FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00083701 42 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable J. Christian NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Chrisitan Becerra CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Dr. William Troy NAME NICKNAME LAST **SUFFIX** Rodriguez **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 494-9191 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE

GO TO PAGE 2

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District Judge District 434 Fort Bend

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 42

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 expend These expenditures may have been made withou d officeholders are required to report this informati	t the candidate's or office	holder's knowledge or
Additional Pages				
ш	GENERAL			
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER TH, ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 28,722.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	\$ 38,512.57			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	LAST DAY OF THE	\$ 16,752.80	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required to	
		The Hono	able J. Christian Bece	erra
		Signature	of Candidate or Officehol	der
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE		
Sworn to and subsc	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of officer	administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				, v =	3 of 42
l	ER NAN cerra, J	ME I. Christian (The Honorable)	19 Filer ID 00083701	(Ethics	Commission Filers)
l		E SUBTOTALS SCHEDULE		SU	JBTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	28,722.00
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	6	\$	38,512.57
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	260.64

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/5 Rpt: 4/42
2	FILER NAME Becerra, J. (J. Christian (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083701
4	Date 06/24/2025 5 Full name of contributor out-of-state PAC (ID#: Amaro Law Firm 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$5,000.00	
		Houston, TX 77008		1		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date 05/20/2025	Full name of contributor Amini, Alex Contributor address; City;	out-of-state PAC (ID#:			Amount of Contribution (\$) \$5,000.00
		Sugar Land, TX 77496		_		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Amini Law F	employer/law firm		Law firm of contributor's sp	ous	se (II arry)
H		s a child, law firm of parent(s) (i	f any)			
		, , , ,	•			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	O5/14/2025 Gamez, Nataliya Contributor address; City; State; Zip Code				\$300.00	
		Houston, TX 77002				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Gamez Med If contributor i	iation s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 2/5 Rpt: 5/42
2	FILER NAME				Filer ID (Ethics Commission Filers)	
4	Date	cerra, J. Christian (The Honorable) e			 -	00083701 Amount of Contribution (\$)
-	06/18/2025				\$300.00	
		Houston, TX 77002				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's Gamez Med	employer/law firm iation		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	any)			
		, ,,,	,			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/29/2025	George, Eunice Contributor address; City; 9	State: Zin Code			\$100.00
	Contributorio	Meadows Place , TX 774	477	Constributed a Joh Title		
	N/A	Principal Occupation		Contributor's Job Title N/A		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	06/03/2025	Hubenak , Elizabeth				\$122.00
		Contributor address; City; \$	State; Zip Code			
		Albuquerque, NM 87123				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	N/A			N/A		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL CONTRIBU	UTIC	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete	this f	orm.	1	Total pages Schedule A(J)1: Sch: 3/5 Rpt: 6/42
2	FILER NAME Becerra, J. 0	LER NAME ecerra, J. Christian (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083701
4	Date 06/28/2025	8/2025 Huff, James 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$100.00
_	0	Richmond, TX 77406		O Caralle And Title		
8	N/A	Principal Occupation		Contributor's Job Title N/A		
40		and a configuration of the con				of the same
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	e (if any)
12	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PA	AC (ID#:_)		Amount of Contribution (\$)
	06/28/2025 Iwinski, Thomas Contributor address; City; State; Zip Code					\$1,000.00
	Contributorio	Rosenberg, TX 77471		Contributor's Job Title		
	Engineer	Principal Occupation		Engineer		
						or (if one)
	Contributors	employer/law firm		Law firm of contributor's sp	ous	e (II any)
	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PA	AC (ID#:_)		Amount of Contribution (\$)
	06/03/2025	Juanita Jean Political Action Committee				\$1,000.00
Contributor address; City; State; Zip Code Richmond, TX 77406			•			
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor i	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CONTRIE	3UTIO)NS		SCHEDULE	A(J)1
	The Instru	ction Guide explains how to complet	te this f	orm.	1	Total pages Schedule A(J) Sch: 4/5 Rpt: 7/42)1:
2	FILER NAME Becerra, J. C	erra, J. Christian (The Honorable)				Filer ID (Ethics Commiss 00083701	sion Filers)
4	Date 06/28/2025			7	Amount of Contribution (\$)	\$200.00	
		Richmond , TX 77469		.			
8	Contributor's F	Principal Occupation		9 Contributor's Job Title			
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)	
12	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-state	PAC (ID#:_)	\overline{T}	Amount of Contribution (\$))
	06/28/2025 Law Office of Misbah Chaudhry Contributor address; City; State; Zip Code					\$500.00	
L		Katy , TX 77079			L		
	Contributor's F	Principal Occupation		Contributor's Job Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-state	PAC (ID#:_)	Ī	Amount of Contribution (\$))
	06/28/2025	Morales, Maria					\$100.00
	Contributor address; City; State; Zip Code Missouri City , TX 77459						
		Principal Occupation		Contributor's Job Title			
	N/A			N/A			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)					

