

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <u>Ruben</u>	MI
	NICKNAME	LAST <u>De la Rosa</u>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	<u>713 South m street Harlingen, Texas 78550</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<u>(956) 622-9910</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <u>Anita</u>	MI
	NICKNAME	LAST <u>De la Rosa</u>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	<u>713 South m street Harlingen, Texas 78550</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<u>(956) 494-4539</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
10 PERIOD COVERED	Month	Day	Year
	<u>04</u>	<u>09</u>	<u>2015</u>
11 ELECTION	Month	Day	Year
	<u>05</u>	<u>09</u>	<u>2015</u>
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	<u>N/A</u>	<u>City Commissioner, District 4</u>	

OFFICE USE ONLY

Date Received: 5-1-15

Received

MAY 1 2015

HARLINGEN, TX

Date Hand-delivered or Postmarked:

Receipt #

Amount

Date Processed

Date Imaged

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Rubem De La Rosa

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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.

N/A

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 30.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 950.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 488.41

4. TOTAL POLITICAL EXPENDITURES

\$ 1,127.88

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 2,159.32

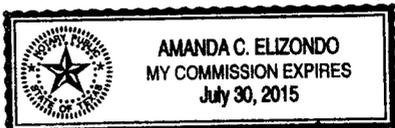
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT

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.



Rubem de la Rosa

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rubem de la Rosa, this the 1st day of MAY, 20 15, to certify which, witness my hand and seal of office.

Amanda C. Elizondo
Signature of officer administering oath

Amanda C. Elizondo
Printed name of officer administering oath

City Secy.
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Ruben De La Rosa</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/23/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Corina De La Rosa</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>502 N. Q Street Harlingen, TX. 78550</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Coordinator</i>		10 Employer (See Instructions) <i>TSTC</i>	
Date <i>4/24/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Monz Contreras</i>	Amount of contribution (\$) <i>\$130.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2210 West Arbor Street Harlingen, Texas 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>House wife</i>		Employer (See Instructions) <i>N/A</i>	
Date <i>4/24/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruben Peña</i>	Amount of contribution (\$) <i>\$1200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>125 Old Alice Rd Brownsville, TX 78520</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Lawyer</i>		Employer (See Instructions) <i>Law Office of Ruben Peña</i>	
Date <i>4/25/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sergio De Leon</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2109 Whitetail Dr Harlingen, TX. 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Nurse</i>		Employer (See Instructions) <i>VRMC</i>	
Date <i>4/26/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bob Krishit</i>	Amount of contribution (\$) <i>\$300.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1629 Throckmorton St. Harlingen, TX. 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>owner</i>		Employer (See Instructions) <i>Redelco Inc.</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Ruben De La Rosa</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/27/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jose Ayala</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <i>\$120.00 Rice & Beans</i>
6 Contributor address; City; State; Zip Code <i>117 South W Sunshine Strip Harlingen, Texas 78550</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>owner</i>		10 Employer (See Instructions) <i>Pe Pe's Mexican Restaurant</i>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 5	2 FILER NAME Ruben De La Rosa	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/31/15	5 Payee name Trophy Plus	
6 Amount (\$) 104.25	7 Payee address; City; State; Zip Code 717 E. Harrison Harlingen, TX 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expenses	(b) Description (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 4/10/15	Payee name The Home Depot	
Amount (\$) 46.54	Payee address; City; State; Zip Code 4710 S. Expressway B3 Harlingen, TX 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expenses	Description (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 4/10/15	Payee name M5 Designs	
Amount (\$) 43.30	Payee address; City; State; Zip Code 1405 S. Palm Court Drive Harlingen, TX 78552	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (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 4/10/15	Payee name Texas State Technical College	
Amount (\$) 20.00	Payee address; City; State; Zip Code 1902 Loop 499 Harlingen, TX 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (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

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 5	2 FILER NAME Ruben De La Rosa	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/13/15	5 Payee name Seth's Photographic Sensations
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6 Amount (\$) 105.20	7 Payee address; City; State; Zip Code 30603 Adams Rd San Benito, Tx 78586
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/10/15	Payee name Valley Morning Star
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Amount (\$) 350.00	Payee address; City; State; Zip Code 1310 S. Commerce Harlingen, Tx 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/16/15	Payee name Sam's Club
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Amount (\$) 11.34	Payee address; City; State; Zip Code 621 N. Expressway 77 Harlingen Tx 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/17/15	Payee name Wal Mart
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Amount (\$) 8.53	Payee address; City; State; Zip Code 1801 W Lincoln St. Harlingen, Tx 78552
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 5	2 FILER NAME Ruben De La Rosa	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/19/15	5 Payee name Office Depot	
6 Amount (\$) 74.26	7 Payee address; City; State; Zip Code 605 S. Expressway 83. Harlingen, Tx 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (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 4/26/15	Payee name Wal Mart	
Amount (\$) 35.29	Payee address; City; State; Zip Code 1801 W. Lincoln St. Harlingen, Tx 78552	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling Expense	Description (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 4/21/15	Payee name Sam's Club	
Amount (\$) 60.76	Payee address; City; State; Zip Code 621 N. Expressway 77 Harlingen, Tx 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Supplies	Description (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 4/23/15	Payee name City of Harlingen	
Amount (\$) 15.00	Payee address; City; State; Zip Code 502 E. Tyler Harlingen, Tx 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (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: _____	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 of 5	2 FILER NAME Ruben De La Rosa	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/24/15	5 Payee name Rudy's Meat Market
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6 Amount (\$) 89.70	7 Payee address; City; State; Zip Code 588 N. 10 th Raymondville, Tx 78580
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/24/15	Payee name Henry's Party Supply
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Amount (\$) 2.16	Payee address; City; State; Zip Code Hwy 93, Lewis Lane Harlingen, Tx 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/24/15	Payee name Sam's Club
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Amount (\$) 19.29	Payee address; City; State; Zip Code 621 N. Expressway 77 Harlingen, Tx 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Supplies	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/24/15	Payee name Harbor Freight Tools
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Amount (\$) 17.31	Payee address; City; State; Zip Code 1601 E. Price Rd Brownsville, Tx 78521
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5 of 5	2 FILER NAME Ruben De La Rosa	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/25/15	5 Payee name H.E.B.	
6 Amount (\$) 10.12	7 Payee address; City; State; Zip Code 613 S. Expressway 83 Harlingen, Tx 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food Supplies	(b) Description (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
Date 4/28/15	Payee name CVS/ Pharmacy	
Amount (\$) 9.39	Payee address; City; State; Zip Code 118 E. Harrison St Harlingen, Tx 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Supplies	Description (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
Date 4/29/15	Payee name Sam's Club	
Amount (\$) 17.42	Payee address; City; State; Zip Code 621 N. Expressway 77 Harlingen, Tx 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Supplies	Description (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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED