

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	FIRST J Christian	MI	OFFICE USE ONLY Date Received FEB 23 2026 PCVD Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged			
	NICKNAME	LAST Becerra	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4311 Pond Apple Place Richmond TX 77406						
	AREA CODE	PHONE NUMBER	EXTENSION				
5 CANDIDATE / OFFICEHOLDER PHONE	(281)	726-2910					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Dr. William Troy	MI				
	NICKNAME	LAST Rodriguez	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 17034 University Place Sugar Land TX 77479						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(281)	494-9191					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)						
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	1	23	26		2	21	26
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	3	3	26	<input type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	434th District Court Judge			County Judge			
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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 TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>J Christian Becerra</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>12025.-</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>9430.11</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1305.98</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is J. Christian Becerra and my date of birth is 6/29/1970
 My address is 4311 Pond Apple Pl, Richman, Tx 77406 USA
 Executed in Fort Bend County, State of Texas on the 23 day of February, 2026

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>J Christian Becerra</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>12025.</i>
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>9430.11</i>
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

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 form.		1 Total pages Schedule A1:
2 FILER NAME J. Christian Becerra		3 Filer ID (Ethics Commission Filers)
4 Date 01/21/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Shazia Ansar 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) self employed		9 Employer (See Instructions)
Date 01/21/2026	Full name of contributor out-of-state PAC (ID#: _____) Shazia Ansar Contributor address; City; State; Zip Code	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)
Date 01/28/2026	Full name of contributor out-of-state PAC (ID#: _____) Angela Velasquez Contributor address; City; State; Zip Code 1126 Wood Fern Dr Sugar Land TX 77479	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Amaro Law Firm
Date 01/29/2026	Full name of contributor out-of-state PAC (ID#: _____) Neil E Burgess Contributor address; City; State; Zip Code 1930 Saxon Bend Trail Richmond TX 77469	Amount of contribution (\$) 1,000.00
Principal occupation / Job 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.

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 form.		1 Total pages Schedule A1:
2 FILER NAME J Christian Becerra		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____) David & Heather Monico	7 Amount of contribution (\$) 300.00
	6 Contributor address; City; State; Zip Code Sugar Land TX 77498	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____) David Kiatta	Amount of contribution (\$) 500.00
02/11/2026	Contributor address; City; State; Zip Code 345 Commerce Green Suite 200 Sugar Land TX 77478	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Attorney

Date	Full name of contributor out-of-state PAC (ID#: _____) Carta Title LLC	Amount of contribution (\$) 250.00
02/06/2026	Contributor address; City; State; Zip Code 2015 S Shepherd Dr. Suite 200 Houston TX 77018	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Carta Title LLC

Date	Full name of contributor out-of-state PAC (ID#: _____) Lauralie Francis-Besminter	Amount of contribution (\$) 5.00
1/24/2022	Contributor address; City; State; Zip Code 13403 Greywood Dr Sugar Land TX 77408	
Principal occupation / Job title (See Instructions) Computer Tech		Employer (See Instructions) self

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME J. Christian Becerra		3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2026	5 Full name of contributor Amazot Verma out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 500.-
	6 Contributor address; City; State; Zip Code 14403 Ardwell Drive TX 77443	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 02/24/2026	Full name of contributor Amy Tomlinson out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.-
	Contributor address; City; State; Zip Code 1911 Magnolia Dr Houston TX 77023	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

Date	Full name of contributor Nataliya Gamez out-of-state PAC (ID#: _____)	Amount of contribution (\$) 300.-
	Contributor address; City; State; Zip Code 21714 Turkey Tangle Ct Houston TX 77033	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Attorney

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)

Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME J. Christian Becerra		3 Filer ID (Ethics Commission Filers)
4 Date 1/27/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Chakilla Robinson 6 Contributor address; City; State; Zip Code 6445 FM 1463 Katy TX 77494	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Health Admin		9 Employer (See Instructions) Davita
Date 1/28/2026	Full name of contributor out-of-state PAC (ID#: _____) Ben Mendez Contributor address; City; State; Zip Code 3207 Long Ranch Ct Hou TX 77059	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 1/29/2026	Full name of contributor out-of-state PAC (ID#: _____) Chris Kay - Kapetanakis Contributor address; City; State; Zip Code 1203 Villmont Hou TX 77077	Amount of contribution (\$) 150.-
Principal occupation / Job title (See Instructions) Health Care Architect		Employer (See Instructions)
Date 2/4/2026	Full name of contributor out-of-state PAC (ID#: _____) Daniel Stoecker Contributor address; City; State; Zip Code 5911 Raven Mill Ct Sugar Land TX	Amount of contribution (\$) 100.-
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) GW Catalyst LLC

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME J. Christian Becerra		3 Filer ID (Ethics Commission Filers)
4 Date 2/8/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Vi Kram Vi J	7 Amount of contribution (\$) 500.-
6 Contributor address; City; State; Zip Code 2501 DryBark Lane Pearland TX 77581		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Vi J & Krell
Date 2/19/2026	Full name of contributor out-of-state PAC (ID#: _____) Syed Razzogi	Amount of contribution (\$) 1000.-
Contributor address; City; State; Zip Code 11511 Hakey Hollow Richmond TX 77407		
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Wellford Group
Date 2/11/2026	Full name of contributor out-of-state PAC (ID#: _____) Patrick McCann	Amount of contribution (\$) 500.-
Contributor address; City; State; Zip Code 700 Louisiana 3950 Hou TX 77002		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 2/11/2026	Full name of contributor out-of-state PAC (ID#: _____) Mike Diaz	Amount of contribution (\$) 2000.-
Contributor address; City; State; Zip Code 1332 Cascade Falls Friendswood TX 77546		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME J. Christian Becerra		3 Filer ID (Ethics Commission Filers)
4 Date 2/12/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Bryan Lane	7 Amount of contribution (\$) 1000.-
6 Contributor address; City; State; Zip Code 3206 Trotwood Ln Katy TX 77494		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Bryan Lane
Date 2/13/2026	Full name of contributor out-of-state PAC (ID#: _____) Lonnie Knowles	Amount of contribution (\$) 1000.-
Contributor address; City; State; Zip Code 1001 Texas #120 Hou TX 77002		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Office L. Knowles
Date 2/13/2026	Full name of contributor out-of-state PAC (ID#: _____) Richard R Torres	Amount of contribution (\$) 250.-
Contributor address; City; State; Zip Code 4133 Stillman Hou TX 77007		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 2/17/2026	Full name of contributor out-of-state PAC (ID#: _____) Hakim Nachlab	Amount of contribution (\$) 10.-
Contributor address; City; State; Zip Code 4300 Richmond Ave 302F Hou TX 77057		
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Sarifa Realty
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME J. Christian Becerra		3 Filer ID (Ethics Commission Filers)
4 Date 2/17/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Rebecca Junker	7 Amount of contribution (\$) 100.-
	6 Contributor address; City; State; Zip Code 302 Seaside Sparrow Way Attmore TX 74609	
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions)
Date 2/19/2026	Full name of contributor out-of-state PAC (ID#: _____) Loretta Quintanilla	Amount of contribution (\$) 10.-
	Contributor address; City; State; Zip Code 2528 Hayes Rd 13at Houston TX 77082	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
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)
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)

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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 | 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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME J Christian Becerra	3 Filer ID (Ethics Commission Filers)
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4 Date 2/2/2026	5 Payee name Felicia J. Thomas
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6 Amount (\$) 2000.00	7 Payee address; 311 Zalaigh Row City, State; Zip Code Missouri City TX 77459
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Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Exp	(b) Description Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/22/2026	Payee name MARISSA RODRIGUEZ
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Amount (\$) 3,600.00	Payee address; City, State; Zip Code
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Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Exp	Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/26/2026	Payee name Extra Space 1945
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Amount (\$) 129.00	Payee address; 7940 W Grand Parkway Richmond TX 77406 City, State; Zip Code
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Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp	Description Sign Storage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME J Christian Becerra	3 Filer ID (Ethics Commission Filers)
4 Date 02/03/2026	5 Payee name Rolling Dough by AVMA LLC	
6 Amount (\$) 29.00	7 Payee address; City; State; Zip Code 1827 Richmond Parkway Richmond TX 77469 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food and Beverage	(b) Description Campaign Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/06/2026	Payee name Soliz Tacos	
Amount (\$) 29.67	Payee address; City; State; Zip Code 11131 Harlem RD 110 Richmond TX 77406 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food and Beverage	Description Campaign Meeting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/10/2026	Payee name Richmond Diner	
Amount (\$) 49.34	Payee address; City; State; Zip Code 1803 Richmond Parkway Richmond TX 77469 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food and Beverage	Description Campaign Meeting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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 NEEDED

