

# 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: <i>30</i>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR. MR	FIRST DONALD	MI	OFFICE USE ONLY		
	NICKNAME	LAST BEEMAN	SUFFIX	Date Received <i>10/10/2023</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY, STATE: ZIP CODE  HORSESHOE BAY TEXAS, 78657					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( )	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked <i>10/10/2023</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR. MS	FIRST BELINDA	MI	Receipt #	Amount \$	
	NICKNAME	LAST ROBERTS	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY; <i>100 BAY ST</i>  HORSESHOE BAY				STATE: ZIP CODE  TEXAS 78657	
8 CAMPAIGN TREASURER PHONE	AREA CODE ( )	PHONE NUMBER	EXTENSION			
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 <i>7</i>	Day <i>1</i>	Year <i>23</i>	Month <i>9</i>	Day <i>28</i>	Year <i>23</i>
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 7 / 23</i>		ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <b>CITY MAYOR</b>		
14 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	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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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 MR	FIRST DONALD	MI	OFFICE USE ONLY		
	NICKNAME	LAST BEEMAN	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 100 HORSESHOE BAY					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( )				Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS	FIRST BELINDA	MI	Receipt #	Amount \$	
	NICKNAME	LAST ROBERTS	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 100 HORSESHOE BAY				TEXAS 78657	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( )					
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 7	Day 1	Year 23	Month 9	Day 28	Year 23
11 ELECTION	ELECTION DATE Month 11 Day 7 Year 23			ELECTION TYPE Primary <input checked="" type="checkbox"/> General Runoff Special Other Description		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) CITY MAYOR		
14 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	COMMITTEE TYPE GENERAL	COMMITTEE NAME COMMITTEE ADDRESS				
	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 MR DONALD BEEMAN	16 Filer ID (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <b>\$ 0.00</b> 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) <b>\$ 21,200.00</b>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. <b>\$ 885.13</b> 4. TOTAL POLITICAL EXPENDITURES <b>\$ 19,396.18</b>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD <b>\$ 3,677.03</b>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD <b>\$ 0.00</b>

**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.

Donald Beeson

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**

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> <b>MR DONALD BEEMAN</b>	<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 21,200.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 1,050.00
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 19,396.18
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. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,778.03
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. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1,775.00

# 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: <b>1 of 15</b>
<b>2 FILER NAME</b> <b>MR DONALD BEEMAN</b>			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 07/10/2023	<b>5 Full name of contributor</b> Roach Bryan	out-of-state PAC (ID# _____) Contributor address; City: State; Zip Code	<b>7 Amount of contribution (\$)</b> <b>100.00</b>
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 07/10/2023	<b>Full name of contributor</b> Schweitzer William	out-of-state PAC (ID# _____) Contributor address; City: State; Zip Code	<b>Amount of contribution (\$)</b> <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 07/10/2023	<b>Full name of contributor</b> Kopenitz Steve	out-of-state PAC (ID# _____) Contributor address; City: State; Zip Code	<b>Amount of contribution (\$)</b> <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 07/10/2023	<b>Full name of contributor</b> Jackson Marcy	out-of-state PAC (ID# _____) Contributor address; City: State; Zip Code	<b>Amount of contribution (\$)</b> <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>2 of 15</b>
<b>2 FILER NAME</b> <b>MR DONALD BEEMAN</b>				3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 07/10/2023	<b>5 Full name of contributor</b> Jackson Jeff	out-of-state PAC (ID# _____) <b>100.00</b>		<b>7 Amount of contribution (\$)</b>
<b>8 Principal occupation / Job title (See Instructions)</b>			<b>9 Employer (See Instructions)</b>	
<b>Date</b> 07/10/2023	<b>Full name of contributor</b> Becker Keith	out-of-state PAC (ID# _____) <b>100.00</b>		<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>	
<b>Date</b> 07/10/2023	<b>Full name of contributor</b> Carballo Vicki	out-of-state PAC (ID# _____) <b>100.00</b>		<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>	
<b>Date</b> 07/10/2023	<b>Full name of contributor</b> Spelman Cheryl	out-of-state PAC (ID# _____) <b>100.00</b>		<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <b>3 of 15</b>
<b>2 FILER NAME</b> <b>MR DONALD BEEMAN</b>			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b>  07/10/2023	<b>5 Full name of contributor</b>  Spelman Tom	<b>6 Contributor address;</b>  City:      State:      Zip Code	<b>7 Amount of contribution (\$)</b>  <b>100.00</b>
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b>  07/10/2023	<b>Full name of contributor</b>  Tuft Nancy	<b>out-of-state PAC (ID#)</b>  Contributor address: City:      State:      Zip Code	<b>Amount of contribution (\$)</b>  <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  08/06/2023	<b>Full name of contributor</b>  Light David	<b>out-of-state PAC (ID#)</b>  Contributor address: City:      State:      Zip Code	<b>Amount of contribution (\$)</b>  <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  09/08/2023	<b>Full name of contributor</b>  Roach Linda	<b>out-of-state PAC (ID#)</b>  Contributor address: City:      State:      Zip Code	<b>Amount of contribution (\$)</b>  <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>2 FILER NAME</b> <b>MR DONALD BEEMAN</b>			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 07/20/2023	<b>5 Full name of contributor</b> Roberts Belinda	out-of-state PAC (ID# _____)	<b>7 Amount of contribution (\$)</b> <b>100.00</b>
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 07/10/2023	<b>Full name of contributor</b> Stibich Kieley	out-of-state PAC (ID# _____)	<b>Amount of contribution (\$)</b> <b>250.00</b>
<b>Contributor address:</b>		City: _____ State: _____ Zip Code: _____	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 07/23/2023	<b>Full name of contributor</b> Dodd Michele	out-of-state PAC (ID# _____)	<b>Amount of contribution (\$)</b> <b>1,000.00</b>
<b>Contributor address:</b>		City: _____ State: _____ Zip Code: _____	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 09/04/2023	<b>Full name of contributor</b> Jones Monica	out-of-state PAC (ID# _____)	<b>Amount of contribution (\$)</b> <b>500.00</b>
<b>Contributor address:</b>		City: _____ State: _____ Zip Code: _____	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A1: <u>5 of 15</u></p>
<p><b>2 FILER NAME</b> <b>MR DONALD BEEMAN</b></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p><b>4 Date</b> 09/12/2023</p>	<p><b>5 Full name of contributor</b> Dudley James</p> <p><b>6 Contributor address;</b> .....</p> <p>City: _____ State: _____ Zip Code: _____</p>			<p><b>7 Amount of contribution (\$)</b> <b>250.00</b></p>
<p><b>8 Principal occupation / Job title (See Instructions)</b></p>			<p><b>9 Employer (See Instructions)</b></p>	
<p>Date 09/24/2023</p>	<p>Full name of contributor Sandel Clyde</p> <p>Contributor address; .....</p> <p>City: _____ State: _____ Zip Code: _____</p>			<p>Amount of contribution (\$) <b>100.00</b></p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date 08/03/2023</p>	<p>Full name of contributor Jones Jeff</p> <p>Contributor address; .....</p> <p>City: _____ State: _____ Zip Code: _____</p>			<p>Amount of contribution (\$) <b>100.00</b></p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date 09/12/2023</p>	<p>Full name of contributor Cox Russell</p> <p>Contributor address; .....</p> <p>City: _____ State: _____ Zip Code: _____</p>			<p>Amount of contribution (\$) <b>100.00</b></p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>				

# MONETARY POLITICAL CONTRIBUTIONS

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<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A1: <b>6 of 15</b></p>
<p>2 FILER NAME <b>MR DONALD BEEMAN</b></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <b>09/12/2023</b></p>	<p>5 Full name of contributor <b>Jones Karen</b></p>	<p>out-of-state PAC (ID# _____)</p>		<p>7 Amount of contribution (\$) <b>100.00</b></p>
<p>8 Principal occupation / Job title (See Instructions)</p>			<p>9 Employer (See Instructions)</p>	
<p>Date <b>07/10/2023</b></p>	<p>Full name of contributor <b>Evans Mary &amp; Bruce</b></p>	<p>out-of-state PAC (ID# _____)</p>		<p>Amount of contribution (\$) <b>1,000.00</b></p>
<p>Contributor address: .....</p>			<p>City: _____</p>	<p>State: _____ Zip Code: _____</p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date <b>07/10/2023</b></p>	<p>Full name of contributor <b>Koby Janis</b></p>	<p>out-of-state PAC (ID# _____)</p>		<p>Amount of contribution (\$) <b>100.00</b></p>
<p>Contributor address: .....</p>			<p>City: _____</p>	<p>State: _____ Zip Code: _____</p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date <b>07/10/2023</b></p>	<p>Full name of contributor <b>Overton Don &amp; Nancy</b></p>	<p>out-of-state PAC (ID# _____)</p>		<p>Amount of contribution (\$) <b>250.00</b></p>
<p>Contributor address: .....</p>			<p>City: _____</p>	<p>State: _____ Zip Code: _____</p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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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<b>2 FILER NAME</b> <b>MR DONALD BEEMAN</b>			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> 07/10/2023	<b>5 Full name of contributor</b> Dunham Macon	out-of-state PAC (ID# _____)	<b>7 Amount of contribution (\$)</b> <b>1,000.00</b>
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 08/28/2023	<b>Full name of contributor</b> Dunham Pat	out-of-state PAC (ID# _____)	<b>Amount of contribution (\$)</b> <b>1,000.00</b>
<b>Contributor address:</b>		City: _____ State: _____ Zip Code: _____	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 09/12/2023	<b>Full name of contributor</b> Moore Karen	out-of-state PAC (ID# _____)	<b>Amount of contribution (\$)</b> <b>250.00</b>
<b>Contributor address:</b>		City: _____ State: _____ Zip Code: _____	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 09/10/2023	<b>Full name of contributor</b> Glatz Chris	out-of-state PAC (ID# _____)	<b>Amount of contribution (\$)</b> <b>100.00</b>
<b>Contributor address:</b>		City: _____ State: _____ Zip Code: _____	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>8 of 15</i>
<b>2 FILER NAME</b> <b>MR DONALD BEEMAN</b>			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 08/23/2023	<b>5 Full name of contributor</b> Lofton Scooter & Kristi	out-of-state PAC (ID# _____) .....	<b>7 Amount of contribution (\$)</b> <b>1,000.00</b>
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 08/26/2023	<b>Full name of contributor</b> Amato Charles	out-of-state PAC (ID# _____) .....	<b>Amount of contribution (\$)</b> <b>2,000.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 09/14/2023	<b>Full name of contributor</b> Bishop Lynn	out-of-state PAC (ID# _____) .....	<b>Amount of contribution (\$)</b> <b>1,000.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 08/28/2023	<b>Full name of contributor</b> Pierce Susan	out-of-state PAC (ID# _____) .....	<b>Amount of contribution (\$)</b> <b>250.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <b>9 of 15</b>
<b>2 FILER NAME</b> <b>MR DONALD BEEMAN</b>			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b>  07/12/2023	<b>5 Full name of contributor</b>  Graves Mike	<b>6 Contributor address;</b>  City:      State:      Zip Code	<b>7 Amount of contribution (\$)</b>  <b>100.00</b>
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b>  07/12/2023	<b>Full name of contributor</b>  Burling Linda & Joe	<b>out-of-state PAC (ID# _____)</b>	<b>Amount of contribution (\$)</b>  <b>100.00</b>
<b>Contributor address:</b>  City:      State:      Zip Code			
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  07/12/2023	<b>Full name of contributor</b>  Slater Kevin	<b>out-of-state PAC (ID# _____)</b>	<b>Amount of contribution (\$)</b>  <b>1,000.00</b>
<b>Contributor address:</b>  City:      State:      Zip Code			
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  07/10/2023	<b>Full name of contributor</b>  Strasburg Chuck	<b>out-of-state PAC (ID# _____)</b>	<b>Amount of contribution (\$)</b>  <b>150.00</b>
<b>Contributor address:</b>  City:      State:      Zip Code			

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.

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A1: <b>10 of 15</b></p>
<p><b>2 FILER NAME</b> <b>MR DONALD BEEMAN</b></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p><b>4 Date</b> <b>07/14/2023</b></p>	<p><b>5 Full name of contributor</b> <b>Neiman Terry</b></p>		<p>out-of-state PAC (ID# _____)</p>	<p><b>7 Amount of contribution (\$)</b> <b>1,000.00</b></p>
<p><b>8 Principal occupation / Job title (See Instructions)</b></p>			<p><b>9 Employer (See Instructions)</b></p>	
<p><b>Date</b> <b>07/10/2023</b></p>	<p><b>Full name of contributor</b> <b>McIntosh Mark</b></p>		<p>out-of-state PAC (ID# _____)</p>	<p><b>Amount of contribution (\$)</b> <b>500.00</b></p>
<p><b>Contributor address:</b> .....</p>			<p>City: _____ State: _____ Zip Code: _____</p>	
<p><b>Principal occupation / Job title (See Instructions)</b></p>			<p><b>Employer (See Instructions)</b></p>	
<p><b>Date</b> <b>07/10/2023</b></p>	<p><b>Full name of contributor</b> <b>Bourque Brian</b></p>		<p>out-of-state PAC (ID# _____)</p>	<p><b>Amount of contribution (\$)</b> <b>200.00</b></p>
<p><b>Contributor address:</b> .....</p>			<p>City: _____ State: _____ Zip Code: _____</p>	
<p><b>Principal occupation / Job title (See Instructions)</b></p>			<p><b>Employer (See Instructions)</b></p>	
<p><b>Date</b> <b>08/28/2023</b></p>	<p><b>Full name of contributor</b> <b>Heeren Kathy &amp; David</b></p>		<p>out-of-state PAC (ID# _____)</p>	<p><b>Amount of contribution (\$)</b> <b>200.00</b></p>
<p><b>Contributor address:</b> .....</p>			<p>City: _____ State: _____ Zip Code: _____</p>	
<p><b>Principal occupation / Job title (See Instructions)</b></p>			<p><b>Employer (See Instructions)</b></p>	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>				

# 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: <i>11 of 15</i>
<b>2 FILER NAME</b> <b>MR DONALD BEEMAN</b>			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 08/28/2023	<b>5 Full name of contributor</b> Bourque Brian & Keri	out-of-state PAC ID# _____	<b>7 Amount of contribution (\$)</b> <b>200.00</b>
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 07/10/2023	<b>Full name of contributor</b> Rose David	out-of-state PAC ID# _____	<b>Amount of contribution (\$)</b> <b>100.00</b>
<b>Contributor address:</b>		City: _____ State: _____ Zip Code: _____	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 07/18/2023	<b>Full name of contributor</b> Spence Sue & Greg	out-of-state PAC ID# _____	<b>Amount of contribution (\$)</b> <b>500.00</b>
<b>Contributor address:</b>		City: _____ State: _____ Zip Code: _____	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 07/10/2023	<b>Full name of contributor</b> Beeman Ronald	■ out-of-state PAC ID# _____	<b>Amount of contribution (\$)</b> <b>500.00</b>
<b>Contributor address:</b>		City: _____ State: _____ Zip Code: _____	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A1: <i>12 of 15</i></p>
<p><b>2 FILER NAME</b> <b>MR DONALD BEEMAN</b></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p><b>4 Date</b> 09/08/2023</p>	<p><b>5 Full name of contributor</b> Beeman Ronald</p>		<p>out-of-state PAC ID# _____)</p>	<p><b>7 Amount of contribution (\$)</b> <b>500.00</b></p>
<p><b>8 Principal occupation / Job title (See Instructions)</b></p>			<p><b>9 Employer (See Instructions)</b></p>	
<p>Date 09/13/2023</p>	<p>Full name of contributor Hand Matt</p>		<p>out-of-state PAC ID# _____)</p>	<p>Amount of contribution (\$) <b>1,000.00</b></p>
<p>Contributor address:</p>			<p>City: _____ State: _____ Zip Code: _____</p>	
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date 07/13/2023</p>	<p>Full name of contributor Hillman Gary &amp; Susan</p>		<p>out-of-state PAC ID# _____)</p>	<p>Amount of contribution (\$) <b>100.00</b></p>
<p>Contributor address:</p>			<p>City: _____ State: _____ Zip Code: _____</p>	
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date 07/10/2023</p>	<p>Full name of contributor Schoch Phil &amp; Pat</p>		<p>out-of-state PAC ID# _____)</p>	<p>Amount of contribution (\$) <b>100.00</b></p>
<p>Contributor address:</p>			<p>City: _____ State: _____ Zip Code: _____</p>	
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	

**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: <i>13 &amp; 15</i>
2 FILER NAME <b>MR DONALD BEEMAN</b>			3 Filer ID (Ethics Commission Filers)
4 Date 08/28/2023	5 Full name of contributor Lowe Rickey	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City: State: Zip Code		9 Employer (See Instructions)	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 07/13/2023	Full name of contributor Humada Frank & Vickie	out-of-state PAC (ID# _____)	Amount of contribution (\$) <b>500.00</b>
Contributor address; City: State: Zip Code		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/28/2023	Full name of contributor Curtiss Kenneth & Elizabeth	out-of-state PAC (ID# _____)	Amount of contribution (\$) <b>400.00</b>
Contributor address; City: State: Zip Code		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/05/2023	Full name of contributor Gordy Neal	out-of-state PAC (ID# _____)	Amount of contribution (\$) <b>350.00</b>
Contributor address; City: State: Zip Code		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>			

# 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: <b>14 of 15</b>
<b>2 FILER NAME</b> <b>MR DONALD BEEMAN</b>				3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 09/06/2023	<b>5 Full name of contributor</b> Wendel Paula & Tommy	out-of-state PAC ID# _____		<b>7 Amount of contribution (\$)</b> <b>100.00</b>
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>		
<b>Date</b> 07/12/2023	<b>Full name of contributor</b> Roach Bryan	out-of-state PAC ID# _____		<b>Amount of contribution (\$)</b> <b>500.00</b>
<b>Contributor address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip Code</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>		
<b>Date</b> 07/13/2023	<b>Full name of contributor</b> Erskine Jenn & Mark	out-of-state PAC ID# _____		<b>Amount of contribution (\$)</b> <b>100.00</b>
<b>Contributor address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip Code</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>		
<b>Date</b> 07/13/2023	<b>Full name of contributor</b> Schwartz Gary & Barb	out-of-state PAC ID# _____		<b>Amount of contribution (\$)</b> <b>100.00</b>
<b>Contributor address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip Code</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>15 of 15</b>
<b>2 FILER NAME</b> <b>MR DONALD BEEMAN</b>			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 07/10/2023	<b>5 Full name of contributor</b> Mickler Jeff & Holly	out-of-state PAC (ID# _____) Contributor address: _____ City: _____ State: _____ Zip Code _____	<b>7 Amount of contribution (\$)</b> <b>500.00</b>
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 07/10/2023	<b>Full name of contributor</b> Sivakumar Pip	out-of-state PAC (ID# _____) Contributor address: _____ City: _____ State: _____ Zip Code _____	<b>Amount of contribution (\$)</b> <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b> 07/13/2023	<b>Full name of contributor</b> Summitt Nicky	out-of-state PAC (ID# _____) Contributor address: _____ City: _____ State: _____ Zip Code _____	<b>Amount of contribution (\$)</b> <b>150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b>	<b>Full name of contributor</b>	out-of-state PAC (ID# _____)	<b>Amount of contribution (\$)</b>
	Contributor address: _____ City: _____ State: _____ Zip Code _____		
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.

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

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 B: <b>1 of 2</b>
<b>2 FILER NAME</b> <b>MR DONALD BEEMAN</b>				<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED PLEDGES</b>				<b>\$</b>
<b>5 Date</b> 08/28/2023	<b>6 Full name of pledgor</b> Bard Chuck		<input type="checkbox"/> out-of-state PAC (ID# _____)	<b>8 Amount of Pledge \$</b> <b>100.00</b>
	<b>7 Pledgor address;</b> Pledgor address:		City: _____ State: _____ Zip Code: _____	<b>9 In-kind contribution description</b> Check if travel outside of Texas. Complete Schedule T.
<b>10 Principal occupation / Job title (See Instructions)</b>			<b>11 Employer (See Instructions)</b>	
<b>Date</b> 08/28/2023	<b>Full name of pledgor</b> Heitkam Scott		<input type="checkbox"/> out-of-state PAC (ID# _____)	<b>Amount of Pledge \$</b> <b>250.00</b>
	Pledgor address:		City: _____ State: _____ Zip Code: _____	<b>In-kind contribution description</b> Check if travel outside of Texas. Complete Schedule T.
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>	
<b>Date</b> 08/28/2023	<b>Full name of pledgor</b> Layman Joni		<input type="checkbox"/> out-of-state PAC (ID# _____)	<b>Amount of Pledge \$</b> <b>500.00</b>
	Pledgor address:		City: _____ State: _____ Zip Code: _____	<b>In-kind contribution description</b> Check if travel outside of Texas. Complete Schedule T.
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>	
<b>Date</b> 08/28/2023	<b>Full name of pledgor</b> Stafford John		<input type="checkbox"/> out-of-state PAC (ID# _____)	<b>Amount of Pledge \$</b> <b>100.00</b>
	Pledgor address:		City: _____ State: _____ Zip Code: _____	<b>In-kind contribution description</b> Check if travel outside of Texas. Complete Schedule T.
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

# PLEDGED CONTRIBUTIONS

# SCHEDULE B

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 B: <b>2 of 2</b>
<b>2 FILER NAME</b> <b>MR DONALD BEEMAN</b>		3 Filer ID (Ethics Commission Filers)
<b>4 TOTAL OF UNITEMIZED PLEDGES</b>		\$
5 Date 08/28/2023	6 Full name of pledgor Stakes Becky 7 Pledgor address: City: State: Zip Code	8 Amount of Pledge \$ 100.00 9 In-kind contribution description
Check if travel outside of Texas. Complete Schedule T.		
<b>10 Principal occupation / Job title (See Instructions)</b>		<b>11 Employer (See Instructions)</b>
Date Full name of pledgor Pledgor address: City: State: Zip Code		Amount of Pledge \$ In-kind contribution description
Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Full name of pledgor Pledgor address: City: State: Zip Code		Amount of Pledge \$ In-kind contribution description
Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Full name of pledgor Pledgor address: City: State: Zip Code		Amount of Pledge \$ In-kind contribution description
Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p style="text-align: center;"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1 of 6</i>	2 FILER NAME <b>MR DONALD BEEMAN</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>08/29/2023</b>	5 Payee name <b>HEB</b>		
6 Amount (\$) <b>339.20</b>	7 Payee address: <b>1503 Hwy 1431 West, Marble Falls, TX 78654</b>	City: _____ State: _____ Zip Code _____	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE EXPENSE</b>	(b) Description <b>FOOD FOR MEET AND GREET AT QUAIL POINT LODGE</b>	
	(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 <b>DONALD BEEMAN</b>	Office sought <b>MAYOR</b>	Office held
Date <b>07/25/2023</b>	Payee name <b>QUIK COLOR</b>		
Amount (\$) <b>2,850.00</b>	Payee address: <b>1102 Farm to Market Rd 1431, Marble Falls, TX 78654</b>	City: _____	State: _____ Zip Code _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>FLYERS AND BANNERS/SIGNS</b>	
	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 <b>DONALD BEEMAN</b>	Office sought <b>MAYOR</b>	Office held
Date <b>09/11/2023</b>	Payee name <b>KAREN SCHWIETZER</b>		
Amount (\$) <b>416.83</b>	Payee address: <b>HSB, TX 78657</b>	City: _____	State: _____ Zip Code _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>LOAN REPAYMENT/REINBURSEMENT</b>	Description <b>REIMBURSEMENT FOR EXPENSES PAID FOR SUPPLIES</b>	
	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 <b>DONALD BEEMAN</b>	Office sought <b>MAYOR</b>	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2</i>	2 FILER NAME <b>MR DONALD BEEMAN</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>07/12/2023</b>	5 Payee name <b>DRIVEN CREATIVE</b>	
6 Amount (\$) <b>990.00</b>	7 Payee address: <b>DRIVENCREATIVE.COM</b>	City: _____ State: _____ Zip Code _____
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>WEBSITE DEVELOPMENT AND DESIGN</b>
	(c) Check if travel outside of Texas. Complete Schedule T. _____	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <b>DONALD BEEMAN</b>		Office sought _____ Office held _____
Date <b>07/10/2023</b>	Payee name <b>JJC IMAGES</b>	
Amount (\$) <b>700.00</b>	Payee address: <b>JJCIMAGESTX@GMAIL.COM</b>	City: _____ State: _____ Zip Code _____
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>PHOTOS FOR WEBSITE AND POSTERS</b>
	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 <b>DONALD BEEMAN</b>	Office sought _____	Office held _____
Date <b>09/16/2023</b>	Payee name <b>QUIK COLOR</b>	
Amount (\$) <b>2,165.00</b>	Payee address: <b>102 Farm to Market Rd 1431, Marble Falls, TX 78654</b>	City: _____ State: _____ Zip Code _____
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>SIGNS AND BANNERS</b>
	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 <b>DONALD BEEMAN</b>	Office sought _____	Office held _____
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>3 of 4</i> MR DONALD BEEMAN	3 Filer ID (Ethics Commission Filers)	
4 Date 07/10/2023	5 Payee name HORSESHOE BAY POA		
6 Amount (\$) 326.00	7 Payee address: PO BOX 7773 HSB TX 78657	City: _____ State: _____ Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  EVENT EXPENSE	(b) Description  TABLES AND LINENS FOR FOR MAYORAL ANNOUNCEMENT	
	(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 DONALD BEEMAN	Office sought MAYOR	Office held
Date 09/10/2023	Payee name HORSESHOE BAY POA		
Amount (\$) 1,250.00	Payee address: PO BOX 7773 HSB TX 78657	City: _____ State: _____ Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE	Description  MEET & GREET BBQ	
	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 DONALD BEEMAN	Office sought MAYOR	Office held
Date 10/04/2023	Payee name HORSESHOE BAY POA		
Amount (\$) 1,190.00	Payee address: PO BOX 7773 HSB TX 78657	City: _____ State: _____ Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE	Description  FACILITY RENTAL FOR MEET AND GREET	
	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 DONALD BEEMAN	Office sought MAYOR	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address:	City: State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FOOD BEVERAGE EXPENSE</b>	(b) Description <b>FOOD FOR BBQ @ QUAIL POINT</b>
	(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 <b>DONALD BEEMAN</b>	Office sought <b>MAYOR</b> Office held
Date	Payee name	
09/06/2023	QUIK COLOR	
Amount (\$)	Payee address:	City; State; Zip Code
2,165.00	102 Farm to Market Rd 1431, Marble Falls, TX 78654	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>SIGNS AND BANNERS</b>
	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 <b>DONALD BEEMAN</b>	Office sought <b>MAYOR</b> Office held
Date	Payee name	
08/22/2023	QUIK COLOR	
Amount (\$)	Payee address:	City; State; Zip Code
3,393.64	102 Farm to Market Rd 1431, Marble Falls, TX 78654	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>SIGNS AND BANNERS AND FLYERS</b>
	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 <b>DONALD BEEMAN</b>	Office sought <b>MAYOR</b> Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

## POLITICAL EXPENDITURE SCHEDULE F1

## SCHEDULE F1

## EXPLANATION OF CATEGORIES IN 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  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>S of i</i> MR DONALD BEEMAN	3 Filer ID (Ethics Commission Filers)	
4 Date 09/11/2023	5 Payee name HORSESHOE BAY BEACON		
6 Amount (\$) <b>907.00</b>	7 Payee address; PO BOX 4845 HSB TX 78657	City: _____ State: _____ Zip Code	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  ADVERTISING	(b) Description  POLITICAL ADVERTISEMENT	
	(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  DONALD BEEMAN	Office sought  MAYOR	Office held
Date 08/25/2023	Payee name  HORSESHOE BAY POA		
Amount (\$) <b>278.00</b>	Payee address; PO BOX 7773 HSB TX 78657	City: _____	State: _____ Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE	Description  LINENS AND TABLES FOR MEET & GREET ON 8/28/23	
	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  DONALD BEEMAN	Office sought  MAYOR	Office held
Date 08/28/2023	Payee name  HORSESHOE BAY POA		
Amount (\$) <b>1,190.00</b>	Payee address; PO BOX 7773 HSB TX 78657	City: _____	State: _____ Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE	Description  FACILITY RENTAL FOR MEET AND GREET	
	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  DONALD BEEMAN	Office sought  MAYOR	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

**POLITICAL EXPENSE REPORT**  
For the Period From \_\_\_\_\_ To \_\_\_\_\_

**SCHEDULE F1**

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>MR DONALD BEEMAN</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>07/10/2023</b>	5 Payee name <b>HORSESHOE BAY POA</b>		
6 Amount (\$) <b>1,455.00</b>	7 Payee address: <b>PO BOX 7773 HSB TX 78657</b>	City: _____ State: _____ Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(b) Description <b>ROOM RENTAL FOR ANNOUNCEMENT OF MAYOR</b>	
	(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 <b>DONALD BEEMAN</b>	Office sought <b>MAYOR</b> Office held	
Date <b>09/20/2023</b>	Payee name <b>RAIN CONTRACTING</b>		
Amount (\$) <b>227.00</b>	Payee address: <b>308 THURMAN LOOP LLANO, TX 78643</b>	City: _____ State: _____ Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>HANGING/REMOVAL OF BANNERS AT VARIOUS LOCATIONS IN HSB</b>	
	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 <b>DONALD BEEMAN</b>	Office sought <b>MAYOR</b> Office held	
Date <b>10/04/2023</b>	Payee name <b>HORSESHOE BAY POA</b>		
Amount (\$) <b>275.00</b>	Payee address: <b>PO BOX 7773 HSB TX 78657</b>	City: _____ State: _____ Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>LINENS AND TABLES FOR CAMPAIGN MEET AND GREET</b>	
	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>1 of 2</b>	2 FILER NAME <b>DONALD BEEMAN</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>07/10/2023</b>	5 Payee name <b>CATEROLOGY</b>	
6 Amount (\$) <b>2,362.03</b> Reimbursement from political contributions intended	7 Payee address: <b>605 C NORTH WATER STREET MARBLE FALLS TEXAS 78611</b>	City: _____ State: _____ Zip Code _____
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE</b>	(b) Description <b>CATERING FOR MAYORAL ANNOUNCEMENT</b>
	(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 <b>DONALD BEEMAN</b>	Office sought <b>MAYOR</b> Office held
Date <b>07/10/2023</b>	Payee name <b>PHILADELPHIA INSURANCE COMANIES</b>	
Amount (\$) <b>176.00</b> Reimbursement from political contributions intended	Payee address: <b>ONE BALA PLAZE SUITE 100 BALA CYNWYD, PA 19004</b>	City: _____ State: _____ Zip Code _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>LIABILITY INSURANCE FOR MAYORAL ANNOUNCEMENT</b>
	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 <b>DONALD BEEMAN</b>	Office sought <b>MAYOR</b> Office held
Date <b>07/05/2023</b>	Payee name <b>DEBBIE BEEMAN</b>	
Amount (\$) <b>240.00</b> Reimbursement from political contributions intended	Payee address: <b>HSB TX 78657</b>	City: _____ State: _____ Zip Code _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>TO PURCHASE PLASTIC WARE FOR MEET AND GREET EVENTS</b>
	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 <b>Donald Beeman</b>	Office sought <b>mayor</b> Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
<u>2 of 2</u>	MR DONALD BEEMAN	
4 Date	5 Payee name	
06/16/2023	VALUE BANK	
6 Amount (\$)	7 Payee address:	City: State: Zip Code
1,000.00 Reimbursement from political contributions intended	DONALD BEEMAN MAYORAL CAMPAIGN ACCOUNT HSB TX 78657	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description INITIAL DEPOSIT TO OPEN BANK
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense	
9 Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH DONALD BEEMAN	MAYOR	
Date	Payee name	
09/13/2023	VALUE BANK	
Amount (\$)	Payee address:	City: State: Zip Code
2,000.00 Reimbursement from political contributions intended	DONALD BEEMAN MAYORAL CAMPAIGN ACCOUNT HSB TX 78657	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING BANKING	Description ADDED FUNDS TO COVER EXPENSES
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense	
Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH DONALD BEEMAN	MAYOR	
Date	Payee name	
Amount (\$)	Payee address:	City: State: Zip Code
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense	
Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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

**SCHEDULE K**

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 K:
<b>2 FILER NAME</b> <b>MR DONALD BEEMAN</b>		<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b>  09/13/2023	<b>5 Name of person from whom amount is received</b>  <b>ST. PAUL THE APOSTLE CATHOLIC DIOCESE</b>	<b>8 Amount (\$)</b>  <b>905.00</b>
	<b>6 Address of person from whom amount is received:</b> City: State: Zip Code 201 Dalton Cir, Horseshoe Bay, TX 78657	
	<b>7 Purpose for which amount is received</b>  <b>RETURN OF ROOM RENTAL FEE FOR CANCELED EVENT</b>	<b>Check if political contribution returned to filer</b>
<b>Date</b>  09/14/2023	<b>Name of person from whom amount is received</b>  <b>HORSESHOE BAY POA</b>	<b>Amount (\$)</b>  <b>395.00</b>
	<b>Address of person from whom amount is received:</b> City: State: Zip Code PO BOX 7773 HSB TX 78657	
	<b>Purpose for which amount is received</b>  <b>REFUND OF DAMAGE DEPOSIT FOR EVENT</b>	<b>Check if political contribution returned to filer</b>
<b>Date</b>  09/15/2023	<b>Name of person from whom amount is received</b>  <b>HORSESHOE BAY POA</b>	<b>Amount (\$)</b>  <b>475.00</b>
	<b>Address of person from whom amount is received:</b> City: State: Zip Code PO BOX 7773 HSB TX 78657	
	<b>Purpose for which amount is received</b>	<b>Check if political contribution returned to filer</b>

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