

# 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: <b>22</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>DAVID</b>	MI <b>W</b>
	NICKNAME	LAST <b>BEEBE</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>PO Box 70 MARFA TX 79843</b>		
	Date Received <b>FILED FOR RECORD at 2:36 PM</b>  <b>JAN 14 2026</b>  <i>Carolina A. Catano</i> COUNTY CLERK, BREWSTER CO.		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(432)</b>	PHONE NUMBER <b>295-3494</b>	EXTENSION
	Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <b>DAVID</b>	MI <b>W</b>
	NICKNAME	LAST <b>BEEBE</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>PO Box 70 MARFA TX 79843</b>		
	Date Hand-Delivered, or Date Postmarked		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(432)</b>	PHONE NUMBER <b>295-3494</b>	EXTENSION
	Date Processed		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
	Date Imaged		
10 PERIOD COVERED	Month Day Year    Month Day Year <b>07 / 16 / 2025</b> THROUGH <b>07 / 14 / 2026</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>03 / 03 / 2026</b>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
	Date Imaged		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>COUNTY JUDGE</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>DAVID W. BEEBE</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>70.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>6935.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>- 0 -</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>10,998.53</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>5,576.90</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>10,000.00</u>

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL



Sworn to and subscribed before me by David W. Beebe this the 14th day of January, 2026, to certify which, witness my hand and seal of office.

Nohely B. Nohely Ramirez Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

DAVID W. BEEBE

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,835.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,827.27
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 2,057.88
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 113.38
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 35.26

# 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: <u>6</u>
2 FILER NAME <u>DAVID W. BEEBE</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>7/28/25</u>	5 Full name of contributor out-of-state PAC (ID#: _____) <u>JOHN JEFFERS</u> 6 Contributor address; City; State; Zip Code <u>6310 HASKELL ST HOUSTON TX 77007</u>	7 Amount of contribution (\$)  <u>\$ 100.00</u>
8 Principal occupation / Job title (See Instructions) <u>ATTORNEY</u>		9 Employer (See Instructions) <u>QUINTANA GROUP</u>
Date <u>7/21/25</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>BENJAMIN HARGROVE</u> Contributor address; City; State; Zip Code <u>226 CIENEGA CREEK RD. FT DAVIS TX 79734</u>	Amount of contribution (\$)  <u>\$ 50.00</u>
Principal occupation / Job title (See Instructions) <u>NOT EMPLOYED</u>		Employer (See Instructions)
Date <u>7/27/25</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>MARK MORRISON</u> Contributor address; City; State; Zip Code <u>5640 DERBY WAY BULVERDE TX 78163</u>	Amount of contribution (\$)  <u>\$ 50.00</u>
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)
Date <u>9/28/25</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>STEVE HALL</u> Contributor address; City; State; Zip Code <u>PO BOX 13011 AUSTIN TX 78711</u>	Amount of contribution (\$)  <u>\$ 20.00</u>
Principal occupation / Job title (See Instructions) <u>NOT EMPLOYED</u>		Employer (See Instructions)
<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.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME <b>DAVID W. BEEBE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/30/25</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>NEIL CHAVIGNY</b> 6 Contributor address; City; State; Zip Code <b>319 N. SUMMER ST. MARFA TX 79843</b>	7 Amount of contribution (\$) <b>\$ 500<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions) <b>NOT EMPLOYED</b>		9 Employer (See Instructions) <b>QUANTUM GROUP</b>
Date <b>9/30/25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DAVID SCHOENBAUM</b> Contributor address; City; State; Zip Code <b>5102 REIGER AVE DALLAS TX 75214</b>	Amount of contribution (\$) <b>\$ 50<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>NOT EMPLOYED</b>		Employer (See Instructions)
Date <b>10/06/25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CINDY SCROGGINS</b> Contributor address; City; State; Zip Code <b>PO BOX 656 MARFA TX 79843</b>	Amount of contribution (\$) <b>\$ 20<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>NOT EMPLOYED</b>		Employer (See Instructions)
Date <b>10/06/25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>STEPHEN AMES</b> Contributor address; City; State; Zip Code <b>1409 WILTSHIRE AVE SAN ANTONIO TX 78209</b>	Amount of contribution (\$) <b>\$ 50<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>SALES MANAGER</b>		Employer (See Instructions) <b>SURVALENT TECHNOLOGY INC.</b>
<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.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME <b>DAVID W. BEEBE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/06/25</b>	5 Full name of contributor out-of-state PAC (ID#: <b>NEISHA D'SOUZA</b> 6 Contributor address; City; State; Zip Code <b>4304 SE 7TH AVE PORTLAND OR 97202</b>	7 Amount of contribution (\$) <b>\$ 100<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions) <b>PSYCHIATRIST</b>		9 Employer (See Instructions) <b>O.H.S.U.</b>
Date <b>10/06/25</b>	Full name of contributor out-of-state PAC (ID#: <b>DENNIS FETTERS</b> Contributor address; City; State; Zip Code <b>1302 WAUGH DR HOUSTON TX 77019</b>	Amount of contribution (\$) <b>\$ 50<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>SELECT REHABILITATION</b>
Date <b>10/06/25</b>	Full name of contributor out-of-state PAC (ID#: <b>MARK MORRISON</b> Contributor address; City; State; Zip Code <b>5640 DERBY WAY BULVERDE TX 78163</b>	Amount of contribution (\$) <b>\$ 20<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: <b>ROBERT M. RENSCHAW</b> Contributor address; City; State; Zip Code <b>PO BOX 22172 HOUSTON TX 77227</b>	Amount of contribution (\$) <b>\$ 250<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>GLOBAL INVESTMENTS</b>		Employer (See Instructions) <b>OCEANEERING INTERNATIONAL</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6</b>
2 FILER NAME <b>DAVID W. BEEBE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/06/25</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>STUART WILLIAMS</b> 6 Contributor address; City; State; Zip Code <b>1904 45TH ST LUBBOCK TX 79412</b>	7 Amount of contribution (\$) <b>\$20<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions) <b>CHECKER</b>		9 Employer (See Instructions) <b>HEB GROCERY</b>
Date <b>11/2/25</b> <del>10/26/25</del>	Full name of contributor out-of-state PAC (ID#: _____) <b>DAVID SCHENBAUM</b> Contributor address; City; State; Zip Code <b>5102 REIGER AVE DALLAS TX 75214</b>	Amount of contribution (\$) <b>\$50<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>NOT EMPLOYED</b>		Employer (See Instructions)
Date <b>11/9/25</b> <del>10/26/25</del>	Full name of contributor out-of-state PAC (ID#: _____) <b>NICOLE ITTNER</b> Contributor address; City; State; Zip Code <b>PO BOX 415 MARFA TX 79843</b>	Amount of contribution (\$) <b>\$50<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>LIBRARIAN</b>		Employer (See Instructions) <b>CITY OF MARFA</b>
Date <b>11/11/25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>SHANNA ELMORE</b> Contributor address; City; State; Zip Code <b>PO BOX 130 MARFA TX 79843</b>	Amount of contribution (\$) <b>\$35<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>EXECUTIVE ASSISTANT</b>		Employer (See Instructions) <b>PRESIDIO COUNTY</b>
<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.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6</b>
2 FILER NAME <b>DAVID W. BEEBE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/15/25</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>DAVID SCHOENBAUM</b> 6 Contributor address; City; State; Zip Code <b>5102 REIGER AVE DALLAS TX 75214</b>	7 Amount of contribution (\$) <b>\$50<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions) <b>NOT EMPLOYED</b>		9 Employer (See Instructions)
Date <b>12/26/25</b> <del>12/26/24</del>	Full name of contributor out-of-state PAC (ID#: _____) <del>DAVID</del> <b>ROGER L. BEEBE</b> Contributor address; City; State; Zip Code <b>2908 ELLA LEE LN HOUSTON TX 77019</b>	Amount of contribution (\$) <b>\$5,000<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>RETIRED ATTORNEY</b>		Employer (See Instructions)
Date <b>1/9/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DAVID SCHOENBAUM</b> Contributor address; City; State; Zip Code <b>5102 REIGER AVE DALLAS TX 75214</b>	Amount of contribution (\$) <b>\$50<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>NOT EMPLOYED</b>		Employer (See Instructions)
Date <b>1/11/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ANDREW SCHULEMAN</b> Contributor address; City; State; Zip Code <b>7108 WARDMAN RD BALTIMORE MD 21212</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>C.P.A.</b>		Employer (See Instructions) <b>GENESYS</b>
<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.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6</b>
2 FILER NAME <b>DAVID W. BEEBE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/11/26</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>MARK VANE</b> 6 Contributor address; City; State; Zip Code <b>6809 VIA CORRETO DR AUSTIN TX 78749</b>	7 Amount of contribution (\$) <b>\$ 250<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions) <b>CONSULTANT</b>		9 Employer (See Instructions) <b>HUSCH BLACKMAN</b>
Date	Full name of contributor 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 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 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.

