

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|--|--|---|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Mr. Brian W | | OFFICE USE ONLY <div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 150px;"> RECEIVED APR 01 2021 City Manager's / City Secretary's Office </div> |
| | NICKNAME LAST SUFFIX Beck | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 124 Mill Pond Road Denton TX 76209-1540 | | |
| <input type="checkbox"/> Change of Address | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (940) 557-5580 | | Date Received Date Hand-delivered or Date Postmarked <i>Electronic</i> |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Sandra | | Receipt # Amount \$ |
| | NICKNAME LAST SUFFIX Sandy Swan | | Date Processed Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1413 Cambridge Denton TX 76209 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (940) 206-9215 | | |
| 9 REPORT TYPE | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 01 / 01 / 2021 THROUGH 03 / 31 / 2021 | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 / 01 / 2021 <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Denton City Council - District 2 | | |
| 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 | COMMITTEE TYPE COMMITTEE NAME Angela Brewer for Texas | |
| | <input checked="" type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS 624 W University Dr #307 Denton TX 76201 | |
| | | COMMITTEE CAMPAIGN TREASURER NAME Angela Brewer | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS 624 W University Dr #307 Denton TX 76201 | |
| | GO TO PAGE 2 | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|--------------------------------------|---|---|
| 15 C/OH NAME Beck, Brian W | | 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) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 3025.98 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 5192.02 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 247.30 |
| OUTSTANDING LOAN TOTALS | 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.

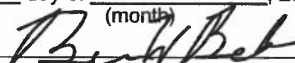
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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 1st 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 | \$ 2425.00 |
| 2. | <input checked="" type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 600.98 |
| 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 | \$ 1311.86 |
| 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 | \$ 2513.66 |
| 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: 7 |
| 2 FILER NAME Beck, Brian W | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/05/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Swan 6 Contributor address; City; State; Zip Code 1413 Cambridge Denton TX 76209 | 7 Amount of contribution (\$) 300.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 03/06/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phyllis Minton Contributor address; City; State; Zip Code 2005 Burning Tree Ln Denton TX 76209 | Amount of contribution (\$) 300.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/05/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elinor Lichtenberg Contributor address; City; State; Zip Code 1713 Crescent St Denton TX 76201 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/06/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan Villarreal Contributor address; City; State; Zip Code 5500 Del Rey Dr Denton TX 76208 | 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 03/10/2021 | | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camelia Maier | | 7 Amount of contribution (\$) 100.00 | |
| | | 6 Contributor address; City; State; Zip Code 2608 Timber Trail Denton TX 76209 | | | |
| 8 Principal occupation / Job title (See Instructions) | | | 9 Employer (See Instructions) | | |
| Date 03/10/2021 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keri Caruthers | | Amount of contribution (\$) 25.00 | |
| | | Contributor address; City; State; Zip Code 2101 Savannah Trl Denton TX 76205 | | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| Date 03/18/2021 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keely Briggs | | Amount of contribution (\$) 150.00 | |
| | | Contributor address; City; State; Zip Code 3108 Broken Bow St Denton TX 76209 | | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| Date 03/18/2021 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Hoenig | | Amount of contribution (\$) 25.00 | |
| | | Contributor address; City; State; Zip Code 2715 Nottingham 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. | | | | | |

SCHEDULE A1

Revised 8/17/2020

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

5 Full name of contributor

7 Amount of contribution (\$)

200.00

City;

State;

Zip Code

Denton

TX

76207

9 Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

25.00

City;

State;

Zip Code

Denton

TX

76209

Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

100.00

City;

State;

Zip Code

Denton

TX

76209

Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

100.00

City:

State:

Zip Code

Washington

DC

20016

Employer (See Instructions)

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 03/27/2021 | <div style="display: flex; justify-content: space-between;"><div>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Pierce</div><div style="text-align: right;">7 Amount of contribution (\$) 50.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>6 Contributor address;</div><div>City;</div><div>State;</div><div>Zip Code</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>916 Red Mountain Dr</div><div>Glenwood Springs</div><div>CO</div><div>81601</div></div> | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 03/30/2021 | <div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jill Haerle</div><div style="text-align: right;">Amount of contribution (\$) 50.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address;</div><div>City;</div><div>State;</div><div>Zip Code</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>2610 Royal Acres Dr</div><div>Denton</div><div>TX</div><div>76209</div></div> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/30/2021 | <div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Creagh</div><div style="text-align: right;">Amount of contribution (\$) 50.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address;</div><div>City;</div><div>State;</div><div>Zip Code</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>2521 E Windsor Dr</div><div>Denton</div><div>TX</div><div>76209</div></div> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/31/2021 | <div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monique Gulyas</div><div style="text-align: right;">Amount of contribution (\$) 50.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address;</div><div>City;</div><div>State;</div><div>Zip Code</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>2910 Croydon St</div><div>Denton</div><div>TX</div><div>76209</div></div> | |
| 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. | | |

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 Filer ID (Ethics Commission Filers)

7 Amount of contribution (\$)

250.00

9 Employer (See Instructions)

Amount of contribution (\$)

250.00

Employer (See Instructions)

Amount of contribution (\$)

25.00

Employer (See Instructions)

Amount of contribution (\$)

25.00

Employer (See Instructions)

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 | 7 Amount of contribution (\$) 100.00 |
| 6 Contributor address; City; State; Zip Code 116 Mill Pond Road Denton TX 76209 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| 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**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: 1 | |
| 2 FILER NAME Beck, Brian W | | | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | | | \$ 595.00 | |
| 5 Date 03/31/2021 | | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marie S. Nuchols | | 8 Amount of Contribution \$ 595.00 | |
| | | 7 Contributor address; City; State; Zip Code 905 Egan St Denton TX 76201 | | 9 In-kind contribution description Photography Services | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Photographer | | | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) Self-employed | |
| 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 01/20/2021 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matilda Roach | | Amount of Contribution \$ 5.98 | |
| | | Contributor address; City; State; Zip Code 1821 Emery St Denton TX 72601 | | In-kind contribution description Network Services | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Information Technology | | | | Employer (FOR NON-JUDICIAL) (See Instructions) University of North Texas | |
| 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 | | \$ 1886.50 |
| 5 Date of loan 03/31/2021 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian W. Beck | 9 Loan Amount (\$) 1886.50 |
| 6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N | 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: 1 | 2 FILER NAME Beck, Brian W | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/08/2021 | 5 Payee name USAA Federal Savings Bank | |
| 6 Amount (\$) 523.12 | 7 Payee address; City; State; Zip Code 9800 Fredericksburg Rd San Antonio TX 78288 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | |
| | (b) Description Payment of credit card bill | |
| | (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 03/15/2021 | Payee name Summit Printing | |
| Amount (\$) 195.00 | Payee address; City; State; Zip Code 800 E. 101 Terr, Suite 350 Kansas City MO 64131 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | |
| | Description Door Hangers | |
| | <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 03/31/2021 | Payee name USAA Federal Savings Bank | |
| Amount (\$) 593.74 | Payee address; City; State; Zip Code 9800 Fredericksburg Rd San Antonio TX 78288 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Credit Card Payment | |
| | Description Payment of credit card bill | |
| | <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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F4: 6 | 2 FILER NAME Beck, Brian W | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ 2513.66 |
| 5 Date 03/20/2021 | 6 Payee name Squarespace Inc. | |
| 7 Amount (\$) 233.82 | 8 Payee address; City; State; Zip Code 225 Varick Street, 12th Floor New York NY 10014 | |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Website |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 03/02/2021 | Payee name PayPal | |
| Amount (\$) 0.30 | Payee address; City; State; Zip Code 2211 North First Street San Jose CA 95131 | |
| 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) Fees | Description Processing Fees |
| | <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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F4: | 2 FILER NAME Beck, Brian W | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ |
| 5 Date 03/03/2021 | 6 Payee name Texas Democratic Party | |
| 7 Amount (\$) 280.00 | 8 Payee address; 1106 Lavaca, Suite 100 | City; Austin State; TX Zip Code 78701 |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Voter Database |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 03/05/2021 | Payee name PayPal | |
| Amount (\$) 9.00 | Payee address; 2211 North First Street | City; San Jose State; CA Zip Code 95131 |
| 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) Fees | Description Processing Fees |
| | <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 |
| | | |
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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME Beck, Brian W | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ |
| 5 Date 03/09/2021 | 6 Payee name PayPal | |
| 7 Amount (\$) 0.75 | 8 Payee address; 2211 North First Street City: San Jose State: CA Zip Code: 95131 | |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description Processing Fees |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 03/10/2021 | Payee name Summit Printing | |
| Amount (\$) 372.92 | Payee address; 800 E. 101 Terr, Suite 350 City: Kansas City State: MO Zip Code: 64131 | |
| 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) Printing Expense | Description Yard Signs |
| | <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 |
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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F4: | 2 FILER NAME Beck, Brian W | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ |
| 5 Date 03/17/2021 | 6 Payee name Textedly | |
| 7 Amount (\$) 140.00 | 8 Payee address; City; State; Zip Code 133 N. Citrus Ave., Suite 202 Covina CA 91723 | |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Texting Services |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 03/18/2021 | Payee name Texas Democratic Party | |
| Amount (\$) 45.00 | Payee address; City; State; Zip Code 1106 Lavaca, Suite 100 Austin TX 78701 | |
| 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) Advertising Expense | Description Voter Database |
| | <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 |
| | | |
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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.

| | | |
|---|---|---|
| 1 Total pages Schedule F4: | 2 FILER NAME Beck, Brian W | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ |
| 5 Date 03/20/2021 | 6 Payee name Summit Printing | |
| 7 Amount (\$) 723.06 | 8 Payee address; City; State; Zip Code 800 E. 101 Terr, Suite 350 Kansas City MO 64131 | |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Stickers and Mailers |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 03/24/2021 | Payee name Summit Printing | |
| Amount (\$) 678.51 | Payee address; City; State; Zip Code 800 E. 101 Terr, Suite 350 Kansas City MO 64131 | |
| 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) Advertising Expense | Description Postage for mailers |
| | <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 |
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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.

| | | |
|---|---|---|
| 1 Total pages Schedule F4: | 2 FILER NAME Beck, Brian W | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ |
| 5 Date 03/30/2021 | 6 Payee name Amazon.com | |
| 7 Amount (\$) 30.30 | 8 Payee address; 410 Terry Ave. North | City; State; Zip Code Seattle WA 98109 |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Magnets |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 11 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 |
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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule G: 1 | 2 FILER NAME Beck, Brian W | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/31/2021 | 5 Payee name USAA Federal Savings Bank | |
| 6 Amount (\$) 1366.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 9800 Fredericksburg Rd San Antonio TX 78288 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description Payment of credit card bill |
| | (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 (\$) <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 <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 | |
| 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 (\$) <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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Office sought Office held | |

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