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 | 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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME J Christian Becerra	3 Filer ID (Ethics Commission Filers)
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4 Date 02/11/2026	5 Payee name Sweet Paris
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6 Amount (\$) 12.76	7 Payee address; 15911 City Walk Sugar Land TX 77478 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food and Beverage	(b) Description Campaign Meeting
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/30/2026	Payee name Tamara Hudger
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Amount (\$) 230.00	Payee address; <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/3/2026	Payee name Fort Bend County Sheriff Assoc.
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Amount (\$) 100.-	Payee address; <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME J Christian Becerra	3 Filer ID (Ethics Commission Filers)
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4 Date 02/09/2026	5 Payee name Anthony Lacsamana
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6 Amount (\$) \$55.00	7 Payee address; City; State; Zip Code Check if individual's residence address.
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Donation Lulac
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/09/2026	Payee name Elizabeth Ochoa
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Amount (\$) 300.-	Payee address; City; State; Zip Code Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation for TEJANO committee
	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 name	Office sought	Office held
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Date 2/10/2026	Payee name Girl Scouts
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Amount (\$) 24.00	Payee address; City; State; Zip Code Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation
	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 name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME J Christian Becerra	3 Filer ID (Ethics Commission Filers)
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4 Date 2/10/2026	5 Payee name Burt Levine
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6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Exp	(b) Description Campaign Exp
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/10/2026	Payee name Felicia J. Thomas
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Amount (\$) 500.00	Payee address; City; State; Zip Code 311 Zalaugh Row Missouri City TX 77459
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Exp	Description Consulting
	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 name	Office sought	Office held
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Date 2/13/2026	Payee name Sheena Navarro
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Amount (\$) 395.-	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Adv Exp
	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 name	Office sought	Office held
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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 | 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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME J Christian Becerra	3 Filer ID (Ethics Commission Filers)
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4 Date 02/13/2026	5 Payee name Absolutely Focus Media
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6 Amount (\$) 800.-	7 Payee address; City; State; Zip Code Check if individual's residence address.
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Advertising
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/17/2026	Payee name Soliz TACO
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Amount (\$) 30.14	Payee address; City; State; Zip Code 11131 Harlem Rd 110 Richman TX 77406 Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food + Bev	Description Campaign Meeting
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/17/2026	Payee name Fort Bend Herald
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Amount (\$) 500.-	Payee address; City; State; Zip Code 1902 S. Fourth Rosenberg TX 77471 Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Advertising Ad
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 | 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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME J Christian Becerra	3 Filer ID (Ethics Commission Filers)
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4 Date 2/20/2024	5 Payee name Drippe
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6 Amount (\$) 57.85	7 Payee address; 3514 Center Point Blvd SAN FRANCISCO CA 94080
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City; State; Zip Code

Check if individual's residence address.

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/20/2024	Payee name Act Blue
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Amount (\$) 286.20	Payee address; PO Box 44146 Somerville MA 02144
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City; State; Zip Code

Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	(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/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;
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City; State; Zip Code

Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name <u>J. Christian Becerra</u>	Filer ID #
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- I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the FEC ~~election~~ report due on FEB 23, 2024. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Signature of Filer

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 administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is J. Christian Becerra and my date of birth is 6/29/1970.

My address is 4311 POND APPLE PL Richmond TX 77406 USA
(street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of TX, on the 23 day of February, 20 24
(month) (year)

Signature of Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER