

# 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. 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Ruben	MI
	NICKNAME	LAST De La Rosa	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE
	713 South M Street Harlingen, TX 79550		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(956) 622-9410			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Anita De La Rosa	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY STATE ZIP CODE
	713 South M Street Harlingen, TX 79550		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(956) 494 4539			
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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	02	11	2015
THROUGH		Month	Day
		09	09
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
05	09	2015	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	N/A		
			City Commissioner, District 4

**OFFICE USE ONLY**

Date Received

CITY SECRETARY'S OFFICE  
Received  
APR 9 2015

Date Hand-delivered to Postmaster

8:15 PM

Receipt #

Date Processed

Date Imaged

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Ruben 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.

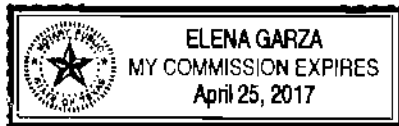
additional pages

N/A

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 120.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,852.91
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 141.16
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,189.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,662.94
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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ruben de la Rosa, this the 9th day of April, 20 15, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Elena Garza  
Printed name of officer administering oath

Notary Public  
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

Ruben De La Rosa

3 ACCOUNT # (Ethics Commission File #)

4 Date

3/9/15

5 Full name of contributor

Adriel Villarreal

7 Amount of contribution (\$)

\$20.00

8 In-kind contribution Description (if applicable)

6 Contributor address City State Zip Code  
2010 East Vinson Rd  
Harlingen, TX 78550

9 Principal occupation Job title (See instructions)

MANAGER

10 Employer (See instructions)

Advill A/c Company

Date

3/8/15

9 Jaime Vega  
Contributor address City State Zip Code

30603 Adams Rd  
San Benito, TX 78586

7 Amount of contribution (\$)

\$138.69

8 In-kind contribution Description (if applicable)

Principal occupation Job title (See instructions)

Graphics Designer

10 Employer (See instructions)

Self - Vegounlimited

Date

3/10/15

9 Lonnie Davis  
Contributor address City State Zip Code

2314 ANN ARBOR  
Harlingen, TX 78550

7 Amount of contribution (\$)

\$200.00

8 In-kind contribution Description (if applicable)

Principal occupation Job title (See instructions)

OWNER

10 Employer (See instructions)

Lonnie Davis & Associates

Date

3/10/15

9 Sylvestre L. Robles, Jr.  
Contributor address City State Zip Code

4815 Burke Rd.  
Flatonia, TX 78941

7 Amount of contribution (\$)

\$102.00

8 In-kind contribution Description (if applicable)

Principal occupation Job title (See instructions)

Retired

10 Employer (See instructions)

N/A

Date

3/11/15

9 Betty Salazar  
Contributor address City State Zip Code

2101 Treasure Hills Blvd, Apt 422  
Harlingen, TX 78550

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution Description (if applicable)

Principal occupation Job title (See instructions)

House wife

10 Employer (See instructions)

N/A

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 Ruben De La Rosa		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/3/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rick Morales 6 Contributor address; City; State; Zip Code 3171 banyan circle Harlingen, TX 78550	7 Amount of contribution (\$) \$	8 In-kind contribution description (if applicable) \$ 557.22  (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) Self employed		10 Employer (See Instructions) N/A	
Date 3/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yvette De La Rosa Contributor address; City; State; Zip Code 2109 Whitetail Drive Harlingen, TX 78550	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Valley Baptist Medical Center	
Date 3/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sensio De Leo Contributor address; City; State; Zip Code 2109 Whitetail Drive Harlingen, TX 78550	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Valley Baptist Medical Center	
Date 3/6/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Caesar R. Cruz Contributor address; City; State; Zip Code 1708 Mulkenman Dr. Austin, TX 78748-3059	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Assistant Director Administrator		Employer (See Instructions) Excel Fitness	
Date 3/8/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bob Knight Contributor address; City; State; Zip Code 1629 Throckmorton Street Harlingen, TX 78550	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Redelco, Inc	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>5</u>	
2 FILER NAME <u>Ruben De La Rosa</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>2-27-15</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Angelmo Sosa</u>	7 Amount of contribution (\$) <u>\$100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>21639 North Fm 509, Harlingen, TX 78550</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>President / CEO</u>		10 Employer (See Instructions) <u>Hologic Health Solutions, PLLC</u>	
Date <u>2-23-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Paula Cruz</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2506 Shofner Lane, Harlingen, TX 78550</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>NURSE</u>		Employer (See Instructions) <u>Valley Baptist Medical Center</u>	
Date <u>2-20-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Cindy Mascorro</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>House Wife</u>		Employer (See Instructions) <u>N/A</u>	
Date <u>2-20-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Corina De La Rosa</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>502 North Q Street, Harlingen, TX 78550</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Coordinator</u>		Employer (See Instructions) <u>Texas State Technical College</u>	
Date <u>2-26-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Norma Harris</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>185 Lakeview, EW St, San Benito, TX 78586-5709</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>House Wife</u>		Employer (See Instructions) <u>N/A</u>	

**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 Ruben De La Rosa		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/26/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Orlando Cruz	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code 5105 North First Lane McAllen, TX 78504		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Self Employed		10 Employer (See Instructions) CRUZ ENGINEERING	
Date 3/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Javier De Leon	Amount of contribution (\$) \$60.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code Harlingen, Texas		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Associated Vice President		Employer (See Instructions) Texas State Technical College	
Date 4/1/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gabriel Trevino	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 502 North Q Street Harlingen, TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Laborer		Employer (See Instructions) Simon E Son	
Date 4/08/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Janie Silva	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 30126 FM 2530 San Brute, TX 78566		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions) N/A	
Date 4/2/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carlos Rodriguez	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 14 Golfo Circle Brownsville, TX 78520		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form

1. The name of the filer

2. FILER NAME

Rubén De La Rosa

3. Amount of contribution

4. Date

4/8/15

5. Full name of contributor

TRE PAC, Texas Assoc. of Realtors

7. Amount of contribution

300.00

6. Complete address of contributor  
P.O. Box 2246  
Austin, TX 78768-2246

9. Principal occupation of contributor (See instructions)

Texas Realtors

10. Filer's occupation

Self Employed

Date

Employer's contribution

Amount of contribution  
Description of applicable

Contributor address City State Zip Code

Principal occupation of filer (See instructions)

Employer (See instructions)

Date

Full name of contributor

Amount of contribution  
Description of applicable

Contributor address City State Zip Code

Principal occupation of contributor (See instructions)

Employer (See instructions)

Date

Full name of contributor

Amount of contribution  
Description of applicable

Contributor address City State Zip Code

Principal occupation of contributor (See instructions)

Employer (See instructions)

Date

Full name of contributor

Amount of contribution  
Description of applicable

Contributor address City State Zip Code

Principal occupation of filer (See instructions)

Employer (See instructions)

**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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 2	<b>2</b> FILER NAME Ruben De La Rosa		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 03/03/2015	<b>5</b> Payee name MS Designs		
<b>6</b> Amount (\$) 259.80	<b>7</b> Payee address; City; State; Zip Code 1405 S. Palm Court Drive Harlingen, TX 78562		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 03/03/2015	Payee name MS Designs		
Amount (\$) 31.93	Payee address; City; State; Zip Code 1405 S. Palm Court Drive Harlingen, TX 78562		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expenses	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 03/06/2015	Payee name Trophy Plus		
Amount (\$) 291.90	Payee address; City; State; Zip Code 717 E. Harrison St Harlingen, TX 78550		
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 03/06/2015	Payee name The Home Depot		
Amount (\$) 162.83	Payee address; City; State; Zip Code 4710 South Expressway 83 Harlingen, TX 78550		
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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F.	2 FILER NAME Ruben De La Rosa	3 ACCOUNT # (Ethics Commission Filers)
4 Date 02/11/2015	5 Payee name MS Designs	
6 Amount (\$) 230.63	7 Payee address; City; State; Zip Code 1405 S. Palm Court Drive Harlingen, TX 78552	
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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/11/15	Payee name Office Depot Office Max	
Amount (\$) 17.63	Payee address; City; State; Zip Code 605 S. Expressway 83 Harlingen, TX 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Calendar Appt. Keeper	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 03/21/2015	Payee name The Home Depot	
Amount (\$) 91.60	Payee address; City; State; Zip Code 4710 South Expressway 83 Harlingen, TX 78550	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/31/2015	Payee name Trophy Plus	
Amount (\$) 104.35	Payee address; City; State; Zip Code 717 E. Harrison ST Harlingen, TX 78550	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**