RUBEN DE LA ROSA

SEMI-ANNUAL REPORT JULY 15, 2021

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Comm	ission Filers)	2 Total pages file	ed: 17
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR	FIRST Ruben	M -	il -	OFFICE	USE ONLY
NAME					Date Received	
	NICKNAME	LAST De La Rosa		uffix Sr.		RON COUNTY
						NT OF ELECTIONS & REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	713 South			8559	2:520mjul	
Change of Address						
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSION		Date Hand-delivered	or Date Postmerked
PHONE	(956)	622-9910			3 / r <u>Especialis</u> a en marconfe	
6 CAMPAIGN	MS / MRS / MR	FIRST ·	М	1	Receipt #	Amount \$
TREASURER NAME	Mrs.	Anita			Date Processed	ļ
INAME	NICKNAME	LAST	Si	UFFIX		
		De La Rosa			Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE#: CITY:		STATE:	ZIP CODE
TREASURER	713 South M		Harlinge	en	Tx.	78550
ADDRESS	. 10 00441111		7.19			
(Residence or Business)						
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION			
PHONE	(956)	440-5755				•
	/					
9 REPORT TYPE	January 15	30th day before e	election Runoff	•	15th day aft treasurer ap (Officeholder	
	July 15	8th day before ele	ection Exceeded Reporting	d Modified g Limit	Final Report	(Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year	
COVERED	7	/ 9 / 21	THROUGH	12	/ 15 / 21	
11 ELECTION	ELECTION DA		ELE	CTION TYPE		
	Month Day	Year ■ Primary		Other		
	1 , 1		Special	Description		
·	3 / 1 /	Z2 General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUG	HT (if known	:)	
	City of Harlingen	Commissioner for Distric	at 4 Cameron C	County (Commissione	r PCT 4
14 NOTICE FROM	THIS BOX IS FOR NOTIC	CE OF POLITICAL CONTRIBUTIONS	ACCEPTED OR POLITICAL EXPE	NOITURES M	ADE BY POLITICAL COM	MITTEES TO SUPPORT
POLITICAL		CEHOLDER. <i>THESE EXPENDITURES</i> S AND OFFICEHOLDERS ARE REQUI				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
reservoirer ragos	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
	GELOIFIU					
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
	GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMIFAIGI	I FINANCE REPORT				
15 C/OH NAME Rub	en De La Rosa	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	. 0.00			
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,004.62			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* 1,934.72			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 0.00			
Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit					
NOTARY STAMP/SEAL	·				
	Sworn to and subscribed before me by this the day of, 20, to certify which, witness my hand and seal of office.				
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath			
OR					
(2) Unsworn Declaration	on				
My name is	n/Defz 1052 and my date of birth is south m s-treat . Havi'rsa, 7 (street) (city) (s	12/07/1966 V. 78.550. U.S			
Executed in <u>C2 mev</u>	OV County, State of Tex 25 , on the 89 day of SU/	2021 (year)			
	Signature of Candid	ate/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19					
	Ruben De La Rosa				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00		
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
4.	SCHEDULE E: LOANS		\$	0.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	0.00	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	I DS	\$	1,004.62	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ -	0.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0.00	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

					•
	The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1:
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
		Ruben De La Rosa			
4	Date	5 Full name of contributor	out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
				·	
•		6 Contributor address;	City;	State; Zip Code	Ω
					0.00
	Dain single and	maticu / lob title /Com Instanctions)		S. Faralassa (Can instruct	ia-al
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
	Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
					/ 0.00
		Contributor address;	City;	State; Zip Code	0.00
			•	\wedge	
	D-iil	-4i / t-1-4i41- (O t4)		Employer (Sof Instruct	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
	Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
					0.00
		Contributor address;	City;	State; Zip Code	0.00
	Principal occur	pation / Job title (See Instructions)	_/	Employer (See Instruct	ions)
	Date	Full name of contributor	out-of-state PAC	(10#:)	Amount of contribution (\$)
			· ·		0.00
		Contributor address;	City;	State; Zip Code	0.00
					.0100
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
	/	·			
				·	
	1				
		ATTACH ADDITIO		OF THIS SCHEDULE AS N	1

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

Tł	ne Instruction Guide explains how to complete this for	1 Total pages Schedule A2:				
2 FILER NAM	Ruben De La Rosa			3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRII	BUTIONS	\$ 0.00			
5 Date	6 Full name of contributor	_	Contribution \$ 0.00	g In-kind contribution description 0		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICA	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor	Zip Code	Amount of Contribution \$ O.OO Check if travel outsi	In-kind contribution cescription 0 tescription cescription cescrip		
Principal occ	upation / Job title (FOR MON-JUDICIAL) (See Instructions)	Employe	yer (FOR NON-JUDICIAL) (See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
			*	·		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

	•						
	The	Instruction Guide explains how to complete this	s form.	1 Total pages Sched	ule B: 1		
2	FILER NAME			3 Filer ID (Ethics C	ommission Filers)		
		Ruben De La Rosa					
4	TOTAL OF	UNITEMIZED PLEDGES		\$ 0.00			
5	Date	6 Full name of pledgor		8 Amount of Pledge \$	9 In-kind contribution description		
		7 Pledgor address; City; St		0.00	0		
			1		ide of Texas. Complete Schedule T.		
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)			
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description		
		Płedgor address; City; Si	ate; Zip Code	0.00	0		
	:			Check if travel outsi	 . de of Texas. Complete Schedule T.		
	Principal occup	ation / Job title (See Instructions)	Employer (See				
	Date	Full name of pledgor out-of-state PAC (ID#)	Amount of Pledge \$	In-kind contribution description		
		Pledgor address; Cjtv; Sl	ate; Zip Code	0.00	0		
				Check if travel outsi	de of Texas. Complete Schedule T.		
	Principal occup	pation / Job title (See Instructions)	Employer (See				
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description		
		Pledgor address; City; State	e; Zip Code	0.00	0		
					de of Texas. Complete Schedule T.		
p	Pfincipal occup	ation / Job title (See Instructions)	Employer (See	Instructions)			
	i	·					
			A = 74 11 A A A A A A A A A A A A A A A A A A	- 10 N=====			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

LOANS SCHEDULE E

If the requester	d information is not applicable, DO NO	OT include this page in the re	port.
The	Instruction Guide explains how to comp	uplete this form.	1 Total pages Schedule E:
2 FILER NAME	uben De La Rosa		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender	te PAC (ID#:)	9 Loan Amount (\$) 0.00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 0.00 11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	Check if personal fund account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$) 0.00
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender ☐ out-of-state	e PAC (ID#:)	Loan Amount (\$) 0.00
is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate 0.00 Maturity date
Y N Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fun-	ds were deposited into political
none		account (See Instructi	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupation	l on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NEE	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/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)

Candidate/Officeholder/Politica Credit Card Payment	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME Ruben De La Rosa		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check If travel outside of Texas. Complete Schedule T.	Check If Austi	n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED			

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Exp Gift/Awards/Memor Legal Services	ials Expense	Office Ove Polling Ex Printing E Salaries/V	kpense Vages/Contract Labor	Trans Trave Trave	cation/Fundraising portation Equipme I In District I Out Of District (enter a category	ent & Related Expense
		I		Guide explaii	ns now to d	omplete this form.	T		
1	Total pages Schedule F2: 1	2: 2 FILER NAME Ruben De La Rosa					3 File	· ID (Ethics Co	mmission Filers)
4	TOTAL OF UNITEM	/IZED UN	PAID INCUR	RED OBLI	GATION	S	\$	0.00	
5	Date	6 Payee	name						
7	Amount (\$)	8 Payee	address;			City;		State:	Zip Code
9	TYPE OF EXPENDITURE	F	Political	100° 100 mm	Non-Po	litical			
10)	(a) Categor	y (See Categories liste	ed at the top of this	schedule)	(b) Description			
	PURPOSE		:						
	OF EXPENDITURE								
		(c)	Check if travel outside o	f Texas. Complete S	chedule T	Check if Au	istin, TX, of	ficeholder living ex	pense
11	11 Complete ONLY if direct candidate / Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date .	Payee	name						
	Amount (\$)	Payee	address;			City;		State;	Zip Code
	TYPE OF EXPENDITURE	F	Political		Non-Po	litical ·	-		
	PURPOSE OF EXPENDITURE	Categor	y (See Categories liste	ed at the top of this	schedule)	Description			
	/ [Check if travel outside	of Texas. Complete	Schedule T,	Check if A	ustin, TX, o	fficeholder living e	expense
7	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		didate / Officehol	der name	C	ffice sought		Office held	
-									
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

		•		
T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:		
2 FILER NAME	Ruben De La Rosa	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Name of person from whom investment is purchased			
	6 Address of person from whom investment is purchased;	City; State; Zip Code		
	7 Description of investment			
	8 Amount of investment (\$) 0.00			
Date	Name of person from whom investment is purchased			
	Address of person from whom investment is purchased;	City; State; Zíp Code		
	Description of investment			
	Amount of investment (\$) 0.00			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
1	Ruben De La Rosa		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 0.00
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE			•
OF EXPENDITURE		<u> </u>	
	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if Au	ustin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	schedule) Description	
	Check if travel outside of Texas. Complete S	Schedule T. Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		·	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed shove)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment					
	The Instruction Guide explains how t	o complete this form.			
1 Total pages Schedule G:		3	Filer ID (Ethics Commission Filers)		
2	Ruben De La Rosa				
4 Date	5 Payee name				
06/08/2021	Topp Direct Marketing				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
516.50 Reimbursement from political contributions intended	701Palm Valley Dr. W	Texas 78552			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing Expense	Logo Letterhead	, Pushcard, Envelopes		
	(c) Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH	Ruben De La Rosa	Cameron County Commission	er City Commissioner		
Date	Payee name				
06/15/2021	Vistaprint				
Amount (\$)	Payee address;	City;	State; Zip Code		
198.81 Reimbursement from political contributions intended	9260 Red Rock Road	Reno	Nevada 89508		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	Printing Expense	6 X 9 Postcards			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/C	^{⊳⊩} Ruben De La Rosa	ameron County Commission	er City Commissioner		
Date	Payee name				
06/16/2021	Allegra Printing				
Amount (\$)	Payee address;	City;	State; Zip Code		
96.48 Reimbursement from political contributions intended	1801 S. 77 Sunshine Strip	Harlingen	Texas 78550		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	Printing Expense	Letterhead, Enve	elopes		
,	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	(, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH	Ruben De La Rosa o	ameron County Commissione	r City Commissioner		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Prin		payment/Reimbursement rerhead/Rental Expense xpense Expense Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule G:	Total pages Schedule G: 2 FILER NAME							
2	2 Ruben De La Rosa							
4 Date 5 Payee name								
02/18/2021 M5 Graphics								
6 Amount (\$)	7 Payee address;			City;	State;	Zip Code		
192.83 Reimbursement from political contributions intended	Reimbursement from political contributions 1405 South Palm Court Harlinger					78552		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De			(b) Description	scription			
OF EXPENDITURE	Printing Expense Campa			Campaign Sigr	aign Signs			
	(c) C	eck if travel outside of Texas. Complete Sc	TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct	Candidate / Officeholder name Office sought				Office held			
expenditure to benefit C/OH	Ruben De La Rosa Cameron County Commissioner City Commissioner					ommissioner		
Date	Payee nam	3	- W. W.					
Amount (\$)	Payee addı	ess;		City;	State;	Zip Code		
Reimbursement from political contributions intended		+ 1						
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this s	chedule)	Description				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin,			n, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C		e / Officeholder name	-	Office sought		Office held		
Date	Payee name	•			-			
Amount (\$)	Payee addr	ess;		City;	State;	Zip Code		
Reimbursement from political contributions intended		. •						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	chedule)	Description				
	Ch	eck if travel outside of Texas. Complete Sci	hedule T.	Check if Austin,	tin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidat	e / Officeholder name		Office sought		Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ov Polling E Printing i Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisi Transportation Equipe Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense	
····	T	The Instruction Guide explai	ns now to	complete this form.			
1 Total pages Schedule H: 1	eges Schedule H: 2 FILER NAME Ruben De La Rosa					Commission Filers)	
4 Date	5 Business	name				- Andrew	
6 Amount (\$)	7 Business	address;	·	City;	State;	Zip Code	
		<u> </u>		<u> </u>			
8	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description			
PURPOSE							
OF EXPENDITURE							
	<i>t</i> ->		>				
	L ' '	heck if travel outside of Texas, Complete So	nedule I,		TX, officeholder living e	·	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ite / Officeholder name		Office sought		Office held	
- CAPCHARATO TO BOTTOTIC OFO							
Date	Business	name		ph.		·	
Amount (\$)	Business	address;		City;	State;	Zip Code	
				•		•	
	Category (See Categories listed at the top of this s	chedule)	Description			
PURPOSE							
OF EXPENDITURE		photo the second		·			
EXPERSIONE	Check if travel outside of Texas, Complete Schedule T. Check if Austin,			, TX, officeholder living expense			
Complete ONLY if direct	Çandida	te / Officeholder name		Office sought		Office held	
expenditure to benefit C/O	H/	:		· ·			
Date	Business i	name					
	Business (141114					
Amount (3)	Business	address;		City;	State;	Zip Code	
	Category (See Categories listed at the top of this s	chedule)	Description			
PURPOSE							
OF							
EXPENDITURE							
	Ch	neck if travel outside of Texas, Complete Sci	hedule T.	Check if Austin,	TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		te / Officeholder name		Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule I:	² FILER NAME Ruben De La Rosa	3 Filer ID	(Ethics Co	mmission Filers)				
4 Date	5 Payee name							
6 Amount (\$)	7 Payee address;	City		State	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regar	ding type of	information			
Date	Payee name	` /						
Amount (\$)	Payee address;	City		State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	ding type of	information			
Date	Payee name							
Amount _. (\$)	Payee address;	City		State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	ding type of	information			
Date	Payee name							
Amount (\$)	Payee address;	City		State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	ding type of	information			
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NE	EDED					

