RUBEN DE LA ROSA

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 16
3 CANDIDATE / OFFICEHOLDER NAME	Ms/Mrs/Mr Mr.	FIRST . Ruben	MI	OFFICE USE ONLY
NAME	NICKNAME	LAST De La Rosa	suffix Sr.	Date Received ON COUNTY CATE ON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	713 South M		city; state; zip code lingen Texas 78550	JUL 12 2022
Change of Address				netere /
5 CANDIDATE/ OFFICEHOLDER PHONE	(956)	PHONE NUMBER 622-9910	EXTENSION	Date Hand-d
6 CAMPAIGN TREASURER	MS/MRS/MR Mrs.	FIRST Anita	MI	Receipt # Amount 1
NAME	NICKNAME	LAST De La Rosa	SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SE	UITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	713 South M	1 Street	Harlingen	Texas 78550
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(956)	PHONE NUMBER 440-5755	EXTENSION	
9 REPORT TYPE	January 15	30th day before el	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 2	Day Year / 21 / 22	THROUGH 7	Day Year / 1 / 22
11 ELECTION	ELECTION DA	·ΤΕ	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other	
	3 /1 /	General General	Description Special	
12 OFFICE	OFFICE HELD (if any) City of Harlingen C	ity Commissioner for District	13 OFFICE SOUGHT (if known) Cameron County (Oommissioner PCT 4
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
	1	GO TO I	PAGE 2	·

	TE / OFFICEHOLDER N FINANCE REPORT	COVE	FORM C/OH R SHEET PG 2
15 C/OH NAME	luben De La Rosa	16 Filer ID (I	Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOA CONTRIBUTIONS MADE ELECTRONICALLY)		0.00
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARAN	NTEES OF LOANS)	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	E . \$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	328.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAIN OF REPORTING PERIOD	ED AS OF THE LAST DAY \$	79.61
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANI LAST DAY OF THE REPORTING PERIOD	DING LOANS AS OF THE \$	0.00
	ewear, or affirm, under penalty of perjury, that the accompa- quired to be reported by me under Title 15, Election Code.	Signature of Candidate or Of	2
	Please complete either	antian helaw:	

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 an	id seal of office.				
Signature of officer administering oath	Printed name of officer adminis	tering oath		Title of officer	administering oath
	OR				
(2) Unsworn Declaration					
My name is Ruben De La Rosa		and my date of birt	_{h is} Dec	ember 7,	1966
My address is713 South M Street		Harlingen	, <u>Tx.</u> ,	78550	USA
(street) Executed in Cameron County, State o	f_Texas, on the		(state)	(zip code) , 2022 (year)	(country)
	_	Signature of Ca	andidate/Offi	ceholder (Decl	arant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmissio	n Filers)
	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	\$	320.21
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	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

Ruben De La Rosa Pale 5 Full name of contributor out-of-state PAC (ID#:	1	The Instruction Guide explains how	to complete tl	his form.	1 Total pages Schedule A1:
Contributor address; City; State; Zip Code	FILER NA				3 Filer ID (Ethics Commission Filers)
Principal occupation / Sub title (See Instructions) Date Full name of constitutor Contributor address; City; State; Zip Code Amount of contribution (\$) Principal occupation / Job title (See Instructions) Engroyer (See Instructions) Engroyer (See Instructions) Principal occupation / Job title (See Instructions) Engroyer (See Instructions) Engroyer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Date				7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:					
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Principal o	occupation / S to title (See Instructions)		9 Employer (See Instru	uctions)
Principal occupation / Job title (See Instructions) Erro foyer (See Instructions) Date Full name of contributor out-of-state AC (ID#:	Date	Full name of contributor	out-of-state f	PAC (ID#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:		Contributor address;	Gity;	State; Zip Cod	
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Principal oc	ccupation / Job title (See Instructions)		Englisyer (See Instru	lctions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Date	Full name of contributor	out-of-state	AC (ID#:	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Contributor address; City; State; Zip Code		Contributor address;	City;	State; Zip Cod	
Contributor address; City; State; Zip Code	Principal oc	ccupation / Job title (See Instrictions)		Employer (See Instru	uctions)
	Date	Full name of contributor	out-of-state i	PAC (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address;	City;	State; Zip Code	
	Principal od	ccupation / Job title (See Instructions)		Employer (See Instru	uctions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

T	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 1
2 FILER NAM	Ruben De La Rosa		3 Filer ID (Ethics Co	mmission Filers)
TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind o ntribution descrition
	7 Contributor address; City; State;	Zip Code	Check if trade outs] ide of Texas. Complete Schedule
IO Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOP JON-JUDICI	AL)(See Instructions)
2 Contributor	s principal occupation (FOR JAOICIAL)	13 Contrib	tor's job title (FOR JU	JDICIAL) (See Instructions)
l4 Contributor	s employer/law firm (FOR JUDICIAL)	10 Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)
l6 if contributo	or is a child, law firm of parent(s) (if any) (FOR JUNICIAN)			
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description
	Contributor address City; State;	Zip Code	Chack if travel outsi	
Principal oc	ccupation / Jobante (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NO LJUDICI	AL)(See Instructions)
Contributor	's principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR Jo	QICIAL) (See Instructions)
Contributor	's employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spou	se (if an) (FOR JUDICIAL)
If contribute	or 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

7	The Instruction Guide explains how to complete	this form.	1 Total pages Schedu	^{ие В:} 1
FILER NAI	ме Ruben De La Rosa		3 Filer ID (Ethics Co	ommission Filers)
TOTAL (OF UNITEMIZED PLEDGES		\$	
Date		IDE.	8 Amount	9 In-kind control
Date	6 Full name of pledgor out-of-state PAC (I	D#	of Pledge \$	description
	Pledgor address; City;	State; Zip Code	 	
			Check if travel dtsi	de of Texas. Complete Scheo
Principal o	occupation / 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
	Pledgor address; Oty;	State; Zip C de		1
			Check if travel outsi	de of Texas. Complete Sche
Principal oc	ccupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor	ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City;	State; Zip Code		
			o eck if travel outsi	de of Texas. Complete Sche
Principal o	eccupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	all name of pledgor out-of-state PAC (D#:)	Amount of Pledge \$	In-kind contribution description
AND THE OWNER OF THE OWNER OWNER OF THE OWNER OWN	Pledgor address; City;	State; Zip Code	1	
			Check if travel outsi	de of Texas. Complet Sche
rincipal oc	ccupation / Job title (See Instructions)	Employer (See	Instructions)	

SCHEDULE E **LOANS** If the requested information is not applicable, DO NOT include this page in the report. 1 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 TOTAL OF UNITEMIZED LOANS \$ 5 Date Name of lender Loan Amount (\$) loan out-of-state PAC (ID#:_ 10 Interest rate Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturi 12 Principal occupation / Job t 13 Employer (See Instructions) (See Instructions) 14 Description of Collateral 15 Check if persona unds were deposited into political account (See none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION Zip Code 18 Guarantor address; not applicable 20 Principal Occupation (See Instructions) nployer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of te PAC (ID# Interest rate Is lender City; Zip Code Lender address; a financial Institution? Maturity date YN Principal occupation / Job title (Seg Employer (See Instructions instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount aranteed (\$) **GUARANTOR** Name of guarantor INFORMATION Guarantor address; City; State; Zip Code applicable cipal 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (extra category not listed shows)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.		
Total pages Schedule F1:	2 FILER NAME Ruben De La Rosa		3 Filer ID (Ethics	Commission Filers)
1 Date	5 Payee name			
03/01/2022	Stefanos Brooklyn Pizza			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
200.00	5999 West Business 83	Harlingen	Texas	78552
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food	Election Part	:у	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name -I	Office sought	(Office held
Date	Payee name			
03/01/2022	Sam's Club			
Amount (\$)	Payee address;	City;	State;	Zip Code
128.21	621 North Express. 77	Harlingen	Texas	78550
	Category (See Categories listed at the top of this schedule)	Description		······
PURPOSE OF EXPENDITURE	Food / Supplies	Food / Supplie	es for Election	Party
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living o	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	in, TX, officeholder living e	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

Solicitation/Fundraising Expense

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule F2:	2 FILER NAME Ruben De La F	Rosa	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEM	IIZED UNPAID INCURRED OBLI	GATIONS	\$ /
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	s schedule) (b) Description	
PURPOSE OF EXPENDITURE			
	(c) Check if travel outside of Texas, Complete	Schedule T. Check if Aus	stin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder na ge	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 thi	s schedule) Description	
	Check if travel outside of Texas, Complete	Schedule T, Check If A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NE	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
FILER 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 archase;	
	Address of person from who investment is purchased;	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE 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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explair	ns how to complete this form.	· · · · · · · · · · · · · · · · · · ·
Total pages Schedule F4:	2 FILER NAME Ruben De La Rosa	1	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee name		
Amount (\$)	8 Payee address;	City;	Stae; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category See Categories listed at the top of this	schedule) (b) Des ription	
	(c) Check if travel outside of Texas. Complete	Schedule Check If A	ustin, TX, officeholder living expense
1 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
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE	Category (See Categories listed at the top of this	s schedule) Description	
OF EXPENDITULE	Check if travel outside of Texas. Complete	SchedulaT Check if A	Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct extenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS N	EEDED

