# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complet	e this form.	1 Fil	er ID (Ethics (	Commission Filers)	2 Total page	s filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MR	F DA\	IRST /ID			мі М	OFFI	CE USE ONLY
NAME	NICKNAME				Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  1519 HASKIN DR SAN ANTONIO, TX 78209  Business Service North East ISD				iness Services			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 210 )	PHONE 1			EXTENS	ION		ered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR MRS		RETT			мı K	Receipt #	Amount \$
NAME	NICKNAME	L	.AST			SUFFIX		
		BE	YER				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	1519 HASKII		NEA	SUITE #; NIO, 7	X 78209	5. 	STATE	; ZIP CODE
(Residence or Business)	ETERNIS ANALYSISS	Selection of the Control of			CARE-CARE			
8 CAMPAIGN TREASURER PHONE	( 210 ) 865-7357							
9 REPORT TYPE	January 15		30th day before	election	Ru	noff	treasure	ay after campaign er appointment nolder Only)
00	July 15	French Links	8th day before e	lection		ceeded Modified corting Limit	P	eport (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day /	Year  / 22	TI	HROUGH	Month 6	Andre Sandarios VI as	Year 22
11 ELECTION	ELECTION DATE ELECTION TYPE							
	Month Day	Year 24	Primary  Genera		Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any) NEISD BOARD	OF TRUS	STEES DIST	RICT 4	13 OFFICE	SOUGHT (if know	n)	a.
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER: KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
COMMITTEE(S)	COMMITTEE TYPE   COMMITTEE NAME							
Additional Pages	GENERAL COMMITTEE ADDRESS							
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTE	E CAMPAIGN T	REASURE	R ADDRESS		V	
			GO TO	PAG	F 2	H.		

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

The state of the s					
15 C/OH NAME DAVID BEYER		16 Filer ID (Ethics Commission Fi	lers)		
TOTALS PLEDGES, LOAN	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)				
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				
EXPENDITURE 3. TOTAL UNITEMIZ	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.				
4. TOTAL POLITIC	4. TOTAL POLITICAL EXPENDITURES				
I DALANCE I	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD				
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
18 SIGNATURE I swear, or affirm, under penalty	of perjury, that the accompanying report is tru	e and correct and includes all info	ormation		
required to be reported by me un					
		2			
dy.	1 / )	DW			
	Signature of Ca	andidate or Officeholder			
			¥		
DESCRIPTION OF PARTY					
DEBORAH CALDWELL Notary ID #13066696-5					
/* / My Commission Expires Plea	se complete either option below	v:			
May 18, 2024					
	ar at				
Millione Sali Book Mill Sted					
(1) Affidavit					
3					
NOTARY STAMP/SEAL					
1120	d ROVIEN	30 71100	7		
Sworn to and subscribed before me by	this the	day of JULITE	<u>~_</u> ,		
20 , to certify which, witness my hand and so	eal of office.	11 Vatan	/		
Weborah (alawell	Deborah Caldwa	Morary			
Signature of officer administering oath Print	ed name of officer administering oath	Title of officer administer	ing oath		
Personal Company of the Company of t	OR				
(2) Unsworn Declaration					
My name is	, and my date of birth is	S			
My address is					
(street)		(state) (zip code) (country	)		
Executed in County, State of _	, on the day of (mont	h) (year).			
	<del></del>	ideta/Officebolder (Declarant)	_		

## **SUBTOTALS - C/OH**

#### FORM C/OH COVER SHEET PG 3

NAMES DESCRIPTION OF	DAVID BEYER  20 Filer ID (Ethics Con			
	DULE SUBTOTALS FOF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
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 CO	\$ 250.00		
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 FU	\$		
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			

## 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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	l Committee Legal Services Salaries/V	Vages/Contract Labor	Other (enter a categor	y not listed above)	
Credit Card Payment	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME DAVID BEYER		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name				
10/06/2021	MACARTHUR HS ATHLETIC BOOS	STER CLUB			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
-	2923 MACARTHUR VIEW SAN A	ANTONIO, TX 7	'8217		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	ž.		
PURPOSE OF EXPENDITURE	CONTRIBUTIONS/DONATIONS MADE BY OFFICEHOLDER/CANDIDATE  HOLE SPONSOR FOR GOLF TOURNAMENT				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	Check if Austin, TX, officeholder living		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	F 3	Office held	
Date	Payee name		0		
Amount (\$)	Payee address;	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	2				
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
			a		
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		