# RUBEN DE LA ROSA

30 Days Before Election the March 1, 2022

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction 6	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 16
3 CANDIDATE / OFFICEHOLDER	Ms / MRs / MR Mr.	FIRST Ruben	МІ	OFFICE USE ONLY
NAME	NICKNAME	LAST De La Rosa	suffix <b>Sr</b> .	Date Received  - FIGHT OF COUNTY  DEPOSITE MESTING SE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 713 South M Stre	APT / SUITE #; CIT et Harlin	·	WITEPREPATION  APPLICATION  FEB 0 22022
5 CANDIDATE/ OFFICEHOLDER PHONE	(0-0)	NE NUMBER 22-9910	EXTENSION	Date Hand-delivered pr pale Rostalphad
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  Mrs.  NICKNAME	FIRST Anita LAST	MI	Receipt # Amount \$  Date Processed
		De La Rosa		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO B	,,	E#: CITY: Harlingen	state; zip code Texas 78550
(Residence or Business)  8 CAMPAIGN TREASURER PHONE	-	NE NUMBER 10-5755	EXTENSION	
9 REPORT TYPE	January 15	30th day before election	promote: Samuel Albanda	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Da 12 / 31	•	Month THROUGH 2	Day Year  / 1 / 22
11 ELECTION	ELECTION DATE  Month Day Ye  3 / 1 / 22		ELECTION TYPE  Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (if any) City of Harlingen City Com	missioner for District 4	13 OFFICE SOUGHT (if known Cameron County (	o Commissioner PCT 4
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICEHOLDER CONSENT. CANDIDATES AND OFF	. THESE EXPENDITURES MA	AY HAVE BEEN MADE WITHOUT THE CANI	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	TTEE ADDRESS	WOED NAME	
	or Edit so	TTEE CAMPAIGN TREAS		
		GO TO PA	AGE 2	
		GU 10 P	MUE Z	

# **CANDIDATE / OFFICEHOLDER**

## FORM C/OH

	I FINANCE REPORT	COVER	SHEET PG 2
15 C/OH NAME	uben De La Rosa	<b>16</b> Filer ID (Ethic	s 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	\$	50.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$	701.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	0.00
	vear, or affirm, under penalty of perjury, that the accompanying report is true unired to be reported by me under Title 15, Election Code.  Signature of Car		

## 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 a	and seal of office.	÷		
Signature of officer administering oath	Printed name of officer administering oath		Title of officer	administering oath
	OR			
(2) Unsworn Declaration				
My name is Ruben De La Rosa	, and my date	of birth is Dec	ember 7, 1	966
My address is 713 South M Street	Harlinger ,		78550	USA
(street) Executed in Cameron County, State		(state)  February  (menth)  of Candidate/Off	(zip code) , 2022 (year)	(country)
	Olgraduit	o, Canadato/On	iociloladi (Doole	

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmissid	on Filers)
	Ruben De La Rosa			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		ļ	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 CON	ITRIBUTIONS	\$	0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	50.00
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	DS	\$	0.00
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	ONS RETURNED	\$	0.00

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedu The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethios Commission Filers) Ruben De La Rosa 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_ 6 Contributor address; State; Zip Code City; Principal occupation (Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#; Date Amount of contribution (\$) Contributor address Zip Code City; State; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-o te PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instruction Employer (See Instructions) Date Full name of controutor Amount of contribution (\$) out-of-state PAC (ID#: Contributor address; City: State; Zip Code Principal occupation / ob title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requ	uested information is not applicable, <b>DO NOT includ</b>	le this page	in the report.	
T	The Instruction Guide explains how to complete this for	m.	1 Total pages Sched	Jule A2: 1
2 FILER NAM	Ruben De La Rosa		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor	)	8 Amount of Contribution \$	9 In-kind contribution description
	Contributor address; City; State;	Zip Code	C) - I if trough outed	Constitute Schoolule T
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	ide of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR NUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	or is a child, law firm of parent(s) (Yany) (FOR JUDICIAL)	. /	/	
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	;   
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Astructions)	Employe	er (FOR NON-JUDICIA	·
Contributor's	s principal occupation (FOR JUDICIAL)	Oontribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	or is a child, law firm of pare ht(s) (if any) (FOR JUDICIAL)			
			`	
<del></del>	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	II F AS NFEDED	

