

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:

10

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MR

DONALD

NICKNAME

LAST

SUFFIX

BEEMAN

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX,

APT / SUITE #

CITY

STATE

ZIP CODE

HORSESHOE BAY
TEXAS 78657

Change of Address

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

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

HORSESHOE BAY

TEXAS 78657

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

9

29

23

THROUGH

Month

Day

Year

10

31

23

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month

Day

Year

11

7

23

Primary

Runoff

Other
Description

☒ General

Special

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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)	\$ 2,530.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 62.14
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,818.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 259.59
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: _____

Donald Beeman

Honoree Bay *Texas* *78457* *USA*
(zip code) (country)

Executed in *Llano* County, State of *Texas* on the *30th* day of *October*, 20 *23*.
(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

\$ 2,530.00

2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☒ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$ 900.00

4. SCHEDULE E: LOANS

\$

5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 5,819.29

6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$

10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☒ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED
TO FILER

\$ 319.00

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 3
2 FILER NAME MR DONALD BEEMAN		3 Filer ID (Ethics Commission Filers)
4 Date 09/29/2023	5 Full name of contributor Powell Robert <small>City State PAC ID#</small> 6 Contributor address: City State Zip Code	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/30/2023	Full name of contributor Stafford John <small>City State PAC ID#</small> Contributor address: City State Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2023	Full name of contributor Dickey Aline <small>City State PAC ID#</small> Contributor address: City State Zip Code	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2023	Full name of contributor Newcomer Eddie & Georgia <small>City State PAC ID#</small> 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: 2 of 3
2 FILER NAME MR DONALD BEEMAN		3 Filer ID (Ethics Commission Filers)
4 Date 09/29/2023	5 Full name of contributor Barrows Brian 6 Contributor address: City: State: Zip Code	7 Amount of contribution (\$) 400.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/30/2023	Full name of contributor Lloyd Penny Contributor address: City: State: Zip Code	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2023	Full name of contributor Sandal Clyde Contributor address: City: State: Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2023	Full name of contributor Thuss Mike 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 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: 3 of 3
2 FILER NAME MR DONALD BEEMAN		3 Filer ID (Ethics Commission Filers)
4 Date 09/29/2023	5 Full name of contributor Elliott Jennifer 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 09/30/2023	Full name of contributor Powell Linda Contributor address: City State Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2023	Full name of contributor Thuss Patricia Contributor address: City State Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2023	Full name of contributor Hussey Kathy Contributor address: City State Zip Code	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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	
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 & Pat 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 Carrie & 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 & Lanny 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# Stakes Becky 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.			

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
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
Printing Expense
Renting 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 1 - 2		2 FILER NAME MR DONALD BEEMAN		3 Filer ID (Ethics Commission Filers)	
4 Date 10/05/2023		5 Payee name YUKI GRAVES			
6 Amount (\$) 111.75		7 Payee address, City, State, Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REIMBURSEMENT		(b) Description REIMBURSE FOOD EXPENSE FOR VOLUNTEERS FOR M&G EVENT		
	(c) Check if travel outside of Texas (Complete Schedule F)		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/04/2023		Payee name Karen Schwietzer			
Amount (\$) 218.54		Payee address, City, State, Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) reimbursement		Description reimbursement for printing expenses		
	Check if travel outside of Texas (Complete Schedule F)		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/16/2023		Payee name Horseshoe Bay Beacon			
Amount (\$) 2,501.00		Payee address, City, State, Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Advertising expenses for advertising in Beacon paper		
	Check if travel outside of Texas (Complete Schedule F)		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Mr Donald Beeman		Office sought City 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
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
Printing Expense
Printing Expense
Business Aides/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 - 2		2 FILER NAME MR DONALD BEEMAN		3 Filer ID (Ethics Commission Filers)	
4 Date 10/26/2023		5 Payee name JJC Images			
6 Amount (\$) 900.00		7 Payee address, City, State, Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense		(b) Description photography services for meet & greet events		
	(c) Check if travel outside of Texas (Complete Schedule F)		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name:		Office sought Office held	
Date 10/23/2023		Payee name Quik Color			
Amount (\$) 2,087.00		Payee address, City, State, Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Additional flyers and banners and stickers		
	Check if travel outside of Texas (Complete Schedule F)		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address, City, State, Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas (Complete Schedule F)		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address, City, State, Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas (Complete Schedule F)		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
		Donald Beeman		City Mayor	

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:

1

2 FILER NAME

MR DONALD BEEMAN

3 Filer ID (Ethics Commission Filers)

4 Date

10/24/2023

5 Name of person from whom amount is received

HORSESHOE BAY POA

6 Address of person from whom amount is received: City: State: Zip Code

8 Amount (\$)

319.00

7 Purpose for which amount is received

Check if political contribution returned to filer

REFUND OF DAMAGE DEPOSIT FOR MEET & GREET EVENT

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received: City: State: Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received: City: State: Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received: City: State: Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED