENDITURE	CATEGO	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Travel in District Travel Out of District OTHER (enter a category not listed a			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commis	sion Filers)		
	Sch: 24/42 Rpt: 39/58		Becerra, J. Christian (The H	onorable)				00083701	,		
4	Date 11/29/2024	5	Payee name Lucho								
6	Amount (\$)	7	7 Payee address; City; State; Zip Code								
	\$2,500.00		3637 W Alabama								
			Houston, TX 77027								
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T.			
	EXIENDITORE							, officeholder living expense			
						Wardrobe Ex	ф				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	Jht		Office held			
	Date		Payee name								
	12/02/2024		Lucho								
	Amount (\$)		Payee address; City;	State	; Zip Co	10					
	.,			Siale,	, zip co						
	\$2,912.50		3637 W Alabama								
			Houston, TX 77027								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Event Expense	top of this sch	nedule)			ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	jht		Office held			
	Date		Payee name								
	12/21/2024		Lunches of Love								
				Ctoto		40					
	Amount (\$) \$1,300.00		Payee address; City;	Siale,	; Zip Co	Je					
			тх								
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Contributions/Donations Mad	le By		Check if travel	outsi	ide of Texas. Complete Schedule T.			
	EAPENDITORE		Candidate/Officeholder/Politi	cal Comm	nittee	Check if Austir Donation	ι, ΤΧ,	, officeholder living expense			
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	aht		Office held			
	expenditure to benefit C/OI					, -					
_											

		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:		3 Filer ID (Ethics Commission Filers)
1	Sch: 25/42 Rpt: 40/58	Becerra, J. Christian (The Honorable)	00083701
4	Date 09/09/2024	5 Payee name Lupitas Bakery	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
0	\$105.23	2600 Avenue I Rosenberg, TX 77471	
_		-	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense It
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/11/2024	Maloof, Sandy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$175.00	ТХ	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense M
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/16/2024	Man 2 Man Let's Talk	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.00	5759 Rose Rock Canyon	
		Richmond, TX 77469	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	putside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Inmittee Legal Services The Instruction Guide ex	C P se P S	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			·	3	Filer ID (Ethics Commission Filers)				
-	Sch: 26/42 Rpt: 41/58	-	Becerra, J. Christian (The Hono	orable)				00083701				
4	Date	5	Payee name									
	11/09/2024		Man 2 Man Let's Talk									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$295.00		5759 Rose Rock Canyon									
			Richmond, TX 77469									
8	PURPOSE	(a)	Category (See Categories listed at the top of	of this schedu	_{ule)} (I	b) Description						
	OF EXPENDITURE		Contributions/Donations Made B					ide of Texas. Complete Schedule T.				
			Candidate/Officeholder/Political	Committe	tee		ι, TΧ,	, officeholder living expense				
						Donation						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offi	ice sougl	nt		Office held				
	Date		Payee name									
	11/23/2024		NAACP - Unit 6262									
	Amount (\$)	-	Payee address; City;	State:	Zip Code	2						
	\$100.00		PO Box 1053	State, 7		-						
	\$100.00		PO B0X 1035									
			Missouri City , TX 77459									
	PURPOSE	(a)	Category (See Categories listed at the top of	of this schedu	ule) (I) Description						
	OF EXPENDITURE		Contributions/Donations Made B	By				ide of Texas. Complete Schedule T.				
			Candidate/Officeholder/Political	Committe	tee			, officeholder living expense				
						Donation ML	ΚE	Breakfast Donation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offi	ice sough	nt		Office held				
	Date		Payee name									
	11/20/2024		NEED, Elvia									
	Amount (\$)		Payee address; City;	State; 2	Zip Code	e						
	\$100.00											
			ТХ									
-	PURPOSE	(a)	Category (See Categories listed at the top of	of this school	ule) (I) Description						
	OF	Ľ	Gift/Awards/Memorials Expense		uic)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE							, officeholder living expense				
						Gift/ Award E	хр					
	Complete ONLY if direct		Candidate/Officeholder name	Offi	ice sougl	nt		Office held				
	expenditure to benefit C/OI	Н										

		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: 27/42 Rpt: 42/58	Becerra, J. Christian (The Honorable)	00083701
4	Date	5 Payee name	
	11/04/2024	Network for Good	
6	Amount (\$) \$20.60	7 Payee address; City; State; Zip Code TX	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/07/2024	Our Lady of Guadalupe Church	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$270.00	1600 Ave D Rosenberg, TX 77471	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/11/2024	Papa John's	
	Amount (\$) \$250.22	Payee address; City; State; Zip Code 1301 FM 2218 RD	
		Richmond, TX 77469	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense ricane
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held

	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: 28/42 Rpt: 43/58	Becerra, J. Christian (The Honorable)	00083701							
4	Date 07/12/2024	5 Payee name Papa John's								
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 1301 FM 2218 RD Richmond, TX 77469								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense icane							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/12/2024	Papa John's								
	Amount (\$) \$330.00	Payee address; City; State; Zip Code 1301 FM 2218 RD								
		Richmond, TX 77469								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense icane							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/28/2024	Pearland Elite								
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 4407 Halik St								
		Pearland, TX 77581								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

		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: 29/42 Rpt: 44/58	Becerra, J. Christian (The Honorable)	00083701							
4	Date 10/28/2024	5 Payee name Perez, Pete								
6										
6	Amount (\$) \$60.00	 7 Payee address; City; State; Zip Code TX 								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Contributions/Donations Made By	outside of Texas. Complete Schedule T. TX, officeholder living expense Ipport							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/24/2024	Pier 36								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$45.00	1410 E Hwy 90A #200								
		Richmond, TX 77406								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Olitical Meeting							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/24/2024	Rupani Foundation								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$250.00	8303 Southwest Frwy								
		Houston , TX 77074								
	PURPOSE OF EXPENDITURE		butside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	aymer erhead pense xpens Vages	nt/Reimbursement d/Rental Expense e e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 30/42 Rpt: 45/58		Becerra, J. Christian (The Honorable)					00083701		
4	Date 07/01/2024	5	Payee name Safari Texas							
6	Amount (\$) \$90.00		Payee address; City; State 11627 FM 1464 Richmond, TX 77407	; Zip Co	ode					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Event Expense	nedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name (Office sou	ight			Office held		
	Date		Payee name							
	07/15/2024		Safari Texas							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$3,957.53		11627 FM 1464 Richmond, TX 77407	·						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Event Expense	nedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense re		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name 0	Office sou	ight			Office held		
	Date		Payee name							
	12/02/2024		Saldua, Marty							
	Amount (\$) \$180.00		Payee address; City; State	; Zip Co	ode					
			ТХ							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Polling Expense	nedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ight			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Gift/Awar	rerage Expense ds/Memorials Expense	Office Ove Polling Ex Printing Ex Salaries/W	rhead/R pense pense /ages/Co	Reimbursement iental Expense potract Labor this form.		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 31/42 Rpt: 46/58		Becerra, J. Christi	an (The Honorable	e)				00083701	
4	Date 10/28/2024		Payee name Saldua, Marty							
6	Amount (\$) \$40.00		Payee address; TX	City; Stat	te; Zip Co	de				
8	PURPOSE OF EXPENDITURE		Category _{(See Catego} Polling Expense	ries listed at the top of this s	chedule)				le of Texas. Com officeholder living	plete Schedule T. I expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	er name	Office sou	ght			Office he	eld
	Date		Payee name							
	08/09/2024		Sam's Club							
	Amount (\$) \$405.64		· · ·	City; Stat	te; Zip Co	de				
		<u> </u>	ТХ							
	PURPOSE OF EXPENDITURE		Contributions/Don	ries listed at the top of this s ations Made By older/Political Com			_	TX, (officeholder living	plete Schedule T. I expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	er name	Office sou	ght			Office he	eld
	Date		Payee name							
	09/09/2024		Sam's Club							
	Amount (\$) \$58.70		Payee address;	City; Stat	te; Zip Co	de				
		· ·	тх							
	PURPOSE OF EXPENDITURE		Category _{(See Catego} Event Expense	ries listed at the top of this s	schedule)		_	TX,	le of Texas. Com officeholder living	plete Schedule T. expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	er name	Office sou	ght			Office he	eld

				EXPENDIT	URE CATEGOR	RIES FOR	BC	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Exp Gift/Awards/Memor Legal Services	rials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	rheac pense pens ages	e /Contract Labor		Travel in District Travel Out of Dist	quipment & Related	
1	Total pages Schodula E1:	12	The Instruction Guide explains how to complete this form.						5	Filer ID	(Ethics Commis	cion Eilare)
T	Total pages Schedule F1:											SIUTI File(S)
	Sch: 32/42 Rpt: 47/58	<u> </u>	Becena, J.	J. Christian (The Honorable)						00083701		
4	Date 09/26/2024		Payee name Sam's Club									
6	Amount (\$) \$24.15		Payee addres	ss; City;	State;	e; Zip Coo	Je					
8	PURPOSE	(a)	Category (St		d at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Contribution	ns/Donations			_	Check if travel		de of Texas. Comp officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi	ceholder name	; C	Office soug	jht			Office he	ld	
	Date		Payee name									
	09/13/2024		Samsung									
	Amount (\$)	┢	Payee addres	ss; City;	State	; Zip Coo	de					
	\$706.55			ersity Blvd Su		, —, _F						
			Sugar Land	, TX 77479								
	PURPOSE OF EXPENDITURE		Category _{(Se} Advertising		l at the top of this sch	iedule)	(b)			de of Texas. Comp officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi	ceholder name	, (Office soug	jht			Office he	ld	
	Date	Γ	Payee name									
	09/14/2024		Samsung									
	Amount (\$)	\vdash	Payee addres	ss; City;	State	; Zip Coo	de					
	\$228.65		2	ersity Bld Sui								
			Sugar Land									
	PURPOSE OF EXPENDITURE		Category _{(Se} Advertising		d at the top of this sch	iedule)	(b)		, TX,	de of Texas. Comp officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi	ceholder name	, C	Office soug	jht			Office he	ld	_

	EXPENDITURE CATEGORIES							RIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memor Legal Services The Instruction		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense (ages/	Contract Labor		Transportation E Travel in District Travel Out of Dis			
1	Total pages Schedule F1:	2			Culue on and	100.10 - 2	iller -		3	Filer ID	(Ethics Commission Filer	re)	
-	Sch: 33/42 Rpt: 48/58	<u> </u>		erra, J. Christian (The Honorable)					3	00083701		5)	
4	Date	5	Payee name										
	09/26/2024		Samsung										
6	Amount (\$)	7	Payee addre		-	; Zip Co	de						
	\$706.55		13540 Univ	ersity Bld Sui	te 700								
			Sugar Lanc	I, TX 77479									
8	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	nedule)	(b)	Description					
	OF		Advertising			icuaic)			outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		5	•			ĺ	Check if Austin	, TX,	officeholder living	g expense		
								Communicati	on				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	(Office sou	ght			Office he	eld		
	Date		Payee name										
	09/30/2024		Samsung										
	Amount (\$)	-	Payee addre	ss; City;	State	; Zip Co	de						
	\$285.81			ersity Bld Sui		, <u>Lip</u> 00							
	φ200.01		10040 01110										
			Sugar Lanc	I, TX 77479									
	PURPOSE OF EXPENDITURE	(a)	Category _{(S} Advertising		at the top of this sch	nedule)			, тх,	de of Texas. Com officeholder livinç	plete Schedule T. g expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name		Office sou	ght			Office he	eld		
	Date		Payee name										
	07/16/2024		,	ee's Restaura	ant								
	Amount (\$)		Payee addre			; Zip Co	de						
	\$120.44		314 Morton	-	oluie,	, 20 00	uc						
	φ120.44			51									
			Richmond,	TX 77469									
	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Food/Bever	age Expense	!						plete Schedule T.		
										officeholder living	g expense		
								Food Expend	ntur	e			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	e C	Office sou	ght			Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				vent Expense ees ood/Beverage Expe ift/Awards/Memoria egal Services The Instruction (ls Expense	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: 34/42 Rpt: 49/58			hristian (The	e Honorable)				00083701	
4	Date 12/21/2024		Payee name Shipley							
6	Amount (\$) \$73.57		Payee address 10815 West Richmond, T	Grand Pkwy S		; Zip Coc	e			
8	PURPOSE 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 Political Event 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	C	Office soug	ht		Office held	
	Date		Payee name							
	09/23/2024		Soliz Casa de Taco							
	Amount (\$) \$350.12		Payee address 303 Dulles A	-	State;	; Zip Coc	e			
			Stafford , TX							
	PURPOSE 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 Check if Austin, TX, officeholder living expense Food Exp Political Event 					, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H						Office held		
	Date		Payee name	-						
	08/26/2024		Space Cowb	oy - Constella	ation					
	Amount (\$) \$236.35		Payee address 1 Stadium Di		State;	; Zip Coc	e			
			Sugar Land,	TX 77498						
	PURPOSE OF EXPENDITURE		Contributions	Categories listed a s/Donations M fficeholder/Pc	lade By	,	Check if Austin	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ets Back to School	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offic	eholder name	C	Office soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 35/42 Rpt: 50/58		Becerra, J. Christian (The Honorable) 00083701						
