RUBEN DE LA ROSA

8 Days Before Election the March 1, 2022

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Ms/MRs/MR Mr.	FIRST Ruben	MI	OFFICE USE ONLY
IVAIVIL	NICKNAME	LAST De La Rosa	suffix Sr.	Date Received/MEHUMI AUDINITY DEPARTMENT GENERATIONS & VOTERHERISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	713 South M		city; state; zip code fingen Texas 78550	OPFEB 2 2 2022
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	(956)	PHONE NUMBER 622-9910	EXTENSION	Date Hand-delivered of Sale Postmarked
6 CAMPAIGN TREASURER	Ms/MRs/MR Mrs.	FIRST Anita	MI	Receipt # Amount \$ Date Processed
NAME	NICKNAME	LAST	SUFFIX	Date Processed
		De La Rosa		Date imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS 713 South M	(NO PO BOX PLEASE); APT / S Street	suite #; city; Harlingen	state; zip code Texas 78550
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
THOME	(956)	440-5755	·····	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
OOVERED	2	/ 1 / 22	тнкоидн 2	/ 21 / 22
11 ELECTION	ELECTION DA		ELECTION TYPE	E
	Month Day	Year Primary	Runoff Other Description	
	3 / 1	22 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	•
	City of Harlingen Ci	ity Commissioner for District	Cameron County	Commissioner PCT 4
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES,
001111111111111111111111111111111111111	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
	:	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGN	I FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME	uhon Do La Rosa	16 Filer ID (Ethics Commission Filers)
	uben De La Rosa	
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	\$ 293.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* 407.82
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* * 0.00
	Signature of Car	ndidate or Officeholder
	Signature of Car Please complete either option below	
1) Affidavit		
	Please complete either option below	
NOTARY STAMP/SEAL	Please complete either option below	'.
Sworn to and subscribed I	Please complete either option below	'.
NOTARY STAMP/SEAL	Please complete either option below pefore me by this the thich, witness my hand and seal of office.	'.
NOTARY STAMP/SEAL Sworn to and subscribed I	Please complete either option below before me by this the which, witness my hand and seal of office.	day of
NOTARY STAMP/SEAL Sworn to and subscribed I 20, to certify with the second seco	Please complete either option below before me by this the which, witness my hand and seal of office.	day of
NOTARY STAMP/SEAL Sworn to and subscribed if 20, to certify v ignature of officer administeri	Please complete either option below before me by this the which, witness my hand and seal of office. Printed name of officer administering oath OR	day of
NOTARY STAMP/SEAL Sworn to and subscribed It 20, to certify we describe a subscribe and subscribed It 20, to certify we describe a subscribe and subscribe a	Please complete either option below before me by this the thich, witness my hand and seal of office. Printed name of officer administering oath OR De La Rosa, and my date of birth is	day of
NOTARY STAMP/SEAL Sworn to and subscribed It 20, to certify we describe a subscribe and subscribed It 20, to certify we describe a subscribe and subscribe a	Please complete either option below Defore me by this the which, witness my hand and seal of office. Printed name of officer administering oath OR De La Rosa, and my date of birth is buth M Street, Harlingen, T	Title of officer administering oat December 7, 1966 x. , 78550 USA
NOTARY STAMP/SEAL Sworn to and subscribed II 20, to certify we signature of officer administerion 2) Unsworn Declaration My name isRuben II	Please complete either option below Defore me by this the	Title of officer administering oat December 7, 1966 x. , 78550 , USA ate) (zip code) (country) ary 222

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Cor			
	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	\$	293.36
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 FUI	NDS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	0.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	0.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

11	he Instruction Guide explains how	to complete th	is form.	1 Total pages Schedule A1:
FILER NAM	Ruben De La Rosa			3 Filer ID (Ethics Commission Filers
Date			AC (ID#:)	7 Amount of contribution (\$)
	6 Contributor address;		State; Zip Code	
Principal oc	cupation Nob title (See Instructions)		9 Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state P	AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip ode	
Principal occ	upation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out of-state Pr	AC (Ib	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occ	supation / Job title (See Instructions)		Employer (See Instru	lions)
Date	Fy name of contributor	out-of-state P⊁	AC (fD#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
	upation / Job title (See Instructions)		Employer (See Instruc	tions)