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 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/Politi credit Card Payment		gal Services Salarier The Instruction Guide explains how to	s/Wages/Contract Labor complete this form.	Other (enter a category not listed ab	ove)
Total pages Schedule G:	2 FILER NAME	Ruben De La Rosa		3 Filer ID (Ethics Commission	n Filers)
Date	5 Payee name	Nason so La Naso		I	
Amount (\$) Reimburseme t from political contributions intended	7 Payee addres	ss;	City;	State; Zir Co	ode
PURPOSE OF EXPENDITURE	(a) Category (Sec	e Categories listed at the top of this schedule)	(b) Description		
	(c) Check	k if travel outside of Texas, Complete Schedule T.	Check if Austin	n, officeholder living expense	
emplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate	V Officeholder name	Office sought	Office held	1
Date	Payee name				
Amount (\$)	Payee addres	ss;	City;	State; Zip Co	ode
Reimbursement from political contributions intended		X			
PURPOSE OF EXPENDITURE	Category (Se	e Categories fisted at the to of this schedule)	Description		
	Chec	k if travel out of Texas, Complete Schedule T.	C eck if Austi	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/		/ Officeholder name	Office sought	Office held	!
Date	Payee name				
Amount (\$)	Payee addres	ss;	City;	State, Zip Code	e
Reimbursement from political contributions intended					
PUR OSE OF EXPENDITURE	Category (Se	e Categories listed at the top of this schedule)	Description		
	Chec	k if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
	Candidate	/ Officeholder name	Office sought	Office held	4

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

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

Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Gift/Awards/Memorials Expense Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category	not listed above)
Total pages Schedule H:	2 FILER N	AME	ns how to complete this form.	3 Filer ID (Ethics (Commission Filers)
		Ruben De La Ros	ia		
Oate	5 Business	s name			
Amoun (\$)	7 Business	address;	City;	State;	Zip Gode
PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule) (b) Description		
EX EXPLORE	(c)	Check if travel outside of Texas, Complete Sc	hedule T. Check if Austi	in, , officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office sought	C	ffice held
Date	Business	s name			
Amount (\$)	Business	s address;	City;	State;	Zip Code
PURPOSE OF	Category	(See Categories listed at the top of this so	chedule, Description		
EXPENDITURE		Check if travel outsid of Texas. Complete Sci	hedule T. Sheck if Austi	in, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office sought	0	ffice held
Date	Busines	name			
Amount (\$)	Business	address;	City;	Sate;	Zip Code
PUPPOSE	Category	(See Categories listed at the top of this s	chedule) Description		
OF FRENDITURE		Check if travel outside of Texas, Complete Sc	hedule T. Check if Aust	in, TX, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name	Office sought	C	office held
	ATT	ACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEI	EDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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

	The Instruction Guide explains how to co	omplete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics C	commission Filers)	
1	Ruben De La Rosa				
4 Date	5 Payee name				
6 Amount (6)	7 Payee address;	City	State	7 o Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for exemples of acceptable categories.)	(b) Description (See in required.)	nstructions regarding type o	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 a required.)	nstructions regarding type o	of information	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See in fructions for examples of acceptable categories.)	Description (See i required.)	nstructions regarding type o	of information	
Date	Pare name				
Amount (\$)	Payee address;	City	tate	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)	Description (See i required.)	nstructions regarding type of	of information	
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEE	DED		

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

SCHEDULE K

1	The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
ILER NAI	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 Pulsose for which amount is received Ch	eck if political contribution realmed to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City;	Style; Zip Code
	Purpose for which amount is received Ch	eck 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 Ch	eck if political contribution returned to filer
Date	Name of puson from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City;	State; Zip Code
	Purpose for which amount is received Ch	neck if political contribution returned to filer
_		

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

SCHEDULE T

If the requested inform	nation is not applicable, DO NOT include this page	e in the report.
The Instruction	Guide explains how to complete this form.	1 Total pages Schedule T:
FILER NAME Ruben F	De La Rosa	3 Filer ID (Ethics Commission Filers)
	poration or Labor Organization / Pledgor / Payee	
5 Contribution / Expenditure r	reported on:	· /
9 hedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1
Schellule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Chedule B-SS
Dates of travel 7 N	Name of person(s) traveling	
	Departure city or name of departure location	
9 0	Desirtation city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference	, seminar, or other event)
Name of Contributor / Corp	poration or Labor Organization / Pledgor / Payee	
Contribution / Expenditure r	reported on:	
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1
Schedule F2	Schedule F4 Schedule Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name of person(s) traveling	
Ē	Departure city or name of departure location	
С	Destination city or name of destination location	
l Means of transportation	Purpose of travel (including name of conference	seminar, or other event)
Name of Contributor / Corpo	oration or Labor Organization / Pledgor / Payee	
Contribution / Expenditure r	reporter on:	
Schedule A2	Schedule B(J) Schedule C2	Schedule F1
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule CONUC Schedule B-SS
Dates of travel	Name of person(s) traveling	
3	Departure city or name of departure location	
	Destination city or name of destination location	
leans of transportation	Purpose of travel (including name of conference	, seminar, or other event)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED