

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:							
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST DAVID	MI M	OFFICE USE ONLY Date Received <div style="font-size: 1.5em; margin-top: 20px;">7/14/2023</div>							
	NICKNAME	LAST BEYER	SUFFIX								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1519 HASKIN DR SAN ANTONIO, TX 78209			Date Hand-delivered or Date Postmarked <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Receipt #</td> <td style="width: 50%; padding: 2px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged	
Receipt #	Amount \$										
Date Processed											
Date Imaged											
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 602-9384										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS	FIRST BRETT	MI K	Date Hand-delivered or Date Postmarked <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Receipt #</td> <td style="width: 50%; padding: 2px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged	
	Receipt #	Amount \$									
Date Processed											
Date Imaged											
NICKNAME	LAST BEYER	SUFFIX									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1519 HASKIN DR SAN ANTONIO, TX 78209										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 865-7357										
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> January 15 <input checked="" type="checkbox"/> July 15 </div> <div> 30th day before election 8th day before election </div> <div> Runoff Exceeded Modified Reporting Limit </div> <div> 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) </div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 1 / 1 / 23 </div> <div>THROUGH</div> <div> Month Day Year 6 / 30 / 23 </div> </div>										
11 ELECTION	ELECTION DATE		ELECTION TYPE								
	Month Day Year 5 / 4 / 24	<div style="display: flex; justify-content: space-between;"> <div> Primary <input checked="" type="checkbox"/> General </div> <div> Runoff Special </div> <div> Other Description _____ </div> </div>									
12 OFFICE	OFFICE HELD (if any) NEISD BOARD OF TRUSTEES DISTRICT 4		13 OFFICE SOUGHT (if known)								
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	COMMITTEE NAME									
	GENERAL	COMMITTEE ADDRESS									
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME									
		COMMITTEE CAMPAIGN TREASURER ADDRESS									

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

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.

Please complete either option below:

NOTARY STAMP/SEAL

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

OR

My name is David Beyer, and my date of birth is September 25, 1974

My address is 1519 Haskin Dr, San Antonio, TX, 78209, USA.

street) (city) state) (zip code) (country)

Executed in Bexar County, State of Texas, on the 14 day of July, 2023.

(month) (year)

Signature of Candidate/Officeholder Declarant

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME DAVID BEYER		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF 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 CONTRIBUTIONS	\$ 150.00
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 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	\$

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: 1	2 FILER NAME DAVID BEYER	3 Filer ID Ethics Commission Filers)
4 Date 05/01/2023	5 Payee name MACARTHUR HS ATHLETIC BOOSTER CLUB	
6 Amount \$)	7 Payee address; City; State; Zip Code 2923 MACARTHUR VIEW SAN ANTONIO, TX 78217	
8 PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule) CONTRIBUTIONS/DONATIONS MADE BY OFFICEHOLDER/CANDIDATE	b) Description HOLE SPONSOR FOR GOLF TOURNAMENT
	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
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED