

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: <div style="font-size: 1.5em; margin-left: 20px;">30</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR DONALD	OFFICE USE ONLY Date Received <div style="font-size: 1.5em; margin-top: 20px;">10/10/2023</div> Date Hand-delivered or Date Postmarked <div style="font-size: 1.5em; margin-top: 20px;">10/10/2023</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Receipt #</td> <td style="width: 50%; padding: 2px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged <div style="font-size: 1.5em; margin-top: 5px;">10/10/2023</div></td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged <div style="font-size: 1.5em; margin-top: 5px;">10/10/2023</div>			
	Receipt #			Amount \$							
Date Processed											
Date Imaged <div style="font-size: 1.5em; margin-top: 5px;">10/10/2023</div>											
NICKNAME LAST SUFFIX BEEMAN											
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 ()										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MS BELINDA										
	NICKNAME LAST SUFFIX ROBERTS										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE HORSESHOE BAY TEXAS 78657										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()										
9 REPORT TYPE	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)
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10 PERIOD COVERED	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">7 / 1 / 23</td> <td></td> <td style="text-align: center;">9 / 28 / 23</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	7 / 1 / 23		9 / 28 / 23		
Month Day Year	THROUGH	Month Day Year									
7 / 1 / 23		9 / 28 / 23									
11 ELECTION	ELECTION DATE										
	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">Primary</td> <td style="text-align: center;">Runoff</td> <td style="text-align: center;">Other Description</td> </tr> <tr> <td style="text-align: center;">11 / 7 / 23</td> <td style="text-align: center;"><input checked="" type="checkbox"/> General</td> <td style="text-align: center;"><input type="checkbox"/> Special</td> <td></td> </tr> </table>			Month Day Year	Primary	Runoff	Other Description	11 / 7 / 23	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
Month Day Year	Primary	Runoff	Other Description								
11 / 7 / 23	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any)										
	13 OFFICE SOUGHT (if known) CITY MAYOR										
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.										
	COMMITTEE TYPE	COMMITTEE NAME									
	GENERAL	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 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR DONALD				OFFICE USE ONLY
	NICKNAME LAST SUFFIX BEEMAN				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 100 MOUNTAIN VIEW HORSESHOE BAY TEXAS, 78657				Date Received
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ()				Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MS BELINDA				Receipt # Amount \$
	NICKNAME LAST SUFFIX ROBERTS				Date Processed
					Date Imaged
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 100 MOUNTAIN VIEW HORSESHOE BAY TEXAS 78657				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()				
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <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) </div> <div> <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) </div> </div>				
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 1 23 THROUGH 9 28 23				
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year 11 7 23 </div> <div style="flex: 2;"> ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General Special _____ </div> </div>				
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	COMMITTEE NAME			
	GENERAL	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)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 885.13
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,396.18
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,677.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 Beeman

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is Donald Beeman, and my date of birth is _____.
 My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)
 Executed in Llano County, State of Texas, on the 10th day of October, 2023.
 (month) (year)
Donald Beeman
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****MR DONALD BEEMAN****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 21,200.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	■ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 1,050.00
4.	SCHEDULE E: LOANS	\$
5.	■ 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.	■ 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.	■ 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:

1 of 15

2 FILER NAME

MR DONALD BEEMAN

3 Filer ID (Ethics Commission Filers)

4 Date

07/10/2023

5 Full name of contributor

out-of-state PAC (ID# _____)

Roach Bryan

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/10/2023

Full name of contributor

out-of-state PAC (ID# _____)

Schweitzer William

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/10/2023

Full name of contributor

out-of-state PAC (ID# _____)

Kopenitz Steve

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/10/2023

Full name of contributor

out-of-state PAC (ID# _____)

Jackson Marcy

Amount of contribution (\$)

100.00

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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1 Total pages Schedule A1:**3 of 15****2** FILER NAME**MR DONALD BEEMAN****3** Filer ID (Ethics Commission Filers)**4** Date**07/10/2023****5** Full name of contributor

out-of-state PAC (ID# _____)

Spelman Tom**7** Amount of contribution (\$)**100.00****6** Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

07/10/2023

Full name of contributor

out-of-state PAC (ID# _____)

Tuft Nancy

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/06/2023

Full name of contributor

out-of-state PAC (ID# _____)

Light David

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/08/2023

Full name of contributor

out-of-state PAC (ID# _____)

Roach Linda

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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1 Total pages Schedule A1:

4 of 15

2 FILER NAME

MR DONALD BEEMAN

3 Filer ID (Ethics Commission Filers)**4** Date

07/20/2023

5 Full name of contributor

Roberts Belinda

out-of-state PAC (ID# _____)

6 Contributor address;

City;

State;

Zip Code

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

07/10/2023

Full name of contributor

Stibich Kieley

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/23/2023

Full name of contributor

Dodd Michele

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/04/2023

Full name of contributor

Jones Monica

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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1 Total pages Schedule A1:

5 of 15

2 FILER NAME

MR DONALD BEEMAN

3 Filer ID (Ethics Commission Filers)

4 Date

09/12/2023

5 Full name of contributor

Dudley James

out-of-state PAC (ID# _____)

6 Contributor address;

City;

State;

Zip Code

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/24/2023

Full name of contributor

Sandel Clyde

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/03/2023

Full name of contributor

Jones Jeff

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/12/2023

Full name of contributor

Cox Russell

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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1 Total pages Schedule A1:

6 of 15

2 FILER NAME**MR DONALD BEEMAN****3** Filer ID (Ethics Commission Filers)**4** Date

09/12/2023

5 Full name of contributor

Jones Karen

out-of-state PAC (ID# _____)

6 Contributor address;

City;

State;

Zip Code

7 Amount of contribution (\$)**100.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

07/10/2023

Full name of contributor

Evans Mary & Bruce

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/10/2023

Full name of contributor

Koby Janis

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/10/2023

Full name of contributor

Overton Don & Nancy

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 7 of 15
2 FILER NAME MR DONALD BEEMAN		3 Filer ID (Ethics Commission Filers)
4 Date 07/10/2023	5 Full name of contributor out-of-state PAC (ID# _____) Dunham Macon 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/28/2023	Full name of contributor out-of-state PAC (ID# _____) Dunham Pat Contributor address; City; State; Zip Code	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2023	Full name of contributor out-of-state PAC (ID# _____) Moore Karen Contributor address; City; State; Zip Code	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2023	Full name of contributor out-of-state PAC (ID# _____) Glatz Chris Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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1 Total pages Schedule A1:

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2 FILER NAME**MR DONALD BEEMAN****3** Filer ID (Ethics Commission Filers)**4** Date

08/23/2023

5 Full name of contributor

Lofton Scooter & Kristi

out-of-state PAC (ID# _____)

6 Contributor address;

City;

State;

Zip Code

7 Amount of contribution (\$)**1,000.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

08/26/2023

Full name of contributor

Amato Charles

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

2,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/14/2023

Full name of contributor

Bishop Lynn

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/28/2023

Full name of contributor

Pierce Susan

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:

10 of 15

2 FILER NAME

MR DONALD BEEMAN

3 Filer ID (Ethics Commission Filers)**4** Date

07/14/2023

5 Full name of contributor

Neiman Terry

out-of-state PAC (ID# _____)

6 Contributor address;

City:

State:

Zip Code

7 Amount of contribution (\$)

1,000.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

07/10/2023

Full name of contributor

McIntosh Mark

out-of-state PAC (ID# _____)

Contributor address;

City:

State:

Zip Code

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/10/2023

Full name of contributor

Bourque Brian

out-of-state PAC (ID# _____)

Contributor address;

City:

State:

Zip Code

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/28/2023

Heeren Kathy & David

Contributor address;

City:

State:

Zip Code

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11 of 15

2 FILER NAME**MR DONALD BEEMAN****3** Filer ID (Ethics Commission Filers)**4** Date

08/28/2023

5 Full name of contributor

Bourque Brian & Keri

out-of-state PAC (ID# _____)

6 Contributor address;

City;

State;

Zip Code

7 Amount of contribution (\$)**200.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

07/10/2023

Full name of contributor

Rose David

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/18/2023

Full name of contributor

Spence Sue & Greg

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/10/2023

Full name of contributor

Beeman Ronald

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

12 of 15

2 FILER NAME

MR DONALD BEEMAN

3 Filer ID (Ethics Commission Filers)**4** Date

09/08/2023

5 Full name of contributor

Beeman Ronald

out-of-state PAC ID# _____

6 Contributor address;

City:

State:

Zip Code

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

09/13/2023

Full name of contributor

Hand Matt

out-of-state PAC ID# _____

Contributor address;

City:

State:

Zip Code

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/13/2023

Full name of contributor

Hillman Gary & Susan

out-of-state PAC ID# _____

Contributor address;

City:

State:

Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/10/2023

Full name of contributor

Schoch Phil & Pat

out-of-state PAC ID# _____

Contributor address;

City:

State:

Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

13 of 15

2 FILER NAME

MR DONALD BEEMAN

3 Filer ID (Ethics Commission Filers)

4 Date

08/28/2023

5 Full name of contributor

out-of-state PAC (ID# _____)

Lowe Rickey

6 Contributor address;

City;

State;

Zip Code

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/13/2023

Full name of contributor

out-of-state PAC (ID# _____)

Humada Frank & Vickie

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/28/2023

Full name of contributor

out-of-state PAC (ID# _____)

Curtiss Kenneth & Elizabeth

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

400.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/05/2023

Full name of contributor

out-of-state PAC (ID# _____)

Gordy Neal

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

350.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:*14 of 15***2** FILER NAME**MR DONALD BEEMAN****3** Filer ID (Ethics Commission Filers)**4** Date

09/06/2023

5 Full name of contributor

Wendel Paula & Tommy

out-of-state PAC ID#

6 Contributor address:

City:

State:

Zip Code

7 Amount of contribution (\$)**100.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

07/12/2023

Full name of contributor

Roach Bryan

out-of-state PAC ID#

Contributor address:

City:

State:

Zip Code

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/13/2023

Full name of contributor

Erskine Jenn & Mark

out-of-state PAC ID#

Contributor address:

City:

State:

Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/13/2023

Full name of contributor

Schwartz Gary & Barb

out-of-state PAC ID#

Contributor address:

City:

State:

Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

15 of 15

2 FILER NAME

MR DONALD BEEMAN

3 Filer ID (Ethics Commission Filers)**4** Date

07/10/2023

5 Full name of contributor

Mickler Jeff & Holly

out-of-state PAC (ID# _____)

6 Contributor address;

City;

State;

Zip Code

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

07/10/2023

Full name of contributor

Sivakumar Pip

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/13/2023

Full name of contributor

Summitt Nicky

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 6	2 FILER NAME MR DONALD BEEMAN	3 Filer ID (Ethics Commission Filers)
4 Date 08/29/2023	5 Payee name HEB	
6 Amount (\$) 339.20	7 Payee address; City; State; Zip Code 1503 Hwy 1431 West, Marble Falls, TX 78654	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): FOOD/BEVERAGE EXPENSE	
	(b) Description FOOD FOR MEET AND GREET AT QUAIL POINT LODGE	
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held DONALD BEEMAN MAYOR	
Date 07/25/2023	Payee name QUIK COLOR	
Amount (\$) 2,850.00	Payee address; City; State; Zip Code 1102 Farm to Market Rd 1431, Marble Falls, TX 78654	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): ADVERTISING	
	Description FLYERS AND BANNERS/SIGNS	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held DONALD BEEMAN MAYOR	
Date 09/11/2023	Payee name KAREN SCHWIETZER	
Amount (\$) 416.83	Payee address; City; State; Zip Code HSB, TX 78657	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): LOAN REPAYMENT/REINBURSEMENT	
	Description REIMBURSEMENT FOR EXPENSES PAID FOR SUPPLIES	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held DONALD BEEMAN MAYOR	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME 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: City: State: Zip Code PO BOX 7773 HSB TX 78657		
8 PURPOSE OF EXPENDITURE	(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: City: State: Zip Code PO BOX 7773 HSB TX 78657		
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: City: State: Zip Code PO BOX 7773 HSB TX 78657		
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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 6	2 FILER NAME MR DONALD BEEMAN	3 Filer ID (Ethics Commission Filers)
4 Date 09/10/2023	5 Payee name BEAR KING BREWING	
6 Amount (\$) 2,100.00	7 Payee address: 207 Ave G, Marble Falls, TX 78654 City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE	(b) Description FOOD FOR BBQ @ QUAIL POINT
	(c) Check if travel outside of Texas. Complete Schedule I <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name DONALD BEEMAN Office sought MAYOR Office held	
Date 09/06/2023	Payee name QUIK COLOR	
Amount (\$) 2,165.00	Payee address: 102 Farm to Market Rd 1431, Marble Falls, TX 78654 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SIGNS AND BANNERS
	Check if travel outside of Texas. Complete Schedule I <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name DONALD BEEMAN Office sought MAYOR Office held	
Date 08/22/2023	Payee name QUIK COLOR	
Amount (\$) 3,393.64	Payee address: 102 Farm to Market Rd 1431, Marble Falls, TX 78654 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SIGNS AND BANNERS AND FLYERS
	Check if travel outside of Texas. Complete Schedule I <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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 EXPENDITURE REPORT
 STATE OF TEXAS
 2023

SCHEDULE F1

1. Filer's name: **MR DONALD BEEMAN**
 2. Filer's address: **PO BOX 4845 HSB TX 78657**

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 6		2 FILER NAME MR DONALD BEEMAN		3 Filer ID (Ethics Commission Filers)	
4 Date 09/11/2023		5 Payee name HORSESHOE BAY BEACON			
6 Amount (\$) 907.00		7 Payee address; City; State; Zip Code PO BOX 4845 HSB TX 78657			
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: DONALD BEEMAN Office sought: MAYOR Office held: <input type="checkbox"/>					
Date 08/25/2023		Payee name HORSESHOE BAY POA			
Amount (\$) 278.00		Payee address; City; State; Zip Code PO BOX 7773 HSB TX 78657			
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: DONALD BEEMAN Office sought: MAYOR Office held: <input type="checkbox"/>					
Date 08/28/2023		Payee name HORSESHOE BAY POA			
Amount (\$) 1,190.00		Payee address; City; State; Zip Code PO BOX 7773 HSB TX 78657			
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: DONALD BEEMAN Office sought: MAYOR Office held: <input type="checkbox"/>					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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: 6 of 6		2 FILER NAME MR DONALD BEEMAN		3 Filer ID (Ethics Commission Filers)	
4 Date 07/10/2023		5 Payee name HORSESHOE BAY POA			
6 Amount (\$) 1,455.00		7 Payee address: PO BOX 7773 HSB TX 78657		City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE		(b) Description ROOM RENTAL FOR ANNOUCEMENT OF MAYOR		
	(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	
Date 09/20/2023		Payee name RAIN CONTRACTING			
Amount (\$) 227.00		Payee address: 308 THURMAN LOOP LLANO, TX 78643		City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description HANGING/REMOVAL OF BANNERS AT VARIOUS LOCATIONS IN HSB		
	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	
Date 10/04/2023		Payee name HORSESHOE BAY POA			
Amount (\$) 275.00		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 LINENS AND TABLES FOR CAMPAIGN 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		Office sought	
		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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 of 2	2 FILER NAME DONALD BEEMAN	3 Filer ID (Ethics Commission Filers)
4 Date 07/10/2023	5 Payee name CATEROLOGY	
6 Amount (\$) 2,362.03 <small>Reimbursement from political contributions intended</small>	7 Payee address: 605 C NORTH WATER STREET City: State: Zip Code MARBLE FALLS TEXAS 78611	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE	(b) Description CATERING FOR MAYORAL ANNOUNCEMENT
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name DONALD BEEMAN Office sought MAYOR Office held	
Date 07/10/2023	Payee name PHILADELPHIA INSURANCE COMANIES	
Amount (\$) 176.00 <small>Reimbursement from political contributions intended</small>	Payee address: ONE BALA PLAZE SUITE 100 City: State: Zip Code BALA CYNWYD, PA 19004	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description LIABILITY INSURANCE FOR MAYORAL ANNOUNCEMENT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name DONALD BEEMAN Office sought MAYOR Office held	
Date 07/05/2023	Payee name DEBBIE BEEMAN	
Amount (\$) 240.00 <small>Reimbursement from political contributions intended</small>	Payee address: HSB TX 78657 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description TO PURCHASE PLASTIC WARE FOR MEET AND GREET EVENTS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Donald Beeman Office sought mayor Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

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**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:
2 FILER NAME MR DONALD BEEMAN		3 Filer ID (Ethics Commission Filers)
4 Date 09/13/2023	<div>5 Name of person from whom amount is received ST. PAUL THE APOSTLE CATHOLIC DIOCESE</div> <div>6 Address of person from whom amount is received: City: State: Zip Code 201 Dalton Cir, Horseshoe Bay, TX 78657</div> <div>7 Purpose for which amount is received RETURN OF ROOM RENTAL FEE FOR CANCELED EVENT</div> <div style="text-align: right; padding-right: 20px;">Check if political contribution returned to filer</div>	8 Amount (\$) 905.00
Date 09/14/2023	<div>Name of person from whom amount is received HORSESHOE BAY POA</div> <div>Address of person from whom amount is received; City: State: Zip Code PO BOX 7773 HSB TX 78657</div> <div>Purpose for which amount is received REFUND OF DAMAGE DEPOSIT FOR EVENT</div> <div style="text-align: right; padding-right: 20px;">Check if political contribution returned to filer</div>	Amount (\$) 395.00
Date 09/15/2023	<div>Name of person from whom amount is received HORSESHOE BAY POA</div> <div>Address of person from whom amount is received; City: State: Zip Code PO BOX 7773 HSB TX 78657</div> <div>Purpose for which amount is received</div> <div style="text-align: right; padding-right: 20px;">Check if political contribution returned to filer</div>	Amount (\$) 475.00
Date	<div>Name of person from whom amount is received</div> <div>Address of person from whom amount is received; City: State: Zip Code</div> <div>Purpose for which amount is received</div> <div style="text-align: right; padding-right: 20px;">Check if political contribution returned to filer</div>	Amount (\$)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		