

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			1 Filer ID (Ethics Commission Filers)	2 Total page	s filed:
The C/OH Instruction	Guide explains how	to complete this form.			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Slena	МІ		CE USE ONLY
	NICKNAME BEAC	Heiser	SUFFIX	Date Received	13022 EH
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	; APT / SUITE #;	CITY; STATE; ZIP CODE		Elt
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		ered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Same	as above	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE): APT /S	SUITE #; CITY;	STATE	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	emeas above	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before el		treasure (Officeh	y after campaign er appointment older Only) aport (Attach C/OH - FR)
10 PERIOD COVERED	Month	730 / 22	THROUGH 12	Day / 03 / 1	Year LZ
11 ELECTION	Month Day	Year Primary	Runoff Other Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	n)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES IS MAY HAVE BEEN MADE WITHOUT THE CAN IIRED TO REPORT THIS INFORMATION ONLY IF	IDIDATE'S OR OFFICE	HOLDER'S KNOWLEDGE OR
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRI	EASURER NAME		
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS		
7		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

			Water to the same
15 C/OH NAME	-	16 File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIB PLEDGES, LOANS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICALI	LOANS, OR	\$ 4,809.09 B
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUA	ARANTEES OF LOANS)	\$ 4,809.09 B
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDIT	TURE.	\$
	4. TOTAL POLITICAL EXPENDITURES		\$ 5740.34
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	TAINED AS OF THE LAST DAY	\$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTS LAST DAY OF THE REPORTING PERIOD	TANDING LOANS AS OF THE	\$
(1) Affidavit	Please complete eith SUSAN HUGHES Notary Public, State of Texa	s	
NOTARY STAMP/SEAL	Notary ID 133870195		
Sworn to and subscribed	before me by _ Glenn Boar Heiser	this the 5th	day of December.
20 <u>32</u> , to certify Signature of officer administe	which, witness my hand and seal of office. Susan Hughes ring oath Printed name of officer administer	ering oath	day of December. No tary fublic Title of officer administering oath
	OR		
(2) Unsworn Declaration	on		
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/Off	ficeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20	Filer ID (Ethics Commis	sion Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	8 . 6
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	500
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	BUTIONS \$	574034
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	•
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONT	RIBUTIONS \$	
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 BUSH	NESS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIE	BUTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED \$	
	The state of the s		

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 Bear Heix	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (IDII:	7 Amount of contribution (\$)
Date Full name of contributor Solution out-of-state PAC (IDIF:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (IDIII:) Beth Cox Contributor address; City; State; Zip Code 115 Joy Lynns D, Kyle TX 78646	Amount of contribution (\$) 26, 27
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (IDIT:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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	Bentleiser	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Virginia Marshall 6 Contributor address; City; State; Zip Code 1364 Neverez Kyle TX 78640 pation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$)
Date	Full name of contributor out-of-state PAC (ID#:) John Flures Contributor address; City; State; Zip Code 146 Seneca Loop Kyle TX 78640	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	iions)
Date (1) 11 22	Full name of contributor out-of-state PAC (ID#:) Judy Burns Contributor address; City; State; Zip Code 12708 Turky Cove Rudet K78610	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 1112/22	Full name of contributor out-of-state PAC (IDIF:) Joan Fox Contributor address; City; State; Zip Code 11 70 Modul Way Kyle W 78640	Amount of contribution (\$) \$\frac{1}{26}.27\$
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 f	form. 1 Total pages Schadule A1:
2 FILER NAME BEEV HEISES	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (I) When Brown - Kaz 6 Contributor address; City; The West Center St	State: Zip Code Kyle W 78610 #623.36
8 Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (I) [1] State Full name of contributor out-of-state PAC (I) [1] State Full name of contributor of contributor address; City; [2] Wildle Palkyle	State; Zip Code 52.23
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (I Genest Hadins Contributor address; City; 163 Johnnys Way Ky	State; Zip Code ### 15,89
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (I Timmy Alan Hall Contributor address; City; 401 6reen Acres Dr W	State; Zip Code 104. 15
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Ber Heiser	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 26.27
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$) \$\frac{4}{52.23}\$
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor Quit-of-state PAC (ID#:) Ovidia Molina Contributor address; City; State; Zip Code 213 Silveralo Kyle TX 78640	Amount of contribution (\$) # 26.27
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date 11/28/22	Full name of contributor out-of-state PAC (ID#:) Dang Haschke Contributor address; City; State; Zip Code 308 Fox Hollow Kyle TX 78640	Amount of contribution (\$) \$\frac{1}{2} \frac{1}{2} \
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Bea Heise		3 Filer ID (Ethics Commission Filers)
4 Date 1128/22 8 Principal occu	5 Full name of contributor out-opstate PACE Elizabeth Strand 6 Contributor address; City: 6	State; Zip Code Bulg TX 18610 9 Employer (See Instruction	7 Amount of contribution (\$)
Date	O :	(ID#:)	Amount of contribution (\$)
11/28/22	Susie Ishibashi Contributor address; City; 1110 Patton Path Kill	State; Zip Code	# 15
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 11/29/22	Full name of contributor out-of-state PAC Gerald Haschle Contributor address; City; 308 Fox Hollow Bulla	State; Zip Code	Amount of contribution (\$) # 52.23
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor Paul Hill Contributor address; City; 356 Stennes Kyle 7	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: (of 7
2 FILER NAME	Bear Heiser		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC TINOTHY TIMMERMAN 6 Contributor address; City; 4093 Whitehorn CT Au	State: Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date 11/30/21	Full name of contributor out-of-state PAC Toda Webster Contributor address; City; 823 Congress Ave Austr	State; Zip Code	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 2 0 22	Full name of contributor out-of-state PAC RICK Sheldon Contributor address; City; 4006 Breen Oak-Dr. Wac	State; Zip Code	Amount of contribution (\$) # 1,500
Principal occup	aation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC Suse Ish, Saha Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	oris)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Tota	al pages Schedule A1:
2 FILER NAME	Bear Heiser	3 File	r ID (Ethics Commission Filers)
4 Date 20312 8 Principal occu	250 Johnnys Way kylett	Zip Code	ount of contribution (\$) 26,27
		, , , , , , , , , , , , , , , , , , , ,	
Date 2 63 22	Full name of contributor out-of-state PAC (ID#: Jeff Kaufman Contributor address; City; State; 407 Leisurewoods Budatt	Zip Code	26 27
Principal occup	ation / Job title (See Instructions) Empl	oyer (See Instructions)	
12/01/12	Full name of contributor out-of-state PAC (ID#:	Zip Code	nount of contribution (\$)
Principal occup		oyer (See Instructions)	
Date	Full name of contributor	Zip Code	ount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Empl	oyer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

The requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense Printing I Salaries/ The Instruction Guide explains how to	Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME Bear Heiser		3 Filer ID (Ethics Commission Filers)
Date 11 01 22	5 Payee name Facebook		
Amount (\$)	7 Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description	
	(c) 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
Date 1 03 22	Payee name Summernoon		
Amount (\$)	Payee address; 4217 Brenner Lyte	TX 7864	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food (BeV		
OF	Food (BeV Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austi	in, TX, officeholder living expense Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name		
Complete ONLY if direct expenditure to benefit C/Oh	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Facebook	Office sought	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date U U 22 Amount (\$) 2 5 PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address; Category (See Categories listed at the top of this schedule)	Office sought City; Description	Office held

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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense 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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; State; Zip Code 6 Amount (\$) (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE OF **EXPENDITURE** (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Bank of America City; State: Zip Code Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name um Creek Payee address State; Zip Code Kyle, TX 78640 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 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

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		ages/Contract Labor Other (enter a category not li	sted above)
Total pages Schedule F1:	2 FILER NAME BOWHEISE	3 Filer ID (Ethics Comm	nission Filers)
Date 11/07/22	5 Payee name Lus Vaqueros		
Amount (\$) 24.68	7 Payee address; 804 W Centur St K	The TX 78640	Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Bev Exp	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expens	e
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office	held
Date 67/22	Payee name Texaco		
Amount (\$)	Payee address;	City; State; Zip	Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transported to	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expens	0
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office	held
Date // 1/07/22	Payee name Facebook		
Amount (\$)	Payee address;	City; State; Zip	Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdS	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expens-	е
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office	e held

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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Consulting 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name City; 6 Amount (\$) 7 Pavee address Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Payee address: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Amount (\$) Zip Code Pavee address Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

		EXPENDIT	URE CATE	GORIES FO	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exp Gift/Awards/Memori Legal Services	ials Expense	Office Overh Polling Expe Printing Expo Salaries/Way	ense ges/Contract Labor	Travel In District Travel Out Of Dis	uipment & Related Expense
		The Instruction	Guide explain	ns how to cor	mplete this form.		
1 Total pages Schedule F1:	2 FILER N	Bear He	1801			3 Filer ID (Eth	ics Commission Filers)
4 Date 11/14/22	5 Payee n	Che	vez				
6 Amount (\$) 2522	7 Payee a	ddress;		Kyl	e TX	7864t	Zip Code
8 PURPOSE	(a) Catego	ry (See Categories liste		schedule)	(b) Description		
OF EXPENDITURE	10	ens putted)	in				
	(c)	Check if travel outside of	Texas. Complete S	Schedule T.	Check if Au	ustin, TX, officeholder liv	ing expense
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder	name		Office sought		Office held
Date 114 22	Payee na	HEB					
Amount (\$) \$ 4210	Payee a	ddress;	K	yle-	tx city;	\$640	Zip Code
PURPOSE OF EXPENDITURE	Category	y (See Categories listed	at the top of this s	schedule)	Description		
		Check if travel outside of	Texas. Complete S	ichedule T.	Check if Au	stin, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder	name		Office sought		Office held
Date 11 14 22	Payee n	ame Fac	ebool	٤			
Amount (\$)	Payee a	ddress;			City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed	at the top of this s	schedule)	Description		
		Check if travel outside of	Texas. Complete S	chedule T.	Check if Au	stin, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder	name		Office sought		Office held
	AT	TACH ADDITION	IAL COPIES	OF THIS S	CHEDULE AS N	EEDED	

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 B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhea Polling Expension Printing Expension		Travel In District Travel Out Of Dist	uipment & Related Expense	
Credit Card Payment		The Instruction Guide explai	ns how to com	plete this form.			
1 Total pages Schodule F1:	2 FILER NA 5 Payee na	Her Helse	5	,	3 Filer ID (Eth	ics Commission Filers)	
11116/11		Moonlight	Graph	X			
# 663,84	7 Payee ad	dress;	Buda	12 7	State;	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of thi	s schedule) (I	b) Description			
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin, TX, officeholder liv	ng expense	
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held	
Date 11 23 22	Payee na	Gity of	Kyl	e			
Amount (\$)	Payee ad	dress;	K	yle T	State; 786	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 Aust	tin, TX, officeholder liv	ing expense	
Complete ONLY if direct expenditure to benefit C/Oh		ite / Officeholder name		Office sought		Office held	
Date 11 29 22	Payee na	asa Guua					
Amount (\$)	Payee ad	dress;	Kyle	City:	7864T	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 Aust	tin, TX, officeholder liv		
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held	
	AT	ACH ADDITIONAL COPIES	S OF THIS SC	HEDULE AS NE	EDED		

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 Transportation Equipment & Related Expense Fees Food/Beverage Expense Accounting/Banking Office Overhead/Rental Expense Consulting Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Contributions/Donations Made By 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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name City; Zip Code 6 Amount 7 Payee address; (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Zip Code Payee address; State: Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee address Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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/Politica Credit Card Payment	,	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Office Ove Polling Ex ense Printing E Salaries/V	expense Vages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense	
1 Total pages Schedule F1:	2 FILER NA	ME Bew A	elsi		3 Filer ID (Ethic	s Commission Filers)	
4 Date 12/01/22	5 Payee nam	e Summerm	101				
6 Amount (\$) # 12,56	7 Payee add	ress;		Kylet)	State; 7864	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the to		(b) Description			
9 Complete ONLY if direct	Candida	theck if travel outside of Texas. College / Officeholder name	omplete Schedule T.	Office sought	tin, TX, officeholder living	Office held	
expenditure to benefit C/OF	1						
12/02/22	Payee nam	Kyle's	Daily	6nnd			
Amount (\$)	Payee add	ress;		KyleT)	State; 7864	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the to	p of this schedule)	Description			
	c	theck if travel outside of Texas. Co	omplete Schedule T.	Check if Aus	tin, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH		le / Officeholder name		Office sought		Office held	
Date 11/30/22	Payee nar		Consulti.	ng Ground	7		
Amount (\$)	Payee add			City;	State;	Zip Code	
4,035.76	1766	FM 967		Bula 7	X 786	10	
PURPOSE OF EXPENDITURE	A	dve Alsing		Description			
	c	heck if travel outside of Texas. Co	omplete Schedule T.	Check if Aus	tin, TX, officeholder living		
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

PLEDGED CONTRIBUTIONS

SCHEDULE B

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 B:		
2	FILER NAME	Bec/He	Kel		3 Filer ID (Ethics C	commission Filers)	
4	TOTAL OF	UNITEMIZED PLED	GES		\$		
5	Date 30/12	6 Full name of pledgor Rebecco		ate; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description	
10	Principal occu	pation / Job title (See Instru	uctions)	11 Employer (See	Instructions)		
	Date	Full name of pledgor	out-of-state PAC (ID#)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address;	City; St	ate; Zip Code	Check if travel outs	 - . de of Texas. Complete Schedule T.	
	Principal occup	pation / Job title (See Instruc	ctions)	Employer (See	Instructions)		
	Date	Full name of pledgor Pledgor address;		ate; Zip Code	Amount of Pledge \$	In-kind contribution description	
					Check if travel outs	 - ide of Texas. Complete Schedule T.	
	Principal occup	pation / Job title (See Instru	ctions)	Employer (See	Instructions)		
	Date	Full name of pledgor Pledgor address;	out-of-state PAC (ID#:	; Zip Code	Amount of Pledge \$	In-kind contribution description I	
					Check if travel outs	 - ide of Texas. Complete Schedule T.	
	Principal occup	ation / Job title (See Instru	ctions)	Employer (See	Instructions)		
		ATTACL	ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED		
		ATTACE	ADDITIONAL COFIES	5. 11115 GOTTEDO			