

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 MR	FIRST DONALD	MI	OFFICE USE ONLY		
	NICKNAME	LAST BEEMAN	SUFFIX	Date Received: Received by Legislative Services		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX, APT / SUITE # CITY, STATE ZIP CODE HORSESHOE BAY TEXAS 78657			OCT 31 2023 City of Horseshoe Bay		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ()	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked 10/31/2023		
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: HORSESHOE BAY			STATE: TEXAS	ZIP CODE 78657	
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input 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 checked="" 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 9	Day 29	Year 23	Month 10	Day 31	Year 23
11 ELECTION	ELECTION DATE Month Day Year 11 7 23			ELECTION TYPE 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.					
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)

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.



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

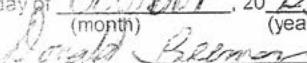
Title of officer administering oath



Houston Bay Texas 78457 USA

Executed in HARD County, State of TX on the 30 th day of October, 20 23.

(month) (year)


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. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,530.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> 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	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	City, State Zip Code	Amount of contribution (\$) 100.00
Contributor address: City, State Zip Code		Employer (See Instructions)	
Date 10/04/2023	Full name of contributor Dickey Aline	City, State Zip Code	Amount of contribution (\$) 30.00
Contributor address: City, State Zip Code		Employer (See Instructions)	
Date 10/05/2023	Full name of contributor Newcomer Eddie & Georgia	City, State Zip Code	Amount of contribution (\$) 100.00
Contributor address: City, State Zip Code		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.

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A1: <u>3 of 3</u></p>
<p>2 FILER NAME MR DONALD BEEMAN</p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 09/29/2023</p>	<p>5 Full name of contributor Elliott Jennifer</p>			<p>6 Contributor address: City _____ State: _____ Zip Code _____</p>
				<p>7 Amount of contribution (\$) 100.00</p>
<p>8 Principal occupation / Job title (See Instructions)</p>				<p>9 Employer (See Instructions)</p>
<p>Date 09/30/2023</p>	<p>Full name of contributor Powell Linda</p>			<p>Amount of contribution (\$) 100.00</p>
<p>Contributor address: City _____ State: _____ Zip Code _____</p>				
<p>Principal occupation / Job title (See Instructions)</p>				<p>Employer (See Instructions)</p>
<p>Date 09/29/2023</p>	<p>Full name of contributor Thuss Patricia</p>			<p>Amount of contribution (\$) 100.00</p>
<p>Contributor address: City _____ State: _____ Zip Code _____</p>				
<p>Principal occupation / Job title (See Instructions)</p>				<p>Employer (See Instructions)</p>
<p>Date 09/29/2023</p>	<p>Full name of contributor Hussey Kathy</p>			<p>Amount of contribution (\$) 500.00</p>
<p>Contributor address: City _____ State: _____ Zip Code _____</p>				
<p>Principal occupation / Job title (See Instructions)</p>				<p>Employer (See Instructions)</p>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>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 Bard Chuck & Pat 7 Pledgor address.	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 Heitkam Carrie & Scott Pledgor address.	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 Layman Joni & Lanny Pledgor address.	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 Stakes Becky Pledgor address.	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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials/License	Parking Expenses	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: 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) <input type="checkbox"/> travel outside of Texas. <input type="checkbox"/> Candidate/Officeholder <input type="checkbox"/> officeholder living expense	<input type="checkbox"/> 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	
	<input type="checkbox"/> travel outside of Texas. <input type="checkbox"/> Candidate/Officeholder <input type="checkbox"/> officeholder living expense	<input type="checkbox"/> 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	
	<input type="checkbox"/> travel outside of Texas. <input type="checkbox"/> Candidate/Officeholder <input type="checkbox"/> officeholder living expense	<input type="checkbox"/> 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office/Chairhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Fund/Beverage Expense	Parking 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)	
2 - 2	MR DONALD BEEMAN		
4 Date	5 Payee name		
10/26/2023	JJC Images		
6 Amount (\$)	7 Payee address:	City: _____ State: _____ Zip Code: _____	
900.00			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising expense	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/23/2023	Quik Color		
Amount (\$)	Payee address:	City: _____	State: _____ Zip Code: _____
2,087.00			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Additional flyers and banners and stickers	
	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	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 <u>ONLY</u> 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: <i>J</i>									
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	8 Amount (\$) 319.00									
	6 Address of person from whom amount is received: City: State: Zip Code										
	7 Purpose for which amount is received REFUND OF DAMAGE DEPOSIT FOR MEET & GREET EVENT										
<table border="1"> <tr> <td>Date</td> <td>Name of person from whom amount is received</td> <td>Amount (\$)</td> </tr> <tr> <td></td> <td>Address of person from whom amount is received: City: State: Zip Code</td> <td></td> </tr> <tr> <td></td> <td>Purpose for which amount is received Check if political contribution returned to filer</td> <td></td> </tr> </table>			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										
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