

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <b>14</b>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Brian</b>	MI <b>W</b>	<b>OFFICE USE ONLY</b>  <div style="border: 2px solid black; padding: 5px; margin: 5px auto; width: 80%;"> <b>RECEIVED</b>   <b>APR 23 2021</b>   City Manager's / City Secretary's Office </div>
	NICKNAME	LAST <b>Beck</b>	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; <b>124 Mill Pond Road</b>		APT / SUITE #; CITY; STATE; ZIP CODE <b>Denton TX 76209</b>	
	AREA CODE <b>( 940 )</b>	PHONE NUMBER <b>557-5580</b>	EXTENSION	
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR	FIRST <b>Sandra</b>	MI	
	NICKNAME <b>Sandy</b>	LAST <b>Swan</b>	SUFFIX	
<b>6</b> CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1413 Cambridge Denton TX 76209</b>		Date Received	
	AREA CODE <b>( 940 )</b>	PHONE NUMBER <b>206-9215</b>	EXTENSION	
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1413 Cambridge Denton TX 76209</b>		Date Hand-delivered or Date Postmarked	
	AREA CODE <b>( 940 )</b>	PHONE NUMBER <b>206-9215</b>	EXTENSION	
<b>8</b> CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1413 Cambridge Denton TX 76209</b>		Receipt #	
	AREA CODE <b>( 940 )</b>	PHONE NUMBER <b>206-9215</b>	EXTENSION	
<b>9</b> REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1413 Cambridge Denton TX 76209</b>		Amount \$	
	<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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10</b> PERIOD COVERED	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1413 Cambridge Denton TX 76209</b>		Date Processed	
	Month    Day    Year <b>03 / 23 / 2021</b>	THROUGH	Month    Day    Year <b>04 / 21 / 2021</b>	
<b>11</b> ELECTION	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1413 Cambridge Denton TX 76209</b>		Date Imaged	
	ELECTION DATE Month    Day    Year <b>05 / 01 / 2021</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
<b>12</b> OFFICE	OFFICE HELD (if any)		<b>13</b> OFFICE SOUGHT (if known) <b>Denton City Council - District 2</b>	
	OFFICE HELD (if any)			
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. <i>THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.</i> CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	<b>Angela Brewer for Texas</b>		
	<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		
		<b>624 W University Dr #307 Denton TX 76201</b>		
		COMMITTEE CAMPAIGN TREASURER NAME		
	<b>Angela Brewer</b>			
	COMMITTEE CAMPAIGN TREASURER ADDRESS			
	<b>624 W University Dr #307 Denton TX 76201</b>			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Beck, Brian W		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2095.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1442.55
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 937.74
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$1886.50

**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:

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

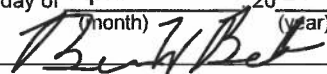
Signature of officer administering oath                      Printed name of officer administering oath                      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Brian Wayne Beck, and my date of birth is 02/22/1969.  
 My address is 124 Mill Pond Road, Denton, TX, 76209, United States  
(street) (city) (state) (zip code) (country)

Executed in Denton County, State of Texas, on the 23 day of April, 2021.  
(month) (year)



Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME Beck, Brian W		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1500.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 595.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1886.50
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 593.74
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 848.81
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1366.50
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

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: <b>5</b>
2 FILER NAME <b>Beck, Brian W</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/23/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sharon Barnhill</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>3329 Hummingbird Lane Denton TX 76209</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/24/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amber Briggle</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>2201 Brooklake St W Denton TX 76207</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/24/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Peggy Fogle</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>2402 Emerson Lane Denton TX 76209</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/26/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lucas Holl</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>815 Crestoak Place Denton TX 76209</b>		
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

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 Beck, Brian W		3 Filer ID (Ethics Commission Filers)
4 Date 03/26/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorothy McSweeny	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 5021 Millwood Ln NE Washington DC 20016		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Pierce	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 916 Red Mountain Dr Glenwood Springs CO 81601		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Creagh	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 2521 E Windsor Dr Denton TX 76209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jill Haerle	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 2610 Royal Acres Dr Denton TX 76209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# 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 Beck, Brian W		3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alison Maguire	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 2208 Miranda Pl Denton TX 76210		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/31/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angela Brewer for Texas	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 624 W University Dr #307 Denton TX 76201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/31/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald Shenberger	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 1516 E. Windsor Dr. Denton TX 76209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/31/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Vail	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 1309 E. Windsor Dr. Denton TX 76209		
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

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 Beck, Brian W		3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billye Akin <hr/> 6 Contributor address; City; State; Zip Code 116 Mill Pond Road Denton TX 76209	7 Amount of contribution (\$)  100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/01/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monique Gulyas <hr/> Contributor address; City; State; Zip Code 2910 Croydon St Denton TX 76209	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Morgan <hr/> Contributor address; City; State; Zip Code 1928 Parkside Dr. Denton TX 76201	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Marcello <hr/> Contributor address; City; State; Zip Code 2702 Woodhaven St. Denton TX 76209	Amount of contribution (\$)  25.00
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

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 Beck, Brian W		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat Hagan Cheek	7 Amount of contribution (\$)  50.00
6 Contributor address; City; State; Zip Code 1220 Tulane St. Denton TX 76201		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 04/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay Thurmond	Amount of contribution (\$)  50.00
Contributor address; City; State; Zip Code 1524 Snyder St. Denton TX 76209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**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

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 A2: <b>1</b>	
2 FILER NAME <b>Beck, Brian W</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date <b>03/31/2021</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marie S. Nuchols</b>	8 Amount of Contribution \$ <b>595.00</b>	9 In-kind contribution description <b>Photography Services</b>
7 Contributor address; City; State; Zip Code <b>905 Egan St Denton TX 76201</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Photographer</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>Self-employed</b>	
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.

**LOANS**

**SCHEDULE E**

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 E: 1
2 FILER NAME Beck, Brian W		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 03/31/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brian Wayne Beck	9 Loan Amount (\$) 1886.50
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	8 Lender address; City; State; Zip Code 124 Mill Pond Road Denton TX 76209	10 Interest rate 0%
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Computational Biologist		13 Employer (See Instructions) University of Texas at Austin
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

# 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	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.

<b>1</b> Total pages Schedule F1: <b>1</b>	<b>2</b> FILER NAME Beck, Brian W	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/31/2021	<b>5</b> Payee name USAA Federal Savings Bank	
<b>6</b> Amount (\$) 593.74	<b>7</b> Payee address; 9800 Fredericksburg Rd	City; State; Zip Code San Antonio TX 78288
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description Payment of credit card bill
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> 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
<b>PURPOSE OF EXPENDITURE</b>	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
<b>PURPOSE OF EXPENDITURE</b>	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

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <b>2</b>	<b>2</b> FILER NAME <b>Beck, Brian W</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$ 0.00</b>
<b>5</b> Date <b>03/24/2021</b>	<b>6</b> Payee name <b>Summit Printing</b>	
<b>7</b> Amount (\$) <b>678.51</b>	<b>8</b> Payee address; City; State; Zip Code <b>800 E. 101 Terr, Suite 350 Kansas City MO 64131</b>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Postage</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>03/30/2021</b>	Payee name <b>Amazon.com</b>	
Amount (\$) <b>30.30</b>	Payee address; City; State; Zip Code <b>410 Terry Ave. North Seattle WA 98109</b>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Magnets</b>
	<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**

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME Beck, Brian W	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0.00
<b>5</b> Date 04/17/2021	<b>6</b> Payee name Textedly	
<b>7</b> Amount (\$) 140.00	<b>8</b> Payee address; 133 N. Citrus Ave., Suite 202 City: Covina State: CA Zip Code: 91723	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Texting Services
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> 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	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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	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.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Beck, Brian W	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/31/2021	<b>5</b> Payee name USAA Federal Savings Bank	
<b>6</b> Amount (\$) 1366.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 9800 Fredericksburg Rd San Antonio TX 78288	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description Payment of credit card bill
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> 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	
<b>PURPOSE OF EXPENDITURE</b>	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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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**