

# 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: <i>22</i>			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>DAVID</i>	MI <i>W</i>	OFFICE USE ONLY			
	NICKNAME	LAST <i>BEEBE</i>	SUFFIX	Date Received <i>FILED FOR RECORD at 2:34P M.</i>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE; ZIP CODE <i>PO Box 70 MARFA TX 79843</i>			
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	<i>(432)</i>	<i>295-3494</i>					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>DAVID</i>	MI <i>W</i>	Receipt #			
	NICKNAME	LAST <i>BEEBE</i>	SUFFIX	Amount \$			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY; STATE; ZIP CODE <i>PO Box 70 MARFA TX 79843</i>			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	<i>(432)</i>	<i>295-3494</i>					
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)			
10 PERIOD COVERED	Month <i>07</i>	Day <i>16</i>	Year <i>2025</i>	Month <i>07</i>	Day <i>14</i>	Year <i>2026</i>	
11 ELECTION	ELECTION DATE Month <i>03</i> Day <i>03</i> Year <i>2026</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>COUNTY JUDGE</i>			
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.						
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME					
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

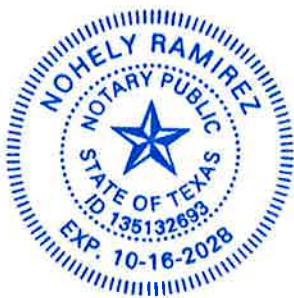
15 C/OH NAME	DAVID W. BEEBE	
16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 70.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR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

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

20 26, to certify which, witness my hand and seal of office.

Nohely R.

Signature of officer administering oath

Nohely Ramirez

Printed name of officer administering oath

Notary Public

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

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>9/30/25</u>	5 Full name of contributor <u>NEIL CHAVIGNY</u>	out-of-state PAC (ID#:	7 Amount of contribution (\$) <u>\$ 500.00</u>
	6 Contributor address; <u>319 N. Summer St. MARFA</u>	City: <u>TX</u> State: <u>79843</u>	
8 Principal occupation / Job title (See Instructions) <u>NOT EMPLOYED</u>		9 Employer (See Instructions) <u>Quarantine Group</u>	
Date <u>9/30/25</u>	Full name of contributor <u>DAVID SCHOENBAUM</u>	out-of-state PAC (ID#:	Amount of contribution (\$) <u>\$ 50.00</u>
	Contributor address; <u>5102 REIGER AVE DALLAS</u>	City: <u>TX</u> State: <u>75214</u>	
Principal occupation / Job title (See Instructions) <u>NOT EMPLOYED</u>		Employer (See Instructions)	
Date <u>10/06/25</u>	Full name of contributor <u>CINDY SCOGGINS</u>	out-of-state PAC (ID#:	Amount of contribution (\$) <u>\$ 20.00</u>
	Contributor address; <u>Po Box 656 MARFA</u>	City: <u>TX</u> State: <u>79843</u>	
Principal occupation / Job title (See Instructions) <u>NOT EMPLOYED</u>		Employer (See Instructions)	
Date <u>10/06/25</u>	Full name of contributor <u>STEPHEN HINES</u>	out-of-state PAC (ID#:	Amount of contribution (\$) <u>\$ 50.00</u>
	Contributor address; <u>1409 WILTSIRE AVE SAN ANTONIO</u>	City: <u>TX</u> State: <u>78209</u>	
Principal occupation / Job title (See Instructions) <u>SALES MANAGER</u>		Employer (See Instructions) <u>SURVIVAL TECHNOLOGY INC.</u>	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

**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

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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>10/06/25</u>	5 Full name of contributor <u>NEISHA D'SOUZA</u>	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <u>\$ 100.00</u>
	6 Contributor address; <u>4304 SE 7TH AVE</u>	City; <u>PORTLAND</u> State; <u>OR</u> Zip Code <u>97202</u>	
8 Principal occupation / Job title (See Instructions) <u>PSYCHIATRIST</u>		9 Employer (See Instructions) <u>O.H.S.U.</u>	
Date <u>10/06/25</u>	Full name of contributor <u>DENNIS FETTERS</u>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <u>\$ 50.00</u>
	Contributor address; <u>1302 WAUGH DR</u>	City; <u>HOUSTON</u> State; <u>TX</u> Zip Code <u>77019</u>	
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions) <u>SELECT REHABILITATION</u>	
Date <u>10/06/25</u>	Full name of contributor <u>MARK MORRISON</u>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <u>\$ 20.00</u>
	Contributor address; <u>5640 DERBY WAY</u>	City; <u>BULVERDE</u> State; <u>TX</u> Zip Code <u>78163</u>	
Principal occupation / Job title (See Instructions) <u>GLOBAL INVESTMENTS</u>		Employer (See Instructions) <u>OCEANERING INTERNATIONAL</u>	
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

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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 <b>STUART W. WILLIAMS</b>	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <b>\$20.00</b>
	6 Contributor address; <b>1904 45TH ST</b>	City; State; Zip Code <b>LUBBOCK TX 79412</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>	Full name of contributor <b>DAVID SCHDENBAUM</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>\$50.00</b>
	Contributor address; <b>5102 REIGER AVE DALLAS TX 75214</b>		
Principal occupation / Job title (See Instructions) <b