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

## **PLEDGED CONTRIBUTIONS**

## SCHEDULE B

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

, Т	he Instruction Guide explains how	w to complete this form.	1 Total pages Sch	edule B: 1
FILER NAM	Ruben De La Rosa	a	3 Filer ID (Ethics	Commission Filers)
TOTAL C	OF UNITEMIZED PLEDGES		\$	
Date	6 Full name of pledgor 🔲 o	out-of-state PAC (ID#:	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address;	City; State; Zi	p Code	
			Check if travel ou	italde of Texas. Complete Schedule
) Principal o	ccupation / Job title (See Instructions	i) <b>11</b> Em	oloyer (See Instructions)	
Date	Full name of pledgd	out-of-state PAC (ID#:	of Pledge \$	In-kind contribution description
	Pledgor address;	City; State; Zi	p Code	
			Check if travel ou	<ul> <li>I .</li> <li>tside of Texas. Complete Schedule</li> </ul>
Principal occ	cupation / Job title (See Instructions)	Em	ployer (See Instructions)	
Date	Full name of pledgor 🔲 o	out-of-state PAG (ID#:	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	Oty; State; Zi	p Coo	
Principal oc	cupation / Job title (See Instructions)	) Em <sub>l</sub>	Check if travel ou	I tside of Texas. Complete Schedule
Date .	Full name of pledgor 🔲 o	out-of-state PAC (ID#:	) Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; State; Zip 0	Code	
			Check if travel ou	 tside of Texas. Complete Schedule
Duit single and	cupation / Job title (See Instructions)		bloyer (See Instructions)	· · · · · · · · · · · · · · · · · · ·

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 requested information is not applicable, DO NOT include this page in the report. Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ruben De La Rosa OTAL OF UNITEMIZED LOANS \$ Date o loan Name of lender out-of-state PAC (ID#:\_ Loan Amount (\$) 10 Interest rate Is lender Lender address; Citv: State: Zip Code a financial Institution? 11 Maturity date YN 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 15 14 Description of Collateral Check if personal funds were deposited into political Instructions) account (Seg none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION Zip Code 18 Guarantor address; not applicable 20 Principal Occupation (See Instructions) Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender Out f-state PAC (ID# Interest rate Is lender Lender address: City; ip Code State; a financial Institution? Maturity date Principal occupation / Job title See Instructions) Employer (See Instructions) Description of Collater Check if personal funds were de osited into political account (See Instructions) none GUARANTO Name of guarantor Amount Guaranteed (\$) **INFORMAT** Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## **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 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 co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Ruben De La Rosa		3 Filer ID (Ethics	Commission Filers)
4 Date 01/19/2022	5 Payee name Northern Cameron County Democrat	ic Party		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
50.00	1411 North Stuart Place Road, Suit C	Harlingen	Texas	78552
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Meet the candidate event	Meet the ca	indidate event	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	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 e	vnanca
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		ffice 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 ex	rpense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED	

#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

#### If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission Filers) Ruben De La Rosa TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Pavee address: City: State: Zip Code TYPE OF Non-Political Political **EXPENDITURE** 10 (a) Categor (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** (c) Check if travel outsid f Texas. Complete Schedule Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee addres City; State; Zip Code TYPE OF Non-Political Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) PURPO: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder liv Complete ONLY if direct Candidate / Officeholder name Office held Office sought expenditure to benefit C/OH

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

÷	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
ILER NAM	Ruben De La Rosa	3 Filer ID (Ethics Commission Filers)
Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased;	City; State; Ip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	·
	Address of person from whom bivestment is purchased;	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
-		

## **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 E Candidate/Officeholder/Politic		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 e	xplains how to complete this form.	
Total pages Schedule F4:     1	2 FILER NAME Ruben De La 1	Rosa	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEM	IZED EXPENDITURES CHARC	GED TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State: Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule) (b) Description	
	(c) Check if travel outside of Texas, Con	mplete Scheduler. Check if Au.	stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder ham	e Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE F EXPLANDITURE	Category (See Categories listed at the top	of this schedule) Description	
EXTENDITURE	Check if travel cutside of Texas. Co	mplete Schedule T. Check if Au	stin, TX, officeholder living vigense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nam	e Office sought	Office held
	ATTACH ADDITIONAL CODI	ES OF THIS SCHEDUL F 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 Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Polling Expense Travel In District
Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	, ,
Total pages Schedule G:	<sup>2</sup> FILER NAME Ruben De La Rosa	111111111111111111111111111111111111111	3 Filer ID (Ethics Commission Filers)
Pate	5 Payee name	,	
Amount (*)  Reimbursemen com political contributions intended	7 Payee address;	City;	State; Zip Code
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 Austin,	T, officeholder living expense
omplete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate (Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	$\mathbf{X}$		
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,	. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE F EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDI	ΕD

