

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: **4**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Bryan	MI W	OFFICE USE ONLY	
	NICKNAME	LAST Beavers	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE
<input type="checkbox"/> Change of Address					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Monica	MI L	Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME	LAST Beavers	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #			CITY	STATE ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
01 / 01 / 25 06 / 30 / 25					
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
11 / 03 / 26 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special					
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
Sheriff Sheriff					
14 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"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	COMMITTEE ADDRESS	
			COMMITTEE CAMPAIGN TREASURER NAME		
			COMMITTEE CAMPAIGN TREASURER ADDRESS		

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**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <u>Bryan W. Beavers</u>		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)	\$ <u>∅</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>∅</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>∅</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>200.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3,280.²⁴</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>∅</u>

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.

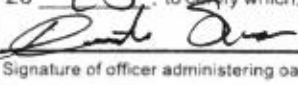

Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Bryan W Beavers this the 8 day of July, 2025, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Daniela Serna
Printed name of officer administering oath

Deputy Clerk
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**

19 FILER NAME *Bryan W. Beavers*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ <i>200.00</i>
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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	\$

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 1	2 FILER NAME Bryan W. Beavers	3 Filer ID (Ethics Commission Filers)
4 Date 4-21-25	5 Payee name Madelyn Woodall	
6 Amount (\$) \$200.00	7 Payee address; City: State; Zip Code Terrell TX 75160	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description FFA Project
	(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 <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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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