MONET	TARY POLITICAL CONTRIBUTION	ONS	;	SCHEDULE A(J)1
The Instru	action Guide explains how to complete this	1 Total page Sch: 5/5 I	s Schedule A(J)1: Rpt: 8/42	
2 FILER NAME				Ethics Commission Filers)
	Becerra, J. Christian (The Honorable)			1
Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of	Contribution (\$)	
05/29/2025				\$15,000.00
	6 Contributor address; City; State; Zip Code Sugar Land , TX 77479			
8 Contributor's	Principal Occupation	9 Contributor's Job Title		
C Ontributor 5	Thiopal Cocapation	Continuation 3 dob Title		
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	ouse (if any)	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/33 Rpt: 9/42	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	02/11/2025	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	PO Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Dougo nama
	01/14/2025	Payee name
		Allen, Cynthia (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	
		TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Exp
		Campaign Exp
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Payee name
	02/04/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.53	410 Terry Avenue N
	Ψ39.33	410 Telly Avellue IV
		Coottle TV 00100
		Seattle , TX 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Exp
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

SCHEDULE F1

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

 Event Expense
 Loar

 Fees
 Offic

 Food/Beverage Expense
 Polli

 Gift/Awards/Memorials Expense
 Print

 Legal Septices
 Sala

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/33 Rpt: 10/42	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	02/10/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.99	410 Terry Avenue N
		Seattle , TX 98109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Exp
		Campaign Exp
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	02/24/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.21	410 Terry Avenue N
		Seattle , TX 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Compaign Evo
		Campaign Exp
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date	Payee name
	02/24/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.70	410 Terry Avenue N
		Seattle, TX 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Compaign Eva
		Campaign Exp
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/33 Rpt: 11/42	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	02/24/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.71	410 Terry Avenue N
		Seattle , TX 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
		Check if Austin, TX, officeholder living expense
		Campaign Exp
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	05/23/2025	American Caribbean Chamber Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	6201 Bonhomme Suite 214N
		Houston, TX 77036
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Scholarship Donation
		Scholarship Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
-	Data	Para and
	Date 01/23/2025	Payee name American Foundation for Suicide Prevention
	Amount (\$)	Payee address; City; State; Zip Code
	\$522.50	1045 Park Ave
		New York, TX 10028
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE F1

Advertising Expense Ever Accounting/Banking Fee: Consulting Expense Foor Contributions/ Donations Made By - Gift/