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

T	he Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:	
2 FILER NAM	Ruben De La Rosa		3 Filer ID (Ethics Commission Filers)	
TOTAL	DF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution Contribution \$ description	
	7 Con ributor address; City; State;	Zip Code	Check if traval outside of Texas. Complete Schedule T.	
10 Principal oc	cupation / Job title (P.R NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NOT-JUDICIAL)(See Instructions)	
12 Contributor's	s principal occupation (FOR J&QICIAL)	13 Contribu	uto a job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 L V firm	of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUNCIAL)			
Date	Full name of contributor	Zip Code	Amount of In-kind contribution Contribution \$ description	
Principal occ	cupation / Job title (FCR NON-JUDICIAL) (See Instructions)	Employe	Chick if travel outside of Texas. Complete Schedule T. er (FOR NON JUDICIAL)(See Instructions)	
Contributor's	s principal o cupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JSDICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if an) (FOR JUDICIAL)	
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
		м.		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	LE AS NEEDED	

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

т	The Instruction Guide explains how to complete t	1 Total pages Schedule B: 1		
FILER NAM	Ruben De La Rosa		3 Filer ID (Ethics C	ommission Filers)
TOTAL C	OF UNITEMIZED PLEDGES		\$	
Date	6 Full name of pledgor	¢) 8 Amount of Pledge \$	9 In-kind contribution description
	A Pledgor address; City;	State; Zip Code	 	
· Oringinal ac	- Laboration I laborated		<u> </u>	de of Texas. Complete Schedu
Principal oc	ccupation / Job title (Lee Instructions)	11 Employer (See	(Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#		A Jount I of Pledge \$	In-kind contribution description
	Pledgor address; City	State; Zip Code		
			Check if travel outsi	় de of Texas. Complete Sched১
Principal occ	cupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; Cit.,	State; Zip Code		
			Check travel outside	de of Texas. Complete Schedu
Principal oc	cupation / Job title (See Justructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of I	In-kind contribution b scription
4	Pledgor address; City; Sta	ate; Zip Code	; ; [
			Check if travel outside	de of Texas. Complete Sched
Prip ipal occ	cupation / Job title (See Instructions)	Employer (See		

LOANS SCHEDULE E

If the requested	d information is not appli	icable, DO N	OT include this page in the re	eport.
The	Instruction Guide explain	s how to com	plete this form.	1 Total pages Schedule E: 1
FILER NAME	uben De La Rosa	a		3 Filer ID (Ethics Commission Filers
TOTAL OF UN	NITEMIZED LOANS			\$
Date of loan	7 Name of lender	out-of-stat	e PAC (ID#:)	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address;	City;	State; Zip Code	10 Interest rate
YN				11 Maturity date
Principal occupati	on / Job title See Instruction	ns)	13 Employer (See Instructions)	
Description of Coll	ateral		Check if personal fur account (See Instruc	nds were deposited into political
GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State; Zip Code	
	tion (See Instructions)		1 Employer (See Instructions)	
Date of loan	Name of lender	☐ oft-of-stat	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address;	City;	State; Zip Code	Interest rate
Institution?				Maturity date
Principal occupation	on / Job titl (See Instructions	s)	Employer (See Instructions)	
Description of Colla	atoreil		Check if personal fun account (See Instruc	ds were deposited into political
GUARANTOR INFORMATION	Name of guarantor		asseant (see manus	Amount Guarante ed (\$)
	Guarantor address;	City;	State; Zip Code	
not applicable				
Principal Occupation	on (See Instructions)		Employer (See Instructions)	
If le			PIES OF THIS SCHEDULE AS NEI	

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 a	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		
02/08/2022	Ink Technologies.com		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
293.36	7600 McEwen Road	Dayton	Ohio 45459
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Supplies	Printing Supp	olies
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name I	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	a, 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	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder пате	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE 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) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Contributions	Gift/Awards/Memorials Expense	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	-	plains how to complete this form,	(<u></u>
Total pages Schedule F2: 1	z FILER NAME Ruben De La	a Rosa	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEMIZ	ZED UNPAID INCURRED OF	BLIGATIONS	\$
Data	Payee name		
Amount (\$)	8 Payee address;	City;	Stelle; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	a) Category (See Categories fisted at the top of	of this schedule) (b) Description	
(c	Check if it vel outside of Texas. Compl	lete Schedule T, Chack if Ai	ustin, TX, officeholder living expense
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	f this schedule) Deschation	
	Check if travel outside of Texas, Comp	plete Schedule T. Check if A	Austin, 12 officeholder living expense
Complete ONLY if direct experienture to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS N	EEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

	EXPENDITURE CA	regories for BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	al Committee Legal Services	Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel In District Travel Out Of District Other (enter a category not listed above)
	1	plains how to complete this form.	
Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers
I	Ruben De La R	osa	
TOTAL OF UNITEM	IZED EXPENDITURES CHARG	ED TO A CREDIT CARD	\$
Date	6 Payee name		
Amoun (\$)	8 Payee address;	City;	Sate; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
0	(a) Calegory (See Categories listed at the top of	this schedule) (b) Description	
PURPOSE OF			
EXPENDITURE	(c) Check if travel outside of Texas. Comp	ete Schedule I Check if Au	Istin, TX, officeholder living expense
iomplete <u>ONLY</u> if direct kpenditure 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 EXPENDITUR	Category (See Categories listed at the top of	this schedule) Description	
	Check if travel outside of Texas. Comp	lete Schedule T. Check if Au	ustin, TX, officeholder living expense
Complete ONLY if direct xper diture to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s 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 G:	2 FILER NAME		3 Filer ID (Ethics Commission Filer
1	Ruben De La I	Rosa	C that the (mailing commission that)
Date	5 Payee name		
6 Amount (\$) Reimbursemes from political contribute as intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this so	hedule) (b) Description	
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if distin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate Officeholder name	Office sough	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	nedule) Description	
	Check if travel outside of Texas. Complete Sch	edule T. Chick if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / htticeholder name DH	Office sought	Office held
Date	Payername		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursemen from political controlutions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule) Description	
	Check if travel outside of Texas, Complete Sche	dule 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 NEED	DED

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
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.

	The moderation desired explained flow	o complete and lettin	
Total pages Schedule H:	² FILER NAME Ruben De La Rosa		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Chark if travel outside of Texas, Complete Schedule T.	Check if At Air	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / officeholder name DH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top (this schedule)	Description	
	Check if travel out are of Texas, Complete Schedule T,	C. ck if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Of ceholder name H	Office sought	Office held
Date	Busing s name		
Amount (\$)	Business address;	City;	Stree; Zip Code
PURIOSE OF EXTENDITURE	Category (See Categories listed at the top of this schedule)	Description	
LADITORE	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to co	mplete this form.		1
1 Cotal pages Schedule I 1	: 2 FILER NAME Ruben De La Rosa		3 Filer ID (Ethics	Commission (lers)
4 Date	5 Payee name		<u></u>	
6 Amount (\$)	7 Payee address;	City	Sate	Zip Code
8 PURPOSE OF EXPENDITURE	(a) nategory (See instructions for examples of acceptable cat gories.)	(b) Description (Secrequired.)	e instructions regarding type	of information
Date	Payee name		,	
Amount (\$)	Payee address;		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for example) of acceptable categories.)	Description (Secrequired.)	e instructions regarding type	of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zíp Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Sec required.)	e instructions regarding type	of information
Date	Payee name			
Amount (\$)	Pauee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e Instructions regarding type	of Cormation
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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:
FILER NAI	ме 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	; State; Zip Code
	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	State; Zip Code
	Purpose for which amount is received	Check if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (S
	Address of person from whom an ount is received; City;	State; Zip Code
	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;	State; Zip Code
4		

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

SCHEDULE T

The Inst	ruction Guide	explains	how to complete t	his form.	1 Total pages Sc	hedule T:	1
2 FILER NAME	uben De La F	 ⊋osa			3 Filer ID (Ethi	cs Commission	r Filers)
			rganization / Pledgor	/ Payee			
5 Contribution / Expen	editure reporter	l nn:					
Schedule A2	ł	edule B	Schedule B(J)	Schedule Ca	2 Schedule [, _	Schedule F1
Schedule F2		edule F4	Schedule G	Schedule H	Schedule (j	Schedule B-S
6 Dates of travel	7 Name of	person(s)	traveling		, ·		
•	8 Departur	re city or na	ame of departure loca	ation			
	9 Destinati	on city or r	name of destination lo	ocation			
10 Means of transporta	tion	1 Purpos	se of travef (including	name of conference	e, seminar, or ther ev	ent)	
Name of Contributor	/ Corporation	or Labor Or	rganization / Pledgor	/ Payee			
Contribution / Expen	diture reported	on;					
Contribution / Expension		l on; edule B	Schedule B(J)	Schedule Ca	2 Schedule D)	Schedule F1
<u> </u>	Sche	r	Schedule B(J) Schedule G	Schedule C2	Schedule D	,	Schedule F1
Schedule A2	Sche	edule B	Schedule G		1 graphinana	,	
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