

# 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: 8

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	MR	DAVID	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX
		BEYER	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	MR	JAMES	
7 CAMPAIGN TREASURER ADDRESS	NICKNAME	LAST	SUFFIX
		WHEAT	
8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;
	2611 SAN PEDRO SAN ANTONIO, TX 78212		STATE; ZIP CODE
9 REPORT TYPE	AREA CODE	PHONE NUMBER	EXTENSION
	( 210 )	224-9300	
10 PERIOD COVERED	January 15	30th day before election	Runoff
	July 15	8th day before election	Exceeded Modified Reporting Limit
11 ELECTION	Month	Day	Year
	5	4	24
12 OFFICE	ELECTION DATE	ELECTION TYPE	
	Month Day Year	Primary Runoff Other Description	
13 OFFICE SOUGHT (if known)	General	Special	
14 NOTICE FROM POLITICAL COMMITTEE(S)	OFFICE HELD (if any)	OFFICE SOUGHT (if known)	
	NEISD Board of Trustees District 4	NEISD Board of Trustees District 4	
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		
	COMMITTEE CAMPAIGN TREASURER NAME		
SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS		

## OFFICE USE ONLY

Date Received

4/26/2024

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
DAVID BEYER

16 Filer ID (Ethics Commission Filers)

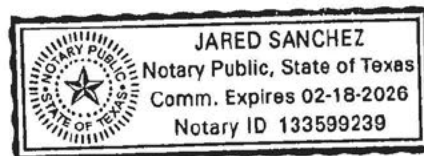
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 290.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,325.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 125.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,123.01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,868.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,985.00

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 David Beyer this the 20<sup>th</sup> day of April,

20 24, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

<b>19</b> FILER NAME <b>DAVID BEYER</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,325.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,123.01
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	\$

**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****2** FILER NAME**DAVID BEYER****3** Filer ID (Ethics Commission Filers)**4** Date**03/27/2024****5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**SANDY WINKLEY****7** Amount of contribution (\$)**100.00****6** Contributor address;

City;

State;

Zip Code

**2318 WOOD MEADOW ST SAN ANTONIO, TX 78232****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

**04/10/2024**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**SANDY HUGHEY**

Amount of contribution (\$)

**250.00**

Contributor address;

City;

State;

Zip Code

**3430 HUNTERS STAND ST SAN ANTONIO, TX 78230**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**03/26/2004**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**BEXAR COUNTY FEDERATION OF TEACHERS COMMITTEE ON PUBLIC EDUCATION**

Amount of contribution (\$)

**500.00**

Contributor address;

City;

State;

Zip Code

**10615 PERRIN BEITEL RD SAN ANTONIO, TX 78217**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**04/16/2024**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**JAMES WHEAT**

Amount of contribution (\$)

**250.00**

Contributor address;

City;

State;

Zip Code

**2611 SAN PEDRO SAN ANTONIO, TX 78212**

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****2** FILER NAME**DAVID BEYER****3** Filer ID (Ethics Commission Filers)**4** Date

04/12/2024

**5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

BEXAR COUNTY CHAMPIONS FOR PUBLIC EDUCATION PAC

**6** Contributor address;

City;

State;

Zip Code

500 MOSS MOUNT DR SAN ANTONIO, TX 78260

**7** Amount of contribution (\$)**500.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

04/04/2024

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MAUREEN BOOK**

Contributor address;

City;

State;

Zip Code

1903 KENILWORTH DR SAN ANTONIO, TX 78209

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/07/2024

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**ROXANNE BROWN**

Contributor address;

City;

State;

Zip Code

511 CAVE LANE SAN ANTONIO, TX 78209

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/07/2024

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**CAROLINE WERNLI**

Contributor address;

City;

State;

Zip Code

37 CAMPDEN CIRCLE SAN ANTONIO, TX 78218

Amount of contribution (\$)

**200.00**

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: **3****2** FILER NAME**DAVID BEYER****3** Filer ID (Ethics Commission Filers)**4** Date

04/13/2024

**5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**ROGER SAWTELLE****6** Contributor address;

City;

State;

Zip Code

**106 FIVE OAKS SAN ANTONIO, TX 78209****7** Amount of contribution (\$)**2,000.00****8** Principal occupation / Job title (See Instructions)**SENIOR VICE PRESIDENT****9** Employer (See Instructions)**AVIOR WEALTH MANAGEMENT LLC**

Date

04/13/2024

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**ANDREW WEIR**

Contributor address;

City;

State;

Zip Code

**39 FONTHILL WAY SAN ANTONIO, TX 78218**

Amount of contribution (\$)

**50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/21/2024

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**ANGELA BREIDENSTEIN**

Contributor address;

City;

State;

Zip Code

**218 NORTHRIDGE DR SAN ANTONIO, TX 78209**

Amount of contribution (\$)

**75.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/21/2024

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**LETICIA BRESNAHAN**

Contributor address;

City;

State;

Zip Code

**7887 BROADWAY, UNIT 1005 SAN ANTONIO, TX 78209**

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.



# 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  
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: <b>2</b>		2 FILER NAME <b>DAVID BEYER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/01/2024</b>		5 Payee name <b>NORTON LEWIS PRINTING</b>			
6 Amount (\$) <b>714.24</b>		7 Payee address; City; State; Zip Code <b>12106 VALIANT ST SAN ANTONIO, TX 78216</b>			
8  PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>		(b) Description <b>FLYERS</b>	
		(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>04/01/2024</b>		Payee name <b>TEXAS DEMOCRATIC PARTY</b>			
Amount (\$) <b>650.00</b>		Payee address; City; State; Zip Code <b>PO BOX 15707 AUSTIN, TX 78761</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>		Description <b>VAN VOTER DATA</b>	
		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>04/17/2024</b>		Payee name <b>NORTON LEWIS PRINTING</b>			
Amount (\$) <b>158.77</b>		Payee address; City; State; Zip Code <b>12106 VALIANT ST SAN ANTONIO, TX 78216</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>		Description <b>YARD SIGNS</b>	
		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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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  
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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)

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1 Total pages Schedule F1: <b>2</b>		2 FILER NAME <b>DAVID BEYER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/15/2024</b>		5 Payee name <b>DARREN MERITZ</b>			
6 Amount (\$) <b>600.00</b>		7 Payee address; City; State; Zip Code <b>11405 WHISPER VALLEY SAN ANTONIO, TX 78230</b>			
8  <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>CONSULTING</b>		(b) Description <b>ANALYSIS OF DATA</b>	
		(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		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 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	
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 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	
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 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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