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		<u>_</u>
1	Total pages Schedule F1: Sch: 4/33 Rpt: 12/42	2 FILER NAME Becerra, J. Christian (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083701
4	Date	5 Payee name
	03/05/2025	Attack Poverty
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 1305 Clay St Rosenberg, TX 77469
8	PURPOSE	(a) Cotogony (b) Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Bright Lights Big Dreams
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/11/2025	Attack Poverty
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.00	1305 Clay St
		Rosenberg, TX 77469
	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
		Donations
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2025	Avalon Diner III
	Amount (\$)	Payee address; City; State; Zip Code
	\$135.93	12810 Southwest Freeway
		Stafford, TX 77477
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Exp
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica		Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Committee Legal Services Printing Expense Salaries/Wages/Contract Labor			Travel in District Travel Out of District OTHER (enter a category not listed above)					
	Credit Card Payment		The Instruction Guid	le explains how	to comple	ete this form.				
1	Total pages Schedule F1: Sch: 5/33 Rpt: 13/42		E Christian (The Ho	onorable)			3	Filer ID 00083701	(Ethics Commissi	on Filers)
4	Date	5 Payee name	<u> </u>							
	06/09/2025	Avalon Dir								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip	Code					
	\$33.00	12810 Sou	thwest Freeway							
		Stafford, T	X 77477							
8	PURPOSE OF EXPENDITURE		See Categories listed at the rage Expense	top of this schedule)	(b)	<u> </u>	ı, TX	ide of Texas. Com, officeholder living	nplete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office	sought			Office h	eld	
	Date	Payee name)							
	06/17/2025	Baked By	Becerra							
	Amount (\$) \$200.00	Payee addr	ess; City;	State; Zip	Code					
		Richmond	, TX 77469							
	PURPOSE OF EXPENDITURE		See Categories listed at the rage Expense	top of this schedule)	(b)	-		ide of Texas. Com, officeholder living	nplete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office	sought			Office h	eld	
	Date	Payee name	<u>,</u>							
	01/21/2025	Baker Fun	draiser							
	Amount (\$) \$4,250.00	Payee addr	ess; City;	State; Zip	Code					
		TX								
	PURPOSE OF EXPENDITURE	Contributio	See Categories listed at the ins/Donations Madioficeholder/Politic	е Ву		므	n, TX,	ide of Texas. Com, officeholder living	plete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office	sought			Office h	eld	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	Salaries/V	xpense Vages/Co	ontract Labor this form.	T	ravel in District ravel Out of Di DTHER (enter a		
1	Total pages Schedule F1: Sch: 6/33 Rpt: 14/42		Christian (The Hono	rable)]:		iler ID 10083701	(Ethics Commission Filers))
4			SIShari (THE FIORIO					.5555701		
	Date 05/27/2025	5 Payee name Bearden, Su	ısan							
6	Amount (\$)	7 Payee addres	s; City;	State; Zip Co	ode					
	\$95.00									
		TX								
8	PURPOSE	(a) Category (Se	e Categories listed at the top of	of this schedule)	(b) D	escription				
	OF EXPENDITURE	Contribution	s/Donations Made B	By		Check if travel of Check if Austin,			plete Schedule T.	
		Candidate/C	Officeholder/Political	Committee	<u>L</u>	J Check if Austin, Donation for G				
								/-		
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Offic	ceholder name	Office sou	ight			Office h	eld	
F	Date	Payee name								
	06/20/2025	Becerra, Aly	ssa							
	Amount (\$)	Payee addres	s; City;	State; Zip Co	ode					
	\$100.00									
		TX								
	PURPOSE OF		e Categories listed at the top o	of this schedule)	(b) D	escription	uteida	of Toyon Com	unloto Schodulo T	
	EXPENDITURE	Event Exper	ise		-	Check if travel of Check if Austin,			plete Schedule T. g expense	
						ampaign Exp	р			
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Offic	eholder name	Office sou	ight			Office h	eld	
	Date	Payee name								
	06/30/2025	Becerra, Aly	ssa							
	Amount (\$)	Payee addres	s; City;	State; Zip Co	ode					
	\$100.00									
		TX								
	PURPOSE OF		e Categories listed at the top of	of this schedule)	(b) D	escription	_ 			
	EXPENDITURE	Event Exper	ise			Check if travel of Check if Austin,			plete Schedule T. g expense	
						ampaign Ex		-	- ,	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic	ceholder name	Office sou	ight			Office h	eld	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_			_
1	Total pages Schedule F1: Sch: 7/33 Rpt: 15/42	2 FILER NAME Becerra, J. Christian (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083701	
4	Date	5 Payee name	
	02/12/2025	Behind The Badge Charities	
6	Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code202 Century Square Blvd	
		Sugar Land, TX 77478	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	+
ľ	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		Donation	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	02/10/2025	Bhamani, Afsheen	
	Amount (\$)	Payee address; City; State; Zip Code	+
	\$250.00	. ayee address, Sity, State, Lip Sout	
		Richmond, TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee	
		illai Dollation	
			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/19/2025	Blockhouse Coffee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.10	611 Jackson St Ste C	
		Richmond, TX 77469	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Political Expense Meeting	
			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	,		

SCHEDULE F1

Event Expense Fees

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	elete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/33 Rpt: 16/42	Becerra, J. Christian (The Honorable)	00083701
4	Date	5 Payee name	
	02/14/2025	Dibrell & Associates	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	4203 Glade Shadow Ct	
		Katy, TX 77494	
8	PURPOSE OF	, , ,) Description
	EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/23/2025	Dibrell & Associates	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$373.23	4203 Glade Shadow Ct	
		Katy, TX 77494	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
	ZAI ZAISTONZ		Check if Austin, TX, officeholder living expense Consulting
			Consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI	•	
	Date	Payee name	
	06/25/2025	Dillards	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$213.69	16517 SW Freeway	
	¥==0.00		
		Sugar Land, TX 77479	
	PURPOSE) Description
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	ZYOTK ZAPONOS	Check if Austin, TX, officeholder living expense
			Wardrobe Exp
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica			egal Services		Salaries/W		e /Contract Labor		OTHER (enter a	category not listed	above)
	Credit Card Payment		Т	he Instruction Gu	ide explains ho	w to cor	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 9/33 Rpt: 17/42		Becerra, J. C	hristian (The F	Honorable)					00083701		
4	Date	5	Payee name									
	04/09/2025	1	Dragna, Kritz	ia								
6	Amount (\$)	7	Payee address	; City;	State;	Zin Co	de					
Ĭ	\$250.00	ı	505 W 5th	, Oity,	Otato,	p	uo					
	+200.00		000 11 0									
			Drophom TV	77022								
		⊢	Brenham, TX			-						
8	PURPOSE OF			Categories listed at th	ne top of this sched	ule)	(b)	Description		d4.T O	wheth Oak adula T	
	EXPENDITURE		Advertising E	xpense				=		officeholder living	plete Schedule T.	
								Photography			, . ,	
										•		
9	Complete ONLY if direct	<u> </u>	Candidate/Office	holder name	Off	ice sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н				•						
	Date	Π	Payee name									
	06/12/2025		-	nd Human Nee	ds Ministrv. I	nc.						
	Amount (\$)	┢	Payee address		State:		de					
	\$40.00		435 Stafford		o tato,	p 00.						
	¥ 10.00											
			Stafford , TX	77477								
	DUDDOCE	-				I	(h)	5				
	PURPOSE OF			Categories listed at th		ule)	(D)	Description Check if travel of	nutsi	de of Texas, Com	plete Schedule T.	
	EXPENDITURE			/Donations Ma ficeholder/Polit	,	tee		-		officeholder living		
								Donation				
	Complete ONLY if direct		Candidate/Office	holder name	Off	ice sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	06/17/2025		East Fort Ber	nd Human Nee	ds Ministry, I	nc.						
	Amount (\$)		Payee address	; City;	State;	Zip Co	de					
	\$3,347.50		435 Stafford	Run								
			Stafford , TX	77477								
	PURPOSE	(a)	Category (See	Categories listed at th	ne ton of this sched	ule)	(b)	Description				
	OF			Donations Ma		u.o,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Candidate/Of	ficeholder/Poli	tical Committ	tee		ш	, TX,	officeholder living	j expense	
								Donation				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	holder name	Off	ice sou	ght			Office he	eld	
	experience to beliefit 6/01											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/33 Rpt: 18/42	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	02/05/2025	Edison Arts Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1959 Texas Pkwy
		Missouri City, TX 77489
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	"
	Date	Payee name
	05/20/2025	Ever Ready Lodge 506
	Amount (\$)	Payee address; City; State; Zip Code
	\$176.00	429 West St
		Rosenberg, TX 77471
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Bollation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/28/2025	Extra Space 1945
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.40	7940 W Grand Parkway
		Richmond, TX 77406
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sign Storage
		Sign Storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/33 Rpt: 19/42	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	03/03/2025	Extra Space 1945
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$129.40	7940 W Grand Parkway
		Richmond, TX 77406
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sign Storage
		o.g.r o.o.a.go
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	03/27/2025	Extra Space 1945
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.40	7940 W Grand Parkway
		Richmond, TX 77406
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sign Storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/28/2025	Extra Space 1945
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.10	7940 W Grand Parkway
		,
		Richmond, TX 77406
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Sign Storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
l		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

pense Travel III L pense Travel Ou ages/Contract Labor OTHER (6

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/33 Rpt: 20/42	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
L	05/27/2025	Extra Space 1945
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$129.40	7940 W Grand Parkway
		Richmond, TX 77406
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sign Storage
		Sign Storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
H	Date	Payee name
	06/27/2025	Extra Space 1945
H	Amount (\$)	Payee address; City; State; Zip Code
	\$189.00	7940 W Grand Parkway
	Ψ103.00	7540 W Grand Farkway
		Richmond, TX 77406
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Storage for Signs
L		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	05/22/2025	Fort Bend County Deputy Sherriff Assoc
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Donation
L	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
\vdash		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/33 Rpt: 21/42	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	03/04/2025	Fort Bend Education Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	16431 Lexington Blvd
		Sugar Land, TX 77479
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
_	Commission ONII V if disposi	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/27/2025	Fort Bend Literacy
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	12530 Emily Ct
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/24/2025	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	PO Box 1315
		Houston , TX 77251
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Bank Fees
	Operation ONE VALUE	Our district Office health and a second to the second to t
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 14/33 Rpt: 22/42	Becerra, J. Christian (The Honorable)			00083701	
4	Date	5 Payee name		•		
	04/30/2025	Frost Bank				
6	Amount (\$)	7 Payee address; City; State; Zip Co	de			
	\$10.00	PO Box 1315				
		Houston , TX 77251				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Fees		Check if travel outsi		
				Check if Austin, TX, Bank Fees	, officenolaer livin	g expense
				Barner 666		
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office h	eld
	expenditure to benefit C/O		3			
	Date	Payee name				
	01/15/2025	Gino's Italian Joint				
	Amount (\$)	Payee address; City; State; Zip Co	de			
	\$90.06	300 Morton Street				
		Richmond, TX 77469				
	PURPOSE		(b)	Description		
	OF EXPENDITURE	Food/Beverage Expense	` '	Check if travel outsi	ide of Texas. Con	plete Schedule T.
	EXPENDITORE			Check if Austin, TX,		g expense
				Political Expens	e - Meeting	
	Complete ONLY if direct	Candidate/Officeholder name Office sour	aht		Office h	ald
	expenditure to benefit C/Ol		grit		Office fi	ciu
	Date	Payee name				
	02/18/2025	Girl Scouts				
	Amount (\$)	Payee address; City; State; Zip Co	ide			
	\$36.00	3000 SW FRWY	uo			
		Houston , TX 77098				
	PURPOSE		(b)	Description		
	OF	Contributions/Donations Made By	(5)	Check if travel outsi	ide of Texas. Con	plete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee		Check if Austin, TX	, officeholder living	g expense
				Donation		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght		Office h	eld
	Ondition to bottom O/OI					

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/33 Rpt: 23/42	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	02/06/2025	Hall, Pastor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	
		TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/13/2025	Hall, Pastor
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	
		тх
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Bondion
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/11/2025	Haraz Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.40	13582 University Blvd Suite 100
	φοτο	10002 Oniversity Diva Outle 100
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Political Expense Meeting
	Operation ONE VIII I	Our district Office health are some
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/33 Rpt: 24/42	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	03/19/2025	Haraz Coffee
6	Amount (\$) \$8.63	7 Payee address; City; State; Zip Code 13582 University Blvd Suite 100
		Sugar Land, TX 77479
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 ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/13/2025	Haraz Coffee
	Amount (\$) \$12.22	Payee address; City; State; Zip Code 13582 University Blvd Suite 100 Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Beverage Exp
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/27/2025	Homeless Pet Place
	Amount (\$) \$15.00	Payee address; City; State; Zip Code PO Box 273027
		Houston, TX 77277
	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
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
_	Sch: 17/33 Rpt: 25/42	Becerra, J. Christian (The Honorable) 00083701				
4	Date	5 Payee name				
	01/27/2025	Homeless Pet Placement League				
6	Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code PO Box 273027 Houston, TX 77277				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation				
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	01/27/2025	Homeless Pet Placement League				
	Amount (\$) \$20.00	Payee address; City; State; Zip Code PO Box 273027				
		Houston, TX 77277				
	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				
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	05/24/2025	Lamar Education Awards Foundation				
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 3911 Avenue I				
		Rosenberg, TX 77471				
	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				
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/33 Rpt: 26/42	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	06/02/2025	Lucho
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,063.00	3637 W Alabama
	!	
		Houston, TX 77027
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	!	Check if Austin, TX, officeholder living expense Wardrobe
	!	Wardiobe
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	06/20/2025	Lucho
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,063.61	3637 W Alabama
	!	
		Houston, TX 77027
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	Wardrobe Exp
	!	Waldiobo Exp
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	05/06/2025	Lupitas Bakery
	Amount (\$)	Payee address; City; State; Zip Code
	\$113.26	2600 Avenue I
	!	
	!	Rosenberg, TX 77471
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPLINITIONS	Candidate/Officeholder/Political Committee
	1	Donation to School - Teachers
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 19/33 Rpt: 27/42	Becerra, J. Christian (The Honorable) 00083701	
4	Date	5 Payee name	
	02/13/2025	Macy's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$205.78	16511 Southwest Freeway	
		Sugar Land, TX 77478	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Wardrobe	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	
	03/03/2025	Marriott Sugar Land	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.00	16090 City Walk	
		Sugar Land, TX 77479	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Food Beverage Exp.	
		. oos 2010.sgg 2p.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
	Date	Payee name	-
	04/28/2025	Marriott Sugar Land	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$11.00	16090 City Walk	
		Sugar Land, TX 77479	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	_/	Check if Austin, TX, officeholder living expense	
		Beverage Exp	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 20/33 Rpt: 28/42	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	06/16/2025	Marriott Sugar Land
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$93.00	16090 City Walk
		Sugar Land, TX 77479
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food / Beverage Exp
		1 ood / Beverage Exp
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
L	D :	
	Date	Payee name
	04/07/2025	Marriott Sugar Land
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	16090 City Walk
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Donation to PABA
	Complete ONL V if direct	Candidata/Officeholder name Office country Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/19/2025	Navarro, Sheena
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Consulting
_	0 1. 5	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Emportante to benefit 0/01	

SCHEDULE F1

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

Event Expense Li
Fees C
Food/Beverage Expense P
Gift/Awards/Memorials Expense L
Legal Services S

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/33 Rpt: 29/42	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	03/13/2025	Navarro, Sheena
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		TX
8	DUDDOCE	
°	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Consulting Exp
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/28/2025	Our Lady of Guadalupe Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1600 Ave D
		Rosenberg, TX 77471
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EVENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/13/2025	Our Lady of Guadalupe Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1600 Ave D
		Rosenberg, TX 77471
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EX. ENDITORE	Candidate/Officeholder/Political Committee
		Donation
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
4. Tatalmana, 0.1. 1.1. Tr	
1 Total pages Schedule F1:	
Sch: 22/33 Rpt: 30/42	Becerra, J. Christian (The Honorable) 00083701
4 Date	5 Payee name
06/20/2025	Pappadeaux Seafood
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$29.00	12711 Hwy 59 S
Ψ23.00	12/11/1Wy 33/3
	Stafford, TX 77477
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
	Check if Austin, TX, officeholder living expense
	Food Beverage Exp.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/O	
Date	Payee name
01/07/2025	Perry's Restaurant
Amount (\$)	Payee address; City; State; Zip Code
\$2,340.02	2115 Town Square Pl
Ψ2,010.02	ZIIO TOMI OQUAIO I I
	0
	Sugar Land, TX 77479
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Political Expense
	Political Expense
Operation ONLY if alice of	On all data (Office health a name
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/19/2025	ProPark
Amount (\$)	Payee address; City; State; Zip Code
\$29.75	1001 McKinney
	Suite 450
	Houston, TX 77002
DURROCE	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Parking
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/33 Rpt: 31/42	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	01/14/2025	Ramble Creek
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$64.21	7930 W Grand Pkwy Suite 100
		Richmond , TX 77406
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Political Expense - Meeting
		Tollitical Expense Wiceting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/Ol	
	Date	Payee name
	03/11/2025	Randle High School
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	7600 Koeblen Rd
		Richmond, TX 77469
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	David and the second se
	Date 06/09/2025	Payee name
L		Rosenberg National Little League
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	3701 Fountain Drive
		Rosenberg, TX 77471
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 24/33 Rpt: 32/42	Becerra, J. Christian (The Honorable) 00083701					
4	Date	5 Payee name					
	02/25/2025	Royal Pride Booster Club					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$200.00	7600 Koeblen Rd					
		Richmond, TX 77469					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Candidate/Officeholder/Political Committee					
		25.1.4.5.1.					
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held					
⊨	Date						
	Date	Payee name					
L	01/21/2025	Safari Texas					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$64.00	11627 FM 1464					
		Richmond, TX 77407					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense					
		Food/Beverage Expense					
L	0 1: 01:14 7 1						
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
L							
	Date	Payee name					
	02/10/2025	Safari Texas					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$49.00	11627 FM 1464					
		Richmond, TX 77407					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense					
	LAFENDITORE	Check if Austin, TX, officeholder living expense					
		Food/ Beverage Exp					
_	Complete ONII V if direct	Candidate/Officeholder name Office sought Office held					
	Complete ONLY if direct expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·					
L							
L							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission F	-ilers)
	Sch: 25/33 Rpt: 33/42	Becerra, J. Christian (The Honorable) 00083701	
4	Date	5 Payee name	
	02/10/2025	Safari Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$48.00	11627 FM 1464	
		Richmond, TX 77407	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	LAPENDITORE	Check if Austin, TX, officeholder living expense	
		Food / Beverage Exp	
Ļ	0 1: 0.11.7.7.1.		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/10/2025	Safari Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$26.00	11627 FM 1464	
		Richmond, TX 77407	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense	
		Food / Beverage Exp.	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
-	Data		
	Date	Payee name	
	06/06/2025	Safari Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.00	11627 FM 1464	
		Richmond, TX 77407	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Food/ Beverage Exp	
		1 334 2313 tags 2519	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
l			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/33 Rpt: 34/42	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	02/18/2025	Shipley
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.24	10815 West Grand Pkwy Suite 100
		Richmond, TX 77407
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Political Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
_		
	Date	Payee name
	02/19/2025	Siddique, Anudeh
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2413 Edgewood Dr.
		Missouri City, TX 77459
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Exp
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/14/2025	SquareSpace
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.00	8 Clarkston
		New York, NY 10013
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Website
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	cyperiulture to beliefft C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/33 Rpt: 35/42	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	01/14/2025	SquareSpace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.00	8 Clarkston
		New York, NY 10013
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Website
		Website
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Davisa nama
	02/12/2025	Payee name SquareSpace
	Amount (\$) \$18.19	Payee address; City; State; Zip Code 8 Clarkston
	Ф10.19	o Cidikstori
		Navy Varily NIV 10010
		New York, NY 10013
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/12/2025	SquareSpace
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.19	8 Clarkston
		New York, NY 10013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Website
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services			Vages	/Contract Labor		OTHER (enter	a category not listed a	bove)
				The Instruction (suide explains i	now to co	mpie	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
l	Sch: 28/33 Rpt: 36/42		Becerra, J.	Christian (The	Honorable)					00083701		
4	Date	5	Payee name									
	04/14/2025		SquareSpa	ce.								
Ļ		⊢										
١	Amount (\$)	ı	Payee addres	ss; City;	State;	Zip Co	ae					
	\$18.19		8 Clarkston									
l												
l			New York, N	NY 10013								
8	PURPOSE	(a)	Catagony				(h)	Description				
ľ	OF			ee Categories listed at	the top of this sche	edule)	(5)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Advertising	Expense				=		officeholder livir		
								Website				
┝	Complete ONII V if direct	<u> </u>	`andidata/Offi	achaldar nama		Office cou	abt			Office	ald	
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offi	ceholder name	C	Office sou	gnı			Office h	ieia	
L	<u> </u>											
	Date		Payee name									
	05/19/2025		SquareSpac	ce								
H	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$18.19		8 Clarkston	•		·						
	¥20.20											
L			New York, N	NY 10013								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense				=			mplete Schedule T.	
								—	, TX,	officeholder livir	ng expense	
								Website				
L												
Complete ONLY if direct Candidate/Officeholder name Office sought Office h						neld						
	expenditure to benefit C/OI	П										
Г	Date		Payee name									
	06/12/2025		SquareSpac	ce								
⊢	Amount (\$)	-	Payee addres		State:	Zip Co	nda					
	\$18.19	ı	8 Clarkston	33, City,	State,	Zip Co	uc					
	Ф10.19		o Ciaikstoii									
l												
			New York, N	NY 10013								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
l	OF EXPENDITURE		Advertising					Check if travel of	outsi	de of Texas. Co	mplete Schedule T.	
l	EXPENDITORE							_	, TX,	officeholder livir	ng expense	
								Website				
	Complete ONLY if direct		andidate/Offi	ceholder name	C	Office sou	ght			Office h	neld	
l	expenditure to benefit C/OI	Н										
一												
l												
ı												

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/33 Rpt: 37/42	Becerra, J. Christian (The Honorable) 00083701
4	Date	5 Payee name
	06/26/2025	SquareSpace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.70	8 Clarkston
		New York, NY 10013
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Website
		Trosono
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
\vdash	Date	Payee name
	05/16/2025	Stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.50	354 Oyster Point Blvd
	Ψ10.30	334 Oyster Fullit bivu
		Con Francisco, TV 04000
		San Francisco, TX 94080
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
		Service Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/22/2025	Stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$270.30	354 Oyster Point Blvd
		San Francisco, CA 94080
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZAI ZABITORZ	Check if Austin, TX, officeholder living expense
		Service Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 30/33 Rpt: 38/42	Becerra, J. Christian (The Honorable) 00083701			
4	Date	5 Payee name			
	06/03/2025	Stripe			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$6.89	354 Oyster Point Blvd			
		San Francisco , CA			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Service Fee			
Ļ	Opening ONLY if allowed	Out it is to 100 a half			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	06/18/2025	Stripe			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$16.50	354 Oyster Point Blvd			
		San Francisco , CA			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Service Fee			
		Service Fee			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	y			
	Date	Payee name			
	06/26/2025	Summer Stem Project			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$100.00				
		TX			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
	-	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation			
		Donation			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
l					

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 31/33 Rpt: 39/42	Becerra, J. Christian (The Honorable) 00083701			
4	Date	5 Payee name			
	06/30/2025	The Caucus			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$40.00	401 Branard, Rm 100A			
		Houston, TX 77006			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_		
	OF EXPENDITURE	Contributions/Donations Made By			
	-	Candidate/Officeholder/Political Committee			
		Donation			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
	Data		_		
	Date	Payee name			
	06/12/2025	The Rouxpour	_		
	Amount (\$)	Payee address; City; State; Zip Code			
	\$130.00	2298 Texas Dr			
		Sugar Land, TX 77479			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Food / Bev Exp			
		Pood / Bev Exp			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_		
expenditure to benefit C/OH					
	Date	Payee name	_		
	01/16/2025	Thomas, Felicia Jane			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$275.00				
		TX			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Donation to FB Seniors			
		23			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
			_		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 32/33 Rpt: 40/42	Becerra, J. Christian (The Honorable) 00083701					
4	Date	5 Payee name					
	06/18/2025	Thompson , Julia					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$300.00						
		TX					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
		Candidate/Officeholder/Political Committee					
		Bolladon Zota / timata / timo on the Green					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
_	Date	Payee name					
	05/22/2025	Toasted Yolk Cafe					
	Amount (\$) \$20.55	Payee address; City; State; Zip Code					
	Φ20.00	6726 Reading RD Ste 160					
		Richmond, TX 77469					
	PURPOSE						
	OF	(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.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Political Meeting					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	<u> </u>					
	Date	Payee name					
	02/22/2025	Total Wine					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$298.21	5472 W Grand Parkway S					
		Richmond, TX 77406					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Political Expense					
		1 Shadar Expense					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OH							

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to cor	•	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	_	3 Filer ID (Ethics Commission Filers)
	Sch: 33/33 Rpt: 41/42	Becerra, J. Christian (The Honorable)		00083701
4	Date	5 Payee name		· ·
	06/12/2025	Visionary Outreach		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$250.00			
		тх		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
•	OF	Contributions/Donations Made By	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense
				Scholarship Donations June 19 - Evelyn
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ght	Office held
	expenditure to benefit C/Ol	7		
	Date	Payee name		
	01/07/2025	Wang, Antony		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$400.00	2822 Oakland Dr.		
		Richmond, TX 77469		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Advertising Expense	` '	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	J 1		Check if Austin, TX, officeholder living expense
				Website Expense
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	06/17/2025	Wang, Antony		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$307.00	2822 Oakland Dr.		
		Richmond, TX 77469		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Website
	Compulate ONU V Stalling	Condidate/Officeholder ners	o. lo +	Office to 14
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office souç	ynt	Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 42/42 2 FILER NAME Filer ID (Ethics Commission Filers) Becerra, J. Christian (The Honorable) 00083701 8 Amount (\$) 5 Name of person from whom amount is received 01/09/2025 GoFundMe \$100.00 6 Address of person from whom amount is received; City; State; Zip Code W Hollywood, TX 90069 Purpose for which amount is received Check if political contribution returned to filer Refund Amount (\$) Name of person from whom amount is received Date 02/19/2025 Macy's \$160.64 Address of person from whom amount is received; City; State; Zip Code Sugar Land, TX 77478 Purpose for which amount is received Check if political contribution returned to filer Refund