## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to	complete this form.	1 Filer ID (Ethics Com	mission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	JOSEPH	•	МІ	OFFICE	USE ONLY
NAME	NICKNAME "JOE"	BECERRA		SUFFIX	Date Received  RECVD VI	A EMAIL
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. BOX 347		ENBERG, TX	ZIP CODE 77471	FEB. 05, 202	24
6 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION			
OFFICEHOLDER PHONE	(281)	239-4436	EXTENSION		Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR MR.	FIRST		мı <b>J</b> .	Receipt #	Amount
NAME	NICKNAME				Date Processed	
	NICKNAME	BECERRA		SUFFIX	Date Imaged	
7 CAMPAIGN		PO BOX PLEASE); APT / SU			STATE;	ZIP CODE
TREASURER ADDRESS	7404 TOWN C	ENTER BLVD. #	406. ROSENB	ERG.	TX.	77471
(Residence or Business)						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER	, 281	786-6863				
PHONE	(201 )	700-0003				
9 REPORT TYPE	January 15	30th day before e	lection Runoff		15th day after treasurer ap (Officeholder	pointment
	July 15	8th day before ele	ction Exceeder Reportin	ed Modified ng Limit		(Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year	
COVERED	01	01 / 24	THROUGH	01	25 / 24	
11 ELECTION	ELECTION DATE		EL	ECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	03 / 05 /	General General	Special			
	0551051151 0 (4)		40			
12 OFFICE	OFFICE HELD (if any)		FBC JUST	ICE OF	THE PEACE	PCT. 4
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
Additional Pages						
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS			
		CO TO	DACE 0			
GO TO PAGE 2						

### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

	FILER NAME DSEPH "JOE" BECERRA	20 Filer ID (Ethics Cor	mmissi	on Filers)
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	\$525.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$200.00
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			0.00
4.	SCHEDULE E: LOANS			0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	\$936.62
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 FUNDS		\$	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 CONTRIBUTIONS		\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			0.00

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH

CAMPAIG	N FINANCE REPORT		COVER SHEET PG 2		
16 C/OH NAME JOSEPH "JOE" BECE	ERRA		16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL C PLEDGES, LOANS, OR GUARANTI CONTRIBUTIONS MADE ELECTRO	EES OF LOANS, OR	\$ 0.00		
	<ol> <li>TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS,</li> </ol>		\$ \$525.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	(PENDITURE.	\$ 0.00		
• • • • • • • • • • • • • • • • • • • •	4. TOTAL POLITICAL EXPENDITU	RES	\$ \$936.62		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	S MAINTAINED AS OF THE LAS	\$266.51		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PE	L OUTSTANDING LOANS AS OF	* 0.00		
18 SIGNATURE IS	wear, or affirm, under penalty of perjury, that t	he accompanying report is true	e and correct and includes all information		
rec	quired to be reported by me under Title 15, Election	on Code.			
		Stopature of Ca	ndidate or Officeholder		
		Signature of Ca	indicate of Officeriolder		
	Please complete	e either option below	r:		
(1) Affidavit	JACQUELINE FELAN Notary ID #3349442 My Commission Expires February 14, 2025				
NOTARY STAMP/SEAL JOSEPH BULEVICE 5th Zehman					
Sworn to and subscribed before the by 303071000000000000000000000000000000000					
to certify which, witness my hand and seal of office.					
Signature of officer administeri	ing oath Printed name of officer ac	Iministering oath	Title of office administering oath		
	OR				
(2) Unsworn Declaratio	n				
My name is, and my date of birth is					
My address is	y address is,,,,,				
	(street)	(city) (s	tate) (zip code) (country)		

\_\_\_\_\_ County, State of \_\_\_\_\_\_, on the \_\_\_

Executed in \_

Signature of Candidate/Officeholder (Declarant)

\_\_ day of \_\_\_\_(month)

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete this fo	1 Total pages Schedule A1: 1	
2 FILER NAME JOSEPH "JO	DE BECERRA		3 Filer ID (Ethics Commission Filers)
4 Date 01/8/24	<b>5</b> Full name of contributor out-of-state PAC (II RACHEL BECERRA	D#:)	7 Amount of contribution (\$) \$25.00
	6 Contributor address; City; 407 5TH STREET. ROSENBERG.	State; Zip Code TX 77471	
8 Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 01/11/24	Full name of contributor out-of-state PAC (ID#)  NATALIE GARCIA		Amount of contribution (\$) \$500.00
0	Contributor address; City; 2006 SHADY OAKS LN. ROSENBE	State; Zip Code RG, TX <b>77471</b>	
Principal occupation / Job title (See Instructions)  Employer (See Instru		Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID#)		Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ions)
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

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.

	ne Instruction Guide explains how to complete this for	1 Total pages Schedule A2: 1			
2 FILER NAME JOSEPH "JOE" BECERRA			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB			\$		
5 <sub>Date</sub> 01/14/24	6 Full name of contributor ☐ out-of-state PAC (ID#:		8 Amount of   9 In-kind contribution Contribution   description   \$200.00   MARKETING		
	7 Contributor address; City; State; 504 2ND ST ROSENBERG. TX.	Zip Code 77471			
STUDEN			11 Employer (FOR NON-JUDICIAL)(See Instructions) STUDENT		
12 Contributor's N/A	principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions) N/A			
14 Contributor's N/A	s employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)  N/A			
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	Zip Code	Amount of In-kind contribution description		
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (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.

# 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

Gedit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME JOSEPH "JOE" BECERRA	3 Filer ID (Ethics Commission Filers)			
4 Date 01/11/24	5 Payee name LOWES HOME & GARDEN SUPPLY STORE				
6 Amount (\$)	7 Payee address;				
\$17.28	28005 SOUTHWEST FWY	ROSENBERG	State; Zip Code TX 77471		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	OTHER	SIGN SUPPLIES			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought			
Date	Payee name			_	
01/12/24	LOWES HOME & GARDEN SUPPLY STORE				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$77.70	28005 SOUTHWEST FWY ROSENBE				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	OTHER	SIGN SUPPLIE	FS		
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	in, TX, officeholder living expense			
Complete ONLY if direct		Office held			
Date	Payee name			_	
01/16/24	M3 GRAPHICS INC.				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$841.64	11730 S WILCREST DR.	HOUSTON	TX. 77099		
	Category (See Categories listed at the top of this schedule)	Description		_	
PURPOSE	PRINTING EXPENSE	YARD SIGNS		3	
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 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 NEEDED					