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

SCHEDULE K

if the requested information is not applicable, DO NOT include this page in the report.							
The	1 Total pages Sche	dule K:					
2 FILER NAME	Ruben De La Rosa	3 Filer ID (Ethics	s Commission Filers)				
4 Date	5 Name of person from whom amount is received		8 Amount (\$)				
	6 Address of person from whom amount is received; City; Sta	ite; Zip Code	0.00				
	7 Purpose for which amount is received Check if	political contribution	returned to filer				
Date	Name of person from whom amount is received		Amount (\$)				
	Address of person from whom amount is received; City; St	ate; Zip Code	0.00				
	Purpose for which amount is received Check if	political contribution	returned to filer				
Date	Name of person from whom amount is received		Amount (\$)				
	Address of person from whom amount is received; City; Sta	te; Zip Code	0.00				
	Purpose for which amount is received Check if	political contribution	returned to filer				
Date	Name of person from whom amount is received		Amount (\$)				
	Address of person from whom amount is received; City; Sta	ate; Zip Code	0.00				
	Purpose for which amount is received Check if	political contribution	returned to filer				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED					

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

	in the requested information is not applicable, DO NOT include this page in the report.							
	The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:		
2	FILER NAME	Ruben De La	a Rosa			3 Filer ID (Ethics Commission Filers))	
4	Name of Contributor	/ Corporation	or Labor Organization / F	Pledgor / Pay	ee			
						,		
5	5 Contribution / Expenditure reported on:							
	Schedule A2	phonones	nedule B Schedul		Schedule C2		edule F1	
	Schedule F2	Sch	nedule F4 Schedule	e G	Schedule H	Schedule COH-UC Sch	edule B-SS	
6	Dates of travel	travel 7 Name of person(s) traveling						
	l	8 Departu	ure city or name of depart	ure location				
	I	9 Destinat	tion city or name of destir	nation location	n			
10	D Means of transportat	ion	11 Purpose of travel (in	icluding name	e of conference, t	seminar, or other event)		
	Name of Contributor	/ Corporation	or Labor Organization / F	Pledgor / Pay	ee			
	Contribution / Expend	diture reporter	d on:					
	Schedule A2	Sch	edule B Schedule	e B(J)	Schedule C2	Schedule D Sche	edule F1	
	Schedule F2	Sch	edule F4 Schedule	e 6	Schedule H	Schedule COH-UC Sche	edule B-SS	
	Dates of travel	Name o	of person(s) traveling	•				
	Departure city or name of departure location							
	Destination of destination location							
	Means of transportati	ion	Purpose of travel (in	cluding name	e of conference, s	seminar, or other event)		
	Name of Contributor	Corporation	or Labor Organization / F	Pledgor / Pay	ee			
				_				
	Contribution / Expend	liture reported	ion:					
	Schedule A2	Schedu	ule B Schedule B	3(J) S	Schedule C2	Schedule D Schedu	ıle F1	
1	Schedule F2	Schedu	ule F4 Schedule G	i s	schedule H	Schedule COH-UC Schedu	ule B-SS	
7	Dates of travel	Name of	f person(s) traveling	-				
		Departui	re city or name of departu	ure location				
		Destinat	tion city or name of destin	lation location	7		-	
	Means of transportati	ion	Purpose of travel (in	cluding name	of conference, s	seminar, or other event)	***************************************	
		AT	TTACH ADDITIONAL C	OPIES OF T	HIS SCHEDUL	E AS NEEDED		