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:

OFFICE USE ONLY

Date Received: 4/4/2024

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR | FIRST: DAVID | MI: M

NICKNAME | LAST: BEYER | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: [redacted]

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: ([redacted]) | PHONE NUMBER: [redacted] | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR | FIRST: JIM | MI

NICKNAME | LAST: WHEAT | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 2611 SAN PEDRO SAN ANTONIO, TX 78212

8 CAMPAIGN TREASURER PHONE

AREA CODE: (210) | PHONE NUMBER: 224-9300 | EXTENSION

9 REPORT TYPE

- ☐ Janua y 15
- ☐ July 15
- ☐ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☐ Exceeded Modified Reporting Limit
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 1 / 1 / 24 THROUGH 3 / 25 / 24

11 ELECTION

ELECTION DATE — Month / Day / Year: 5 / 4 / 24

ELECTION TYPE

- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): NEISD Board of Trustees District 4

13 OFFICE SOUGHT (if known): NEISD Board of Trustees District 4

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

- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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	16 Filer ID (Ethics Commission Filers)
DAVID BEYER	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 250.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2,410.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 133.99
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 675.60
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 3,501.41
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

JARED SANCHEZ
Notary Public, State of Texas
Comm. Expires 02-18-2026
Notary ID 133599239

NOTARY STAMP / SEAL

Sworn to and subscribed before me by David Beyer this the 4th day of April, 20 24, 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
	Jared Sanchez	Notary Public

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 _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	**20** Filer ID (Ethics Commission Filers)
DAVID BEYER	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	■	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 2,410.00
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	$ 675.60
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:

2 FILER NAME
DAVID BEYER

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
03/03/2024	NICOLE MURPHY **6** Contributor address; City; State; Zip Code 9718 TITAN DR SAN ANTONIO, TX 78209	10.00

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

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of contribution ($)
03/04/2024	SUSANNA MERIWETHER Contributor address; City; State; Zip Code 422 LARAMIE SAN ANTONIO, TX 78209	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of contribution ($)
03/04/2024	MATTHEW REYNOLDS Contributor address; City; State; Zip Code 5218 GOODWIN AVE DALLAS, TX 78206	250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of contribution ($)
03/15/2024	BEXAR COUNTY CHAMPIONS FOR PUBLIC EDUCATION PAC Contributor address; City; State; Zip Code 500 MOSS MOUNT DR SAN ANTONIO, TX 78260	1,000.00

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

2 FILER NAME
DAVID BEYER

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
03/04/2024	PETER WAGNER **6** Contributor address; City; State; Zip Code 9506 SPRINGDALE RD AUSTIN, TX 78754	100.00

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

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of contribution ($)
03/04/2024	ANNE BEYER LIDDLE Contributor address; City; State; Zip Code 13611 KINGSRIDE LANE HOUSTON, TX 7779	200.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of contribution ($)
03/04/2024	CASEY HARVERSTICK Contributor address; City; State; Zip Code 2414 ELMGLEN DR AUSTIN, TX 78704	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of contribution ($)
03/05/2024	CARRIE BEYER BURTON Contributor address; City; State; Zip Code 6306 LAVENDALE AVE DALLAS, TX 75230	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 3

2 FILER NAME
DAVID BEYER

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
03/19/2024	LISA FAIRALL **6** Contributor address; City; State; Zip Code 318 CAVE LANE SAN ANTONIO, TX 78209	100.00

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

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of contribution ($)
03/20/2024	LAUREN AHRENS Contributor address; City; State; Zip Code 7223 BROOKSIDE SAN ANTONIO, TX 78209	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of contribution ($)
03/23/2024	LINDA COMEAUX Contributor address; City; State; Zip Code 3185 MORNING CRK SAN ANTONIO, TX 78247	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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

4 Date	5 Payee name
03/14/2024	NORTON LEWIS PRINTING

6 Amount ($)	7 Payee address; City; State; Zip Code
675.60	12106 VALIANT ST SAN ANTONIO, TX 78216

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
ADVERTISING	YARD SIGNS

(c) Check if travel outside of Texas. Complete Schedule T. | 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 | 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 ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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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 ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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