

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: **13**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / **MR**

FIRST
Bryan

MI
W.

NICKNAME

LAST
Beavers

SUFFIX

OFFICE USE ONLY

Date Received

DEPUTY
AURA A. HUGHES
COUNTY CLERK

FEB - 3 PM 2:49

FILED FOR RECORD
JANUARY CO. TEXAS

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / **MR**

FIRST
Monica

MI
L.

NICKNAME

LAST
Beavers

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

513 S. Pearl St.

Kemp

TX

75143

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(903)

288-6679

9 REPORT TYPE

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

10 PERIOD
COVERED

Month Day Year Month Day Year
01 / 01 / 2020 THROUGH **01 / 23 / 2020**

11 ELECTION

ELECTION DATE

Month Day Year
03 / 03 / 2020

ELECTION TYPE

- Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

Sheriff

13 OFFICE SOUGHT (if known)

Sheriff

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Bryan Beavers 15 Filer ID (Ethics Commission Filers)

16 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.

| | | |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|-------------------------|---|--------------------------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>0</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>18,245.⁰⁰</u> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <u>0</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>5414.³⁸</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>28,306.⁴⁹</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>0</u> |

18 AFFIDAVIT

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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bryan Beavers, this the 3rd day of February, 2020, to certify which, witness my hand and seal of office.

| | | |
|---|--|-------------------------------------|
| <u>Annabel Guerrero</u> | <u>Annabel Guerrero</u> | <u>Court Coordinator</u> |
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |

SUBTOTALS - C/OH

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

| | | |
|---|---|--|
| 19 FILER NAME <i>Bryan Beavers</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 7,745. ⁰⁰ |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 10,500. ⁰⁰ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 5,140. ⁵⁸ |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 273. ⁸⁰ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1 of 4

2 FILER NAME
Bryan Beavers

3 Filer ID (Ethics Commission Filers)

4 Date
01-13-2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Tommy Brockway

7 Amount of contribution (\$)

\$ 200.00

6 Contributor address; City; State; Zip Code
15231 CR 355 Terrell TX 75161

8 Principal occupation / Job title (See Instructions)
business owner

9 Employer (See Instructions)
—

Date
01-13-2020

Full name of contributor out-of-state PAC (ID#: _____)
Am Schoente

Amount of contribution (\$)

\$ 25.00

Contributor address; City; State; Zip Code
P.O. Box 585 Kemp TX 75143

Principal occupation / Job title (See Instructions)
pastor

Employer (See Instructions)
—

Date
01-13-2020

Full name of contributor out-of-state PAC (ID#: _____)
Paul & Vicki Wiley

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code
18539 FM 986 Terrell TX 75160

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)
—

Date
01-13-2020

Full name of contributor out-of-state PAC (ID#: _____)
Joyce Harris

Amount of contribution (\$)

\$ 20.00

Contributor address; City; State; Zip Code
8358 City Lake Rd. Kemp, TX 75143

Principal occupation / Job title (See Instructions)
clerk

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2 of 4

2 FILER NAME Bryan Beavers

3 Filer ID (Ethics Commission Filers)

4 Date
01-13-2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Paul Wilson

7 Amount of contribution (\$) \$200.⁰⁰

6 Contributor address; City; State; Zip Code
19080 FM 140 Forney TX 75126

8 Principal occupation / Job title (See Instructions)
business owner

9 Employer (See Instructions)
—

Date
01-21-2020

Full name of contributor out-of-state PAC (ID#: _____)
Barry Caldwell

Amount of contribution (\$) \$5,000.⁰⁰

Contributor address; City; State; Zip Code
905 S. Washington Kaufman TX 77142

Principal occupation / Job title (See Instructions)
business owner

Employer (See Instructions)
—

Date
01-21-2020

Full name of contributor out-of-state PAC (ID#: _____)
Raymond Shackelford

Amount of contribution (\$) \$500.⁰⁰

Contributor address; City; State; Zip Code
10689 Budd Parker Rd. Kemp TX 75143

Principal occupation / Job title (See Instructions)
attorney

Employer (See Instructions)
—

Date
01-21-2020

Full name of contributor out-of-state PAC (ID#: _____)
Gene Anderson

Amount of contribution (\$) \$500.⁰⁰

Contributor address; City; State; Zip Code
12211 CR 4078 Scurry TX 75158

Principal occupation / Job title (See Instructions)
police officer

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3 of 4**

2 FILER NAME **Bryan Beavers**

3 Filer ID (Ethics Commission Filers)

4 Date
01-21-2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Jessie Richardson

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
2109 LaJolla Kaufman TX 75142

\$400.⁰⁰

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

—

Date

01-13-2020

Full name of contributor out-of-state PAC (ID#: _____)

Raymond Stephens

Amount of contribution (\$)

Contributor address; City; State; Zip Code

801 Wren Court Fomey TX 75126

\$100.⁰⁰

Principal occupation / Job title (See Instructions)

Fire Protection

Employer (See Instructions)

—

Date

01-22-2020

Full name of contributor out-of-state PAC (ID#: _____)

Patrick Hatley

Amount of contribution (\$)

Contributor address; City; State; Zip Code

7875 Park Downs Drive Ft. Worth TX 76131

\$100.⁰⁰

Principal occupation / Job title (See Instructions)

Quality Inspector

Employer (See Instructions)

—

Date

01-23-2020

Full name of contributor out-of-state PAC (ID#: _____)

Jimmy Thompson

Amount of contribution (\$)

Contributor address; City; State; Zip Code

1918 Seagouille Rd. Seagouille TX 75159

\$100.⁰⁰

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4 of 4

2 FILER NAME **BRYAN BEVELS**

3 Filer ID (Ethics Commission Filers)

4 Date
01-23-2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Joanne Reitz

7 Amount of contribution (\$)

\$500.⁰⁰

6 Contributor address; City; State; Zip Code

107 E. 10th Kaufman TX 75142

8 Principal occupation / Job title (See Instructions)

Retired

9 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)~~

~~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)~~

~~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)~~

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 2/2 | |
| 2 FILER NAME Bryan Beaulers | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 04-15-2020 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Thompson | 8 Amount of Contribution \$ \$1,500.00 | 9 In-kind contribution description Printing |
| 7 Contributor address; City; State; Zip Code 7812 Rand Ranch Rd. Kaufman TX 75142 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business owner | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) — | |
| 12 Contributor's principal occupation (FOR JUDICIAL) — | | 13 Contributor's job title (FOR JUDICIAL)(See Instructions) — | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) — | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) — | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) — | | | |

| | | | |
|--|--|---|---|
| Date 01-22-2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Thompson | Amount of Contribution \$ \$16,000.00 | In-kind contribution description Printing |
| Contributor address; City; State; Zip Code 7812 Rand Ranch Rd. Kaufman TX 75142 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business owner | | Employer (FOR NON-JUDICIAL)(See Instructions) — | |
| Contributor's principal occupation (FOR JUDICIAL) — | | Contributor's job title (FOR JUDICIAL)(See Instructions) — | |
| Contributor's employer/law firm (FOR JUDICIAL) — | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) — | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) — | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 2 of 2 | |
| 2 FILER NAME Bryan Beavers | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 01-17 2020 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rob Breshnahan | 8 Amount of Contribution \$ \$3,000.00 | 9 In-kind contribution description video producing |
| 7 Contributor address; City; State; Zip Code 9419 US-175E. Kempton TX 75143 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) business owner | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) — | |
| 12 Contributor's principal occupation (FOR JUDICIAL) — | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) — | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) — | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) — | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) — | | | |

| | | | |
|--|---|---|----------------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Contribution \$ | In-kind contribution description |
| | Contributor address; City; State; Zip Code | | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | Employer (FOR NON-JUDICIAL) (See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

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

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 | Polling 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: 1 of 3 | | 2 FILER NAME Bryan Beavers | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 01-02-2020 | | 5 Payee name POA Advertising | | | |
| 6 Amount (\$) \$1,648.00 | | 7 Payee address; City; State; Zip Code 11555 Central Parkway Jacksonville FL 32224 Suite 402 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) advertising expense | | (b) Description movie theatre ad. | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Bryan Beavers | | Office sought Sheriff | |
| | | | | Office held Sheriff | |
| Date 01-07-2020 | | Payee name Designer Graphics | | | |
| Amount (\$) \$1,633.28 | | Payee address; City; State; Zip Code 12404 Hwy 155 South Tyler TX 75703 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising expense printing expense | | Description signs | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Bryan Beavers | | Office sought Sheriff | |
| | | | | Office held Sheriff | |
| Date 01-13-2020 | | Payee name USPS | | | |
| Amount (\$) \$55.00 | | Payee address; City; State; Zip Code 101 W. 9th St. Kemp TX 75143 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising expense | | Description stamps | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Bryan Beavers | | Office sought Sheriff | |
| | | | | Office held Sheriff | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | Polling 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 of 3 | 2 FILER NAME Bryan Beavers | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/13/2020 | 5 Payee name RAISE THE MONEY.COM | |
| 6 Amount (\$) \$5.15 | 7 Payee address; City; State; Zip Code RAISE THE MONEY.COM | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) fees | (b) Description Credit card fees |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Bryan Beavers | | |
| Office sought Beavers Sheriff | | |
| Office held Sheriff | | |
| Date 01/18/2020 | Payee name Choice Cap | |
| Amount (\$) \$444.00 | Payee address; City; State; Zip Code 11528 Harry Hines Blvd. Suite A116 Dallas TX 75229 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description caps |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Bryan Beavers | | |
| Office sought Sheriff | | |
| Office held Sheriff | | |
| Date 01/20/2020 | Payee name Media One | |
| Amount (\$) \$850.00 | Payee address; City; State; Zip Code 1316 S. 3rd MABANK TX 75147 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Newspaper ad. |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Bryan Beavers | | |
| Office sought Sheriff | | |
| Office held Sheriff | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|-------------------------------------|-------------------------------|---------------------------------------|
| 1 Total pages Schedule G: 1 of 1 | 2 FILER NAME Bryan Beavers | 3 Filer ID (Ethics Commission Filers) |
|-------------------------------------|-------------------------------|---------------------------------------|

| | |
|----------------------|--------------------------|
| 4 Date 01-23-2020 | 5 Payee name Facebook |
|----------------------|--------------------------|

| | |
|---|--|
| 6 Amount (\$) \$ 273. ⁸⁰ <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code Facebook.com |
|---|--|

| | | |
|--------------------------|---|--------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) advertising expense | (b) Description promotional |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|--|--------------------------|------------------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Bryan Beavers | Office sought sheriff | Office held sheriff |
|---|--|--------------------------|------------------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|--|--------------------------------------|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|--|--------------------------------------|

| | | |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|--|--------------------------------------|

| | | |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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