**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: <div style="text-align: center; font-size: 1.5em;">2</div>
2 FILER NAME <div style="font-size: 1.2em;">DAVID W. BEESE</div>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <div style="font-size: 1.2em;">8/29/25</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">DAVID BEESE</div>	9 Loan Amount (\$) <div style="font-size: 1.2em;">1,000.00</div>
6 Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	8 Lender address; City; State; Zip Code <div style="font-size: 1.2em;">PO Box 70 MARFA TX 79843</div>	10 Interest rate <div style="font-size: 1.2em;">- 0 -</div>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em;">CANDIDATE</div>		13 Employer (See Instructions)
14 Description of Collateral <div style="font-size: 1.2em;">none</div>		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;">not applicable</div>	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 <div style="font-size: 1.2em;">9/26/25</div>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">DAVID BEESE</div>	Loan Amount (\$) <div style="font-size: 1.2em;">1,000.00</div>
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code <div style="font-size: 1.2em;">PO Box 70 MARFA TX 79843</div>	Interest rate <div style="font-size: 1.2em;">- 0 -</div>
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <div style="font-size: 1.2em;">none</div>		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;">not applicable</div>	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender 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: <b>2</b>
2 FILER NAME <b>DAVID W. BEEBE</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>11/10/2025</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID BEEBE</b>	9 Loan Amount (\$) <b>\$2,000.00</b>
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code <b>PO Box 70 MARFA TX 79843</b>	10 Interest rate <b>- 0 -</b>
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>11/28/2025</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID BEEBE</b>	Loan Amount (\$) <b>1,000.00</b>
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code <b>PO Box 70 MARFA TX 79843</b>	Interest rate <b>- 0 -</b>
		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 checked="" type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

1 Total pages Schedule F1: <b>6</b>	2 FILER NAME <b>DAVID W. BEEBE</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>9/2/25</b>	5 Payee name <b>STICKER MULE</b>	
6 Amount (\$) <b>\$92.88</b>	7 Payee address; City; State; Zip Code <b>18621 81ST AVE STICKERMULE.COM TINLEY PARK IL 60487</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>CAMPAIGN BUTTONS</b>
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <b>9/2/25</b>	Payee name <b>ARC TEXAS DOCUMENT SOLUTIONS</b>	
Amount (\$) <b>1,454.88</b>	Payee address; City; State; Zip Code <b>600 BROADWAY SAN ANTONIO TX 78215</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSES</b>	Description <b>YARD / HIGHWAY SIGNS</b>
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <b>9/5/25</b>	Payee name <b>STICKER MULE</b>	
Amount (\$) <b>\$522.18</b>	Payee address; City; State; Zip Code <b>18621 81ST AVE TINLEY PARK IL 60487</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSES</b>	Description <b>STICKERS, STICKERS FOR RE-USING OLD SIGNS</b>
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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 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: <b>6</b>	2 FILER NAME <b>DAVID W. BEEBE</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>9/8/25</b>	5 Payee name <b>BIG MEDIA</b>	
6 Amount (\$) <b>\$444.21</b>	7 Payee address; City; State; Zip Code <b>5710 DONIPHAN DR. EL PASO TX 79932</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>YARD SIGNS</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>9/15/25</b>	Payee name <b>BIG MEDIA</b>	
Amount (\$) <b>\$444.21</b>	Payee address; City; State; Zip Code <b>5710 DONIPHAN DR EL PASO TX 79932</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>YARD SIGNS</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>10/2/2025</b>	Payee name <b>AIRBNB</b>	
Amount (\$) <b>\$634.53</b>	Payee address; City; State; Zip Code <b>AIRBNB   RALF ENGLAND ST. PRESIDIO TX 79845</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>TRAVEL IN DISTRICT</b>	Description <b>ADVANCE RENTAL FOR CAMPAIGNING FEB 16 - FEB 19 2026</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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 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: <b>6</b>		2 FILER NAME <b>DAVID W. BEEBE</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10-2-2025</b>		5 Payee name <b>AIRBNS</b>			
6 Amount (\$) <b>\$423.02</b>		7 Payee address; City; State; Zip Code <b>AIRBNS HALF ENGLISH ST. PRESIDIO TX 79845</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>TRAVEL - IN DISTRICT</b>		(b) Description <b>PAYMENT RENTAL FOR CAMPAIGNING JAN 10 - JAN 12 2024</b>		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>10-14-2025</b>		Payee name <b>BIG MEDIA</b>			
Amount (\$) <b>\$947.08</b>		Payee address; City; State; Zip Code <b>5710 DONIPHAN DR. EL PASO TX 79932</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>HIGHWAY SIGNS</b>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>10/2/2025</b>		Payee name <b>RILEY O'BRYAN</b>			
Amount (\$) <b>\$624.90</b>		Payee address; City; State; Zip Code <b>P.O. BOX 926 MARFA TX 79843</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>SOLICITATION / FUNDRAISING EXPENSE</b>		Description <b>VIDEOGRAPHY PRODUCTION</b>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# 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.

1 Total pages <i>Schedule F1: 6</i>	2 FILER NAME <i>DAVID W. BEEBE</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/27/25</i>	5 Payee name <i>BIG MEDIA</i>	
6 Amount (\$) <i>\$1282.34</i>	7 Payee address; City; State; Zip Code <i>5710 DONIPHAN DR EL PASO TX 79932</i>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description <i>YARD &amp; HIGHWAY SIGNS</i>
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>11/3/2025</i>	Payee name <i>WAL-MART PLUS</i>	
Amount (\$) <i>\$31.30</i>	Payee address; City; State; Zip Code <i>BENTONVILLE ARKANSAS (ONLINE)</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	Description <i>MAILER SUPPLIES FOR CHRISTMAS MAILER</i>
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>11/14/25</i>	Payee name <i>ENVELOPES.COM</i>	
Amount (\$) <i>\$254.83</i>	Payee address; City; State; Zip Code <i>185 LEGRAND AVE NORTHVALE NJ 07647</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	Description <i>CHRISTMAS MAILER SUPPLIES</i>
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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: <b>6</b>	2 FILER NAME <b>DAVID W. BEEBE</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/22/25</b>	5 Payee name <b>ZAZZLE</b>	
6 Amount (\$) <b>\$ 270.00</b>	7 Payee address; <b>ZAZZLE.COM</b> City: State: Zip Code <b>REDWOOD CITY CALIFORNIA</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	(b) Description <b>CHRISTMAS MAILER CONTENT</b>
	(c) Check if travel outside of Texas, Complete Schedule T. 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 <b>11/26/25</b>	Payee name <b>VISTAPRINT</b>	
Amount (\$) <b>\$ 109.06</b>	Payee address; City: State: Zip Code <b>LOGISTICS DR. DALLAS TX 75241</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>CAR MAGNETS</b>
	Check if travel outside of Texas, Complete Schedule T. 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 <b>11/29/25</b>	Payee name <b>UNITED STATES POSTAL SERVICE</b>	
Amount (\$) <b>\$ 626.75</b>	Payee address; City: State: Zip Code <b>PO BOX 6528 MARFA TX 79843</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>POSTAGE: CHRISTMAS MAILER</b>
	Check if travel outside of Texas, Complete Schedule T. 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		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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: <b>6</b>		2 FILER NAME <b>DAVID W. BEEBE</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/7/2025</b>		5 Payee name <b>THREE PALMS INN</b>			
6 Amount (\$) <b>\$ 336.74</b>		7 Payee address; City; State; Zip Code <b>1200 N. ERMA AVE PRESIDIO TX 79845</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>TRAVEL IN-DISTRICT</b>		(b) Description <b>HOTEL FOR CAMPAIGNING PRESIDIO 12/5 - 12/7 2025</b>		
	(c) Check if travel outside of Texas. Complete Schedule T.		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 <b>12/1/2025</b>		Payee name <b>CUSTOM INK GROUP</b>			
Amount (\$) <b>\$ 268.46</b>		Payee address; City; State; Zip Code <b>1640 BORD PLACE STE 301 TYSONS VA 22102</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT <del>ADVERTISING</del> EXPENSE</b>		Description <b>APRONS FOR FOOD EVENTS</b>		
	Check if travel outside of Texas. Complete Schedule T.		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 <b>12/31/25</b>		Payee name <b>ACTBLUE</b>			
Amount (\$) <b>\$59.90</b>		Payee address; City; State; Zip Code <b>ACTBLUE.COM</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FEES</b>		Description <b>DONATION TRANSACTION FEES 7/15 → 12/31 2025</b>		
	Check if travel outside of Texas. Complete Schedule T.		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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# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

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 Committee

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 F2: <b>3</b>	2 FILER NAME <b>DAVID W. BEEBE</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		<b>\$ 2,057.88</b>
5 Date <b>12-21-25</b>	6 Payee name <b>BIG BEND SENTINEL</b>	
7 Amount (\$) <b>\$ 86.00</b>	8 Payee address; <b>PO BOX P</b>	City; State; Zip Code <b>MARFA TX 79843</b>
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) <b>ADVERTISING EXPENSE</b>	(b) Description <b>POLITICAL AD</b>
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>12-29-25</b>	Payee name <b>V. STAPRINT</b>	
Amount (\$) <b>439.31</b>	Payee address; <b>LOGISTICS DR</b>	City; State; Zip Code <b>DALLAS TX 75241</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>ADVERTISING EXPENSE</b>	Description <b>DOOR HANGARS ENGLISH + SPANISH</b>
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

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 Committee

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.

<b>1</b> Total pages Schedule F2: <div style="font-size: 1.5em; font-weight: bold;">3</div>	<b>2</b> FILER NAME <div style="font-size: 1.2em; font-weight: bold;">DAVID W. BEEBE</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		<div style="font-size: 1.2em; font-weight: bold;">\$ 2,057.88</div>
<b>5</b> Date <div style="font-size: 1.2em; font-weight: bold;">1/5/2026</div>	<b>6</b> Payee name <div style="font-size: 1.2em; font-weight: bold;">BIG MEDIA INC</div>	
<b>7</b> Amount (\$) <div style="font-size: 1.2em; font-weight: bold;">\$553.17</div>	<b>8</b> Payee address; <div style="font-size: 1.2em; font-weight: bold;">5710 DONIPHAN DR. EL PASO TX 79932</div> <div style="font-size: 0.8em;"> <input type="checkbox"/> Check if individual's residence address.                 </div>	
<b>9</b> TYPE OF EXPENDITURE	<div style="display: flex; justify-content: space-around;"> <span><input checked="" type="checkbox"/> Political</span> <span><input type="checkbox"/> Non-Political</span> </div>	
<b>10</b> PURPOSE OF EXPENDITURE	<div style="display: flex;"> <div style="flex: 1;"> <b>(a) Category</b> (See Categories listed at the top of this schedule)  <div style="font-size: 1.2em; font-weight: bold;">ADVERTISING EXPENSE</div> </div> <div style="flex: 1;"> <b>(b) Description</b>  <div style="font-size: 1.2em; font-weight: bold;">YARD SIGNS</div> </div> </div> <div style="font-size: 0.8em; margin-top: 5px;"> <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                 </div>	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>		
<b>Date</b> <div style="font-size: 1.2em; font-weight: bold;">1/11/2026</div>	<b>Payee name</b> <div style="font-size: 1.2em; font-weight: bold;">THE BEAN CAFE</div>	
<b>Amount (\$)</b> <div style="font-size: 1.2em; font-weight: bold;">\$779.40</div>	<b>Payee address;</b> <div style="font-size: 1.2em; font-weight: bold;">506 O'REILLY ST PRESIDIO TX 79945</div> <div style="font-size: 0.8em;"> <input type="checkbox"/> Check if individual's residence address.                 </div>	
<b>TYPE OF EXPENDITURE</b>	<div style="display: flex; justify-content: space-around;"> <span><input checked="" type="checkbox"/> Political</span> <span><input type="checkbox"/> Non-Political</span> </div>	
<b>PURPOSE OF EXPENDITURE</b>	<div style="display: flex;"> <div style="flex: 1;"> <b>Category</b> (See Categories listed at the top of this schedule)  <div style="font-size: 1.2em; font-weight: bold;">EVENT EXPENSE</div> </div> <div style="flex: 1;"> <b>Description</b>  <div style="font-size: 1.2em; font-weight: bold;">MEET AND GREET JAN 6, 2026</div> </div> </div> <div style="font-size: 0.8em; margin-top: 5px;"> <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense                 </div>	
<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

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 Committee

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.

<b>1</b> Total pages Schedule F2: <div style="text-align: center; font-size: 1.5em;">3</div>	<b>2</b> FILER NAME <div style="text-align: center; font-size: 1.2em;">DAVID W. BEEBE</div>	<b>3</b> Filer ID (Ethics Commission Filers)				
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		<div style="text-align: right; font-size: 1.2em;">\$ 2,057.88</div>				
<b>5</b> Date <div style="text-align: center; font-size: 1.2em;">1/13/26</div>	<b>6</b> Payee name <div style="text-align: center; font-size: 1.2em;">BIG BEND SENTINEL</div>					
<b>7</b> Amount (\$) <div style="text-align: center; font-size: 1.2em;">\$ 200.00</div>	<table style="width: 100%;"> <tr> <td style="width: 50%;"> <b>8</b> Payee address;  <div style="text-align: center; font-size: 1.2em;">PO BOX P</div> </td> <td style="width: 25%;">           City;  <div style="text-align: center; font-size: 1.2em;">MARFA</div> </td> <td style="width: 15%;">           State;  <div style="text-align: center; font-size: 1.2em;">TX</div> </td> <td style="width: 10%;">           Zip Code  <div style="text-align: center; font-size: 1.2em;">79843</div> </td> </tr> </table> <div style="margin-top: 5px;"> <input type="checkbox"/> Check if individual's residence address.         </div>		<b>8</b> Payee address; <div style="text-align: center; font-size: 1.2em;">PO BOX P</div>	City; <div style="text-align: center; font-size: 1.2em;">MARFA</div>	State; <div style="text-align: center; font-size: 1.2em;">TX</div>	Zip Code <div style="text-align: center; font-size: 1.2em;">79843</div>
<b>8</b> Payee address; <div style="text-align: center; font-size: 1.2em;">PO BOX P</div>	City; <div style="text-align: center; font-size: 1.2em;">MARFA</div>	State; <div style="text-align: center; font-size: 1.2em;">TX</div>	Zip Code <div style="text-align: center; font-size: 1.2em;">79843</div>			
<b>9</b> TYPE OF EXPENDITURE	<div style="display: flex; justify-content: space-around;"> <div> <input checked="" type="checkbox"/> Political         </div> <div> <input type="checkbox"/> Non-Political         </div> </div>					
<b>10</b> PURPOSE OF EXPENDITURE	<table style="width: 100%;"> <tr> <td style="width: 50%;"> <b>(a)</b> Category (See Categories listed at the top of this schedule)  <div style="text-align: center; font-size: 1.2em;">ADVERTISING EXPENSE</div> </td> <td style="width: 50%;"> <b>(b)</b> Description  <div style="text-align: center; font-size: 1.2em;">POLITICAL AD ENGLISH SPANISH</div> </td> </tr> </table> <div style="margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.           </div> <div> <input type="checkbox"/> Check if Austin, TX, officeholder living expense           </div> </div> </div>		<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">ADVERTISING EXPENSE</div>	<b>(b)</b> Description <div style="text-align: center; font-size: 1.2em;">POLITICAL AD ENGLISH SPANISH</div>		
<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">ADVERTISING EXPENSE</div>	<b>(b)</b> Description <div style="text-align: center; font-size: 1.2em;">POLITICAL AD ENGLISH SPANISH</div>					
<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	<div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Political         </div> <div> <input type="checkbox"/> Non-Political         </div> </div>		
PURPOSE OF EXPENDITURE	<table style="width: 100%;"> <tr> <td style="width: 50%;">Category (See Categories listed at the top of this schedule)</td> <td style="width: 50%;">Description</td> </tr> </table> <div style="margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.           </div> <div> <input type="checkbox"/> Check if Austin, TX, officeholder living expense           </div> </div> </div>	Category (See Categories listed at the top of this schedule)	Description
Category (See Categories listed at the top of this schedule)	Description		
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  
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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
	DAVID BEEBE		
<b>4</b> Date	<b>5</b> Payee name		
	LINKTREE INC.		
<b>6</b> Amount (\$)	<b>7</b> Payee address;		City; State; Zip Code
\$113.38	Linktree.com		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description
	ADVERTISING EXPENSE		ONLINE LINK FOR PRONO
<b>(c)</b> Check if travel outside of Texas, Complete Schedule T. 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
Reimbursement from political contributions intended			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description
	Check if travel outside of Texas, Complete Schedule T.		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
Reimbursement from political contributions intended			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description
	Check if travel outside of Texas, Complete Schedule T.		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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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

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 K: <u>1</u>	
2 FILER NAME <u>DAVID W. BEEBE</u>		3 Filer ID (Ethics Commission Filers)	

  

4 Date  <u>12/31/2025</u>	5 Name of person from whom amount is received  <u>E-TRADE.COM</u>		8 Amount (\$)  <u>\$ 35.26</u>
	6 Address of person from whom amount is received; City; State; Zip Code  <u>E-TRADE.COM</u>		
	7 Purpose for which amount is received <u>DIVIDENDS FROM STOCK HOLDINGS</u>		

  

Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		

  

Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		

  

Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		

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