4	Date 08/26/2024	5	Payee name Space Cowboy - Constellation						
6	Amount (\$) \$10.00	7	Payee address; City; State; Zip Code 1 Stadium Dr. Sugar Land, TX 77498						
8	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						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name Office sought Office held						
	Date		Payee name						
	12/02/2024		Stafford MSD						
	Amount (\$)		Payee address; City; State; Zip Code						
	\$300.00		1625 Staffordshire Rd Stafford, TX 77477						
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date		Payee name						
	09/23/2024		Starbucks Coffee						
	Amount (\$) \$43.30		Payee address; City; State; Zip Code 28421 Southwest Frwy						
			Rosenberg, TX 77469						
	PURPOSE 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 Political Expense - Beverage						
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name Office sought Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	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: 36/42 Rpt: 51/58		Becerra, J. Christian (The Honora	ıble)				00083701		
4	Date 10/04/2024		Payee name Starbucks Coffee							
6	Amount (\$) \$7.87		Payee address; City; S 28421 Southwest Frwy Rosenberg, TX 77469	State;	Zip Co	le				
8	PURPOSE 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 Political Expense - Meeting 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	fice sou	ht		Office held		
	Date		Payee name							
	07/31/2024		Stripe							
	Amount (\$)		Payee address; City; S	State;	Zip Co	le				
	\$1,050.88		510 Townsend St San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of the Fees	his sched	dule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						Office held		
	Date		Payee name							
	09/30/2024		Stripe							
	Amount (\$) \$2.88		Payee address; City; S	State;	Zip Co	le				
			ТХ							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of the Fees	his sched	dule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	fice sou	ht		Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbur Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract L The Instruction Guide explains how to complete this for	Kpense Transportation Equipment & Related Expense Travel in District Travel Out of District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 37/42 Rpt: 52/58	Becerra, J. Christian (The Honorable)	00083701					
4	Date	Payee name						
	09/24/2024	Sweeties Food Fair						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$13.01	1914 E 1st St						
		Hughes Springs, TX 75656						
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descrip	tion					
	OF EXPENDITURE		k if travel outside of Texas. Complete Schedule T.					
		Food E	k if Austin, TX, officeholder living expense					
			-^μ					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/11/2024	Target						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$62.74	323912 Commercial Dr						
	+0							
		Rosenberg, TX 77471						
	PURPOSE OF	Category (See Categories listed at the top of this schedule)						
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee						
			ase Toys for Donation					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H						
	Date	Payee name						
	11/20/2024	Thankful Ones						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$265.05	2006 Pecan Forest Ct						
		Richmond, TX 77406						
	PURPOSE OF) Category (See Categories listed at the top of this schedule) (b) Descrip						
	EXPENDITURE		k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense					
		Donati						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)						
-	Sch: 38/42 Rpt: 53/58	Becerra, J. Christian (The Honorable)	00083701						
4	Date 07/01/2024	Payee name The Caucus							
6	Amount (\$) \$40.00	 Payee address; City; State; Zip Code 401 Branard, Rm 100A Houston, TX 77006 							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/16/2024	The Roof							
	Amount (\$) \$65.29	Payee address;City;State;Zip Code1531 Hwy 6 #300							
		Sugar Land, TX 77478							
	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 Political Event Exp 							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H							
	Date	Payee name							
	09/06/2024	The Rouxpour							
	Amount (\$) \$133.80	Payee address; City; State; Zip Code 2298 Texas Dr							
		Sugar Land, TX 77479							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overh Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	ead/Rental Expense Ise nse es/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	· · · · ·		Filer ID (Ethics Commission Filers)						
_	Sch: 39/42 Rpt: 54/58	Becerra, J. Christian (The Honorable)		00083701						
4	Date 11/09/2024	Payee name The Table For Bend								
6	Amount (\$) \$515.24	Payee address; City; State; Zip Code 306 Morton Street Richmond, TX 77469								
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	ns/Donations Made By							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	t	Office held						
	Date	Payee name								
	09/13/2024	Thomas, Felicia								
	Amount (\$) \$200.00	Payee address; City; State; Zip Code								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (IPOIIIng Expense	de of Texas. Complete Schedule T. officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	t	Office held						
	Date	Payee name								
	12/14/2024	Thomas, Felicia Jane								
	Amount (\$) \$250.00	Payee address; City; State; Zip Code								