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

#### SCHEDULE H

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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

otal pages Schedule H:	The Instruction Guide explains how  2 FILER NAME		3 Filer ID (Ethics Commission Filer
	Ruben De La Rosa		2 / Mar 12 (Editor deliminosion   Mor
Date	5 Business name		
Amount (\$)	7 Business address;	City;	State; Zip Code
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 Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
)ate	Business name		
mount (\$)	Business address;	City;	State; Zip Code
PURPOSE	Category (See Categories listed at the top of the schedule)	Description	
OF EXPENDITURE			
	Check if travel outside of Texas, Complete Schedule T,	Check if Austin,	TX, officeholder living expense
complete <u>ONLY</u> if direct openditure to benefit C/O	Candidate / Office holder name	Office sought	Office held
ate	Business name		
mount (\$)	Jusiness address;	City;	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living expense
omplete <u>ONLY</u> if direct xpenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE I

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

	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule I:	<u> </u>		3 Filer ID (Ethics Co	mmission Filers)
1	Ruben De La Rosa			
Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City	State	Zir Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regarding type of	Information
Date	Payee kame			
Amount (\$)	Payee address,	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See	e instructions regarding type of	information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instrictions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type of	information
Date	Paye name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type of	Mormation
	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	dule K: 1					
2 FILER NAME	Ruben De La Rosa	3 Filer ID (Ethics	Commission Filers)			
Date	5 Name of person from whom amount is received		8 Amount (\$)			
	6 Address of person from whom amount is received; City; Sta	te; Zip Code				
	7 Pursose 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	zip Code				
	Purpose for which amount is received Check if	political contribution i	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State	te; Zip Code				
	Purpose for which amount is received Check if	political contribution i	eturned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
/	Andress of person from whom amount is received; City; Sta	ate; Zip Code				
	Purpose for which amount is received Check if	political contribution r	eturned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

## SCHEDULE T

If the requested in	nformation	is not applicable, DO NOT include thi	is page in the report.		
The Instr	uction Guid	1 Total pages Schedule	Total pages Schedule T:  1		
2 FILER NAME	ben De La	Rosa	3 Filer ID (Ethics Cor	3 Filer ID (Ethics Commission Filers)	
		or Labor Organization / Pledgor / Payee		<u> </u>	
5 Conhibution / Expend	p.ecusies.	hazantreen, Kummuland	generature	/	
Schedule A2	F . 5	) :	dule C2 Schedule D	Schedule F1	
Schelule F2	Sch	edule F4 Schedule G Sched	tule H Schedule COH-	UC Schedule B-SS	
6 Dates of travel	7 Name o	of person(s) traveling			
	Departu	re city or name of departure location			
				***************************************	
	9 Destina	tion city or name of destination location			
10 Means of transportat	ion	11 Purpose of travel (including name of cont	ference, seminar, or other event)	**************************************	
Name of Contributor	/ Corporation	or Labor Olyanization / Pledgor / Payee			
Contribution / Expend	diture reporte	d on:			
Schedule A2	Sch	edule B Sched le B(J) Sch	lule C2 Schedule D	Schedule F1	
Schedule F2	Sch	edule F4 Schedule Sched	lule H Schedule COH-I		
Dates of travel	Name o	f person(s) traveling	4,		
	Departu	re city or name of departure location		The state of the s	
Bopararo ony of harne of departure occasion					
	Destination city or name of destination location				
Means of transportat	ion	Purpose travel (including name of conf	ference seminar, or other event)		
Name of Contributor /	Corporation	or Layor Organization / Pledgor / Payee			
Contribution / Expend	liture report	ion:			
Schedule A2	Shedu	ule B Schedule B(J) Schedule	C2 Schedule	Schedule F1	
Schedule F2	Schedu	ule F4 Schedule G Schedule	H Schedule COH UC	Schedule B-SS	
Dates of travel	Name o	f person(s) traveling			
	Departu	re city or name of departure location			
	Destinat	ion city or name of destination location			
Means of transportati	ion	Purpose of travel (including name of conf	erence, seminar, or other event)		
***************************************	Δ1	TACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEFDED		