

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00083701	<b>2</b> Total pages filed:  42								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR The Honorable</td> <td style="width: 30%;">FIRST J. Christian</td> <td style="width: 40%;">MI</td> </tr> </table>		MS / MRS / MR The Honorable	FIRST J. Christian	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 07/15/2025					
	MS / MRS / MR The Honorable	FIRST J. Christian	MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME Chrisitan</td> <td style="width: 30%;">LAST Becerra</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME Chrisitan	LAST Becerra	SUFFIX							
NICKNAME Chrisitan	LAST Becerra	SUFFIX									
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE  <div style="background-color: black; color: white; text-align: center; padding: 5px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div>		Date Hand-delivered or Date Postmarked  <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed  Date Imaged	Receipt #	Amount						
	Receipt #	Amount									
	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Dr.</td> <td style="width: 30%;">FIRST William Troy</td> <td style="width: 40%;">MI</td> </tr> </table>		MS / MRS / MR Dr.	FIRST William Troy	MI						
	MS / MRS / MR Dr.	FIRST William Troy	MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Rodriguez</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME	LAST Rodriguez	SUFFIX							
NICKNAME	LAST Rodriguez	SUFFIX									
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <div style="background-color: black; color: white; text-align: center; padding: 5px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div>											
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <div style="background-color: black; color: white; text-align: center; padding: 5px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div>										
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 494-9191										
<b>8</b> REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)								
<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)								
<b>9</b> PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> </tr> <tr> <td>01/01/2025</td> <td>THROUGH</td> <td>06/30/2025</td> <td></td> </tr> </table>			Month Day Year		Month Day Year		01/01/2025	THROUGH	06/30/2025	
Month Day Year		Month Day Year									
01/01/2025	THROUGH	06/30/2025									
<b>10</b> ELECTION	<table style="width: 100%;"> <tr> <td style="width: 40%;">                     ELECTION DATE                      Month Day Year                 </td> <td style="width: 60%;">                     ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other  <input type="checkbox"/> General    <input type="checkbox"/> Special                 </td> </tr> </table>			ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special										
<b>11</b> OFFICE	OFFICE HELD (if any) District Judge District 434 Fort Bend		<b>12</b> OFFICE SOUGHT (if known)								

**GO TO PAGE 2**

# 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**      (Ethics Commission Filers)  
00083701

**15 NOTICE FROM POLITICAL COMMITTEE(S)**      This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

☐ Additional Pages

<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
	<b>COMMITTEE ADDRESS</b>
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 28,722.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 38,512.57
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 16,752.80
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable J. Christian Becerra  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

3 of 42

<b>18 FILER NAME</b> Becerra, J. Christian (The Honorable)		<b>19 Filer ID</b> (Ethics Commission Filers) 00083701
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 28,722.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 38,512.57
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 260.64

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/5 Rpt: 4/42
<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 06/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amaro Law Firm <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77008	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$5,000.00</div>
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amini, Alex <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77496	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$5,000.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Amini Law Firm PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamez, Nataliya <hr/> Contributor address; City; State; Zip Code  Houston, TX 77002	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$300.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Gamez Mediation		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/5 Rpt: 5/42
<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 06/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamez, Nataliya <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77002	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Gamez Mediation		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 06/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Eunice <hr/> Contributor address; City; State; Zip Code  Meadows Place , TX 77477	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation N/A		Contributor's Job Title N/A
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubenak , Elizabeth <hr/> Contributor address; City; State; Zip Code  Albuquerque, NM 87123	Amount of Contribution (\$)  \$122.00
Contributor's Principal Occupation N/A		Contributor's Job Title N/A
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/5 Rpt: 6/42
<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 06/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huff, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richmond, TX 77406	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Contributor's Principal Occupation N/A		<b>9</b> Contributor's Job Title N/A
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iwinski, Thomas <hr/> Contributor address; City; State; Zip Code  Rosenberg, TX 77471	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Engineer		Contributor's Job Title Engineer
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juanita Jean Political Action Committee <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77406	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/5 Rpt: 7/42
<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 06/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Grace Of N Nwanguma <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richmond , TX 77469	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Misbah Chaudhry <hr/> Contributor address; City; State; Zip Code  Katy , TX 77079	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Maria <hr/> Contributor address; City; State; Zip Code  Missouri City , TX 77459	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation N/A		Contributor's Job Title N/A
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/5 Rpt: 8/42
<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 05/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The West Law Firm <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sugar Land , TX 77479	<b>7</b> Amount of Contribution (\$) \$15,000.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/33 Rpt: 9/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 02/11/2025	<b>5</b> Payee name Act Blue	
<b>6</b> Amount (\$) \$30.00	<b>7</b> Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/14/2025	Payee name Allen, Cynthia (Ms.)	
Amount (\$) \$500.00	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Exp
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/04/2025	Payee name Amazon	
Amount (\$) \$59.53	Payee address; City; State; Zip Code 410 Terry Avenue N  Seattle , TX 98109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Exp
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/33 Rpt: 10/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 02/10/2025	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$6.99	<b>7</b> Payee address; City; State; Zip Code 410 Terry Avenue N  Seattle , TX 98109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Exp
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name Amazon	
Amount (\$) \$43.21	Payee address; City; State; Zip Code 410 Terry Avenue N  Seattle , TX 98109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Exp
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name Amazon	
Amount (\$) \$48.70	Payee address; City; State; Zip Code 410 Terry Avenue N  Seattle , TX 98109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Exp
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/33 Rpt: 13/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 06/09/2025	<b>5</b> Payee name Avalon Diner III	
<b>6</b> Amount (\$) \$33.00	<b>7</b> Payee address; City; State; Zip Code 12810 Southwest Freeway  Stafford, TX 77477	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food / Bev Exp
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/17/2025	Payee name Baked By Becerra	
Amount (\$) \$200.00	Payee address; City; State; Zip Code  Richmond , TX 77469	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food Exp
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/21/2025	Payee name Baker Fundraiser	
Amount (\$) \$4,250.00	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cancer Benefit
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/33 Rpt: 14/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 05/27/2025	<b>5</b> Payee name Bearden, Susan	
<b>6</b> Amount (\$) \$95.00	<b>7</b> Payee address; City; State; Zip Code  TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for GED Graduates
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/20/2025	Payee name Becerra, Alyssa	
Amount (\$) \$100.00	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Exp
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2025	Payee name Becerra, Alyssa	
Amount (\$) \$100.00	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Exp
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/33 Rpt: 15/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 02/12/2025	<b>5</b> Payee name Behind The Badge Charities	
<b>6</b> Amount (\$) \$5,000.00	<b>7</b> Payee address; City; State; Zip Code 202 Century Square Blvd  Sugar Land, TX 77478	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2025	Payee name Bhamani, Afsheen	
Amount (\$) \$250.00	Payee address; City; State; Zip Code  Richmond, TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Iftar Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/19/2025	Payee name Blockhouse Coffee	
Amount (\$) \$11.10	Payee address; City; State; Zip Code 611 Jackson St Ste C  Richmond, TX 77469	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Expense Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

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



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/33 Rpt: 17/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 04/09/2025	<b>5</b> Payee name Dragna, Kritzia	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 505 W 5th  Brenham, TX 77833	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography Exp
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/12/2025	Payee name East Fort Bend Human Needs Ministry, Inc.	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 435 Stafford Run  Stafford , TX 77477	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/17/2025	Payee name East Fort Bend Human Needs Ministry, Inc.	
Amount (\$) \$3,347.50	Payee address; City; State; Zip Code 435 Stafford Run  Stafford , TX 77477	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/33 Rpt: 20/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 05/27/2025	<b>5</b> Payee name Extra Space 1945	
<b>6</b> Amount (\$) \$129.40	<b>7</b> Payee address; City; State; Zip Code 7940 W Grand Parkway  Richmond, TX 77406	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Storage
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/27/2025	Candidate/Officeholder name Office sought Office held	
Payee name Extra Space 1945		
Amount (\$) \$189.00	Payee address; City; State; Zip Code 7940 W Grand Parkway  Richmond, TX 77406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage for Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/22/2025	Candidate/Officeholder name Office sought Office held	
Payee name Fort Bend County Deputy Sherriff Assoc		
Amount (\$) \$250.00	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/33 Rpt: 21/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 03/04/2025	<b>5</b> Payee name Fort Bend Education Foundation	
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code 16431 Lexington Blvd  Sugar Land, TX 77479	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2025	Payee name Fort Bend Literacy	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 12530 Emily Ct  Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/24/2025	Payee name Frost Bank	
Amount (\$) \$35.00	Payee address; City; State; Zip Code PO Box 1315  Houston , TX 77251	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/33 Rpt: 22/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 04/30/2025	<b>5</b> Payee name Frost Bank	
<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code PO Box 1315  Houston , TX 77251	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/15/2025	Payee name Gino's Italian Joint	
Amount (\$) \$90.06	Payee address; City; State; Zip Code 300 Morton Street  Richmond, TX 77469	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Expense - Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2025	Payee name Girl Scouts	
Amount (\$) \$36.00	Payee address; City; State; Zip Code 3000 SW FRWY  Houston , TX 77098	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/33 Rpt: 23/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 02/06/2025	<b>5</b> Payee name Hall, Pastor	
<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code  TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/13/2025	Payee name Hall, Pastor	
Amount (\$) \$200.00	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/11/2025	Payee name Haraz Coffee	
Amount (\$) \$8.40	Payee address; City; State; Zip Code 13582 University Blvd Suite 100  Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Expense Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/33 Rpt: 24/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 03/19/2025	<b>5</b> Payee name Haraz Coffee	
<b>6</b> Amount (\$) \$8.63	<b>7</b> Payee address; City; State; Zip Code 13582 University Blvd Suite 100  Sugar Land, TX 77479	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Expense Meeting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/13/2025	Payee name Haraz Coffee	
Amount (\$) \$12.22	Payee address; City; State; Zip Code 13582 University Blvd Suite 100  Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Beverage Exp
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/27/2025	Payee name Homeless Pet Place	
Amount (\$) \$15.00	Payee address; City; State; Zip Code PO Box 273027  Houston, TX 77277	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/33 Rpt: 25/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 01/27/2025	<b>5</b> Payee name Homeless Pet Placement League	
<b>6</b> Amount (\$) \$3,000.00	<b>7</b> Payee address; City; State; Zip Code PO Box 273027  Houston, TX 77277	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/27/2025	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/24/2025	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/33 Rpt: 26/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 06/02/2025	<b>5</b> Payee name Lucho	
<b>6</b> Amount (\$) \$1,063.00	<b>7</b> Payee address; City; State; Zip Code 3637 W Alabama  Houston, TX 77027	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wardrobe
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/20/2025	Candidate/Officeholder name Office sought Office held	
Payee name Lucho		
Amount (\$) \$1,063.61	Payee address; City; State; Zip Code 3637 W Alabama  Houston, TX 77027	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wardrobe Exp
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/06/2025	Candidate/Officeholder name Office sought Office held	
Payee name Lupitas Bakery		
Amount (\$) \$113.26	Payee address; City; State; Zip Code 2600 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to School - Teachers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/33 Rpt: 27/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 02/13/2025	<b>5</b> Payee name Macy's	
<b>6</b> Amount (\$) \$205.78	<b>7</b> Payee address; City; State; Zip Code 16511 Southwest Freeway  Sugar Land, TX 77478	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wardrobe
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2025	Payee name Marriott Sugar Land	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 16090 City Walk  Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food Beverage Exp.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/28/2025	Payee name Marriott Sugar Land	
Amount (\$) \$11.00	Payee address; City; State; Zip Code 16090 City Walk  Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Beverage Exp
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 20/33 Rpt: 28/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 06/16/2025	<b>5</b> Payee name Marriott Sugar Land	
<b>6</b> Amount (\$) \$93.00	<b>7</b> Payee address; City; State; Zip Code 16090 City Walk  Sugar Land, TX 77479	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food / Beverage Exp
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/07/2025	Payee name Marriott Sugar Land	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 16090 City Walk  Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to PABA
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/19/2025	Payee name Navarro, Sheena	
Amount (\$) \$500.00	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 22/33 Rpt: 30/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 06/20/2025	<b>5</b> Payee name Pappadeaux Seafood	
<b>6</b> Amount (\$) \$29.00	<b>7</b> Payee address; City; State; Zip Code 12711 Hwy 59 S  Stafford, TX 77477	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food Beverage Exp.
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/07/2025	Payee name Perry's Restaurant	
Amount (\$) \$2,340.02	Payee address; City; State; Zip Code 2115 Town Square Pl  Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/19/2025	Payee name ProPark	
Amount (\$) \$29.75	Payee address; City; State; Zip Code 1001 McKinney Suite 450 Houston, TX 77002	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 23/33 Rpt: 31/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 01/14/2025	<b>5</b> Payee name Ramble Creek	
<b>6</b> Amount (\$) \$64.21	<b>7</b> Payee address; City; State; Zip Code 7930 W Grand Pkwy Suite 100  Richmond , TX 77406	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Expense - Meeting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/11/2025	Payee name Randle High School	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 7600 Koeblen Rd  Richmond, TX 77469	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/09/2025	Payee name Rosenberg National Little League	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 3701 Fountain Drive  Rosenberg, TX 77471	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 24/33 Rpt: 32/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 02/25/2025	<b>5</b> Payee name Royal Pride Booster Club	
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code 7600 Koeblen Rd  Richmond, TX 77469	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/21/2025	Payee name Safari Texas	
Amount (\$) \$64.00	Payee address; City; State; Zip Code 11627 FM 1464  Richmond, TX 77407	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2025	Payee name Safari Texas	
Amount (\$) \$49.00	Payee address; City; State; Zip Code 11627 FM 1464  Richmond, TX 77407	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/ Beverage Exp
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 25/33 Rpt: 33/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 02/10/2025	<b>5</b> Payee name Safari Texas	
<b>6</b> Amount (\$) \$48.00	<b>7</b> Payee address; City; State; Zip Code 11627 FM 1464  Richmond, TX 77407	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food / Beverage Exp
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/10/2025	Payee name Safari Texas	
Amount (\$) \$26.00	Payee address; City; State; Zip Code 11627 FM 1464  Richmond, TX 77407	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food / Beverage Exp.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/06/2025	Payee name Safari Texas	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 11627 FM 1464  Richmond, TX 77407	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/ Beverage Exp
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 27/33 Rpt: 35/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 01/14/2025	<b>5</b> Payee name SquareSpace	
<b>6</b> Amount (\$) \$9.00	<b>7</b> Payee address; City; State; Zip Code 8 Clarkston  New York, NY 10013	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/12/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$18.19	Payee name SquareSpace  Payee address; City; State; Zip Code 8 Clarkston  New York, NY 10013	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/12/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$18.19	Payee name SquareSpace  Payee address; City; State; Zip Code 8 Clarkston  New York, NY 10013	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 28/33 Rpt: 36/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 04/14/2025	<b>5</b> Payee name SquareSpace	
<b>6</b> Amount (\$) \$18.19	<b>7</b> Payee address; City; State; Zip Code 8 Clarkston  New York, NY 10013	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/19/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$18.19	Payee name SquareSpace  Payee address; City; State; Zip Code 8 Clarkston  New York, NY 10013	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/12/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$18.19	Payee name SquareSpace  Payee address; City; State; Zip Code 8 Clarkston  New York, NY 10013	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 29/33 Rpt: 37/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 06/26/2025	<b>5</b> Payee name SquareSpace	
<b>6</b> Amount (\$) \$30.70	<b>7</b> Payee address; City; State; Zip Code 8 Clarkston  New York, NY 10013	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/16/2025	Payee name Stripe	
Amount (\$) \$16.50	Payee address; City; State; Zip Code 354 Oyster Point Blvd  San Francisco, TX 94080	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/22/2025	Payee name Stripe	
Amount (\$) \$270.30	Payee address; City; State; Zip Code 354 Oyster Point Blvd  San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 32/33 Rpt: 40/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 06/18/2025	<b>5</b> Payee name Thompson , Julia	
<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code  TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation 25th Annual Pink on the Green
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/22/2025	Payee name Toasted Yolk Cafe	
Amount (\$) \$20.55	Payee address; City; State; Zip Code 6726 Reading RD Ste 160  Richmond, TX 77469	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/22/2025	Payee name Total Wine	
Amount (\$) \$298.21	Payee address; City; State; Zip Code 5472 W Grand Parkway S  Richmond, TX 77406	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 33/33 Rpt: 41/42	<b>2</b> FILER NAME Becerra, J. Christian (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00083701
<b>4</b> Date 06/12/2025	<b>5</b> Payee name Visionary Outreach	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code  TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scholarship Donations June 19 - Evelyn
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/07/2025	Payee name Wang, Antony	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 2822 Oakland Dr.  Richmond, TX 77469	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/17/2025	Payee name Wang, Antony	
Amount (\$) \$307.00	Payee address; City; State; Zip Code 2822 Oakland Dr.  Richmond, TX 77469	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
Sch: 1/1 Rpt: 42/42

2 FILER NAME

Becerra, J. Christian (The Honorable)

3 Filer ID (Ethics Commission Filers)  
00083701

4 Date

01/09/2025

5 Name of person from whom amount is received

GoFundMe

8 Amount (\$)

\$100.00

6 Address of person from whom amount is received; City; State; Zip Code

W Hollywood, TX 90069

7 Purpose for which amount is received

Refund

☐ Check if political contribution returned to filer

Date

02/19/2025

Name of person from whom amount is received

Macy's

Amount (\$)

\$160.64

Address of person from whom amount is received; City; State; Zip Code

Sugar Land , TX 77478

Purpose for which amount is received

Refund

☐ Check if political contribution returned to filer