		тх								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (It Contributions/Donations Made By Candidate/Officeholder/Political Committee		e of Texas. Complete Schedule T. Jfficeholder living expense N						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	t	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)													
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mittee	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							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 F	-ILER NAME							3	Filer ID	(E	Ethics Commission Filers)
1	Sch: 40/42 Rpt: 55/58		Becerra, J. (Christian	(The Hond	orable)					00083701	(-	,
4	Date	5 F	Payee name										
	11/01/2024	1	Forres, Jess	е									
6	Amount (\$)	7 F	Payee addres	s; Cit	/;	State;	Zip Co	de					
	\$1,916.27		405 San Jos	e									
		,	Richmond, 1	X 77406									
_	BUBBOCE							(1-)					
8	PURPOSE OF		Category _{(Se}		listed at the top	of this sche	edule)	(D)	Description	outoi	do of Toylog, Cor	mplot	
	EXPENDITURE	′	Advertising	zpense							de of Texas. Cor officeholder livin		
									Sign Placeme				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Offic	eholder n	ame	C) Office sou	ght			Office h	neld	
	Date	F	Payee name										
	09/12/2024		Frough Juic	ę									
						Chata	710 000						
	Amount (\$)		Payee addres		/ ;	State;	Zip Co	le					
	\$36.04		107 S 3rd S	reet									
		F	Richmond, 1	-x									
	PURPOSE OF EXPENDITURE		Category _{(Se} Food/Bevera			of this sche	edule)			, тх,	de of Texas. Cor officeholder livin		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H						Office held					
	Date	F	Payee name										
	09/16/2024		JPS										
-	Amount (\$)		Payee addres	s; Cit	<i>r</i>	State.	Zip Co	he					
	\$55.00		2429 Bissor		γ,	State,		Je					
	\$55.00	⁴	2429 015501	net St									
		+	Houston , T	K 77005									
	PURPOSE	(a) (Category (Se	e Categories	listed at the ton	of this sch	edule)	(b)	Description				
	OF		Advertising				,	-		outsi	de of Texas. Cor	mplet	e Schedule T.
	EXPENDITURE								Check if Austin Shipping	, TX,	officeholder livin	ng exp	bense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Offic	eholder n	ame	C	Office sou	ght			Office h	neld	

	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: 41/42 Rpt: 56/58	Becerra, J. Christian (The Honorable)	00083701						
4	Date 12/09/2024	5 Payee name Vaughn, Lesley							
6	Amount (\$)								
6	\$250.00	7 Payee address; City; State; Zip Code TX							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	utside of Texas. Complete Schedule T. TX, officeholder living expense mation							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/01/2024	Villalobos Custom Boot							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$102.84	2395 Highway 6 Ste G Houston, TX 77077							
	PURPOSE								
	OF		utside of Texas. Complete Schedule T. TX, officeholder living expense liture						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	10/15/2024	Wang, Antony							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$250.00	2822 Oakland Dr.							
		Richmond, TX 77469							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	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:	· · · · · · · · · · · · · · · · · · ·	B Filer ID (Ethics Commission Filers)							
-	Sch: 42/42 Rpt: 57/58	Becerra, J. Christian (The Honorable)	00083701							
4	Date 10/10/2024	5 Payee name Westco Donut								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
J	\$46.53	8710 Harlem Rd Richmomd, TX 77407								
Ļ										
8	PURPOSE 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 Political Meeting 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/20/2024	Witt Pitt								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$481.71	2516 1st Street Rosenberg, TX 77469								
_	PURPOSE	-								
	OF	Food/Beverage Expense	tside of Texas. Complete Schedule T. "X, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H								
	Date	Payee name								
	10/02/2024	Xfinity								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$75.72	10223 Grand Pkwy Ste 103								
		Richmond, TX 77407								
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. 'X, officeholder living expense N							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.	1	1 Total pages Schedule K: Sch: 1/1 Rpt: 58/58				
2	FILER NAME			3	Filer I	D (Ethics Commission File	ers)		
	Becerra, J. C	Chri	istian (The Honorable)		0008	3701			
4	Date 07/03/2024	5	Name of person from whom amount is received DSW			8 Amount (\$) \$	46.54		
		6	Address of person from whom amount is received; City; State; Zip Code						
		7	Houston, TX Purpose for which amount is received Check if p	politi	cal con	tribution returned to filer			
	Date		Name of person from whom amount is received			Amount (\$)			
	07/02/2024		Macy's			\$	43.29		
			Address of person from whom amount is received; City; State; Zip Code						
			· · · · · · · · · · · · · · · · · · ·						
			Houston, TX						
			Purpose for which amount is received Check if p	ooliti	cal con	tribution returned to filer			
			Refund						
⊨	Date		Name of person from whom amount is received			Amount (\$)			
	09/25/2024		Samsung				35.20		
			Address of person from whom amount is received; City; State; Zip Code				00.20		
			Address of person from whom amount is received, City, State, Zip Code						
			Sugar Land, TX 77479						
		┢	Purpose for which amount is received Check if p	ooliti	cal cor	tribution returned to filer			
			Refund from Samsung for 9.13.24 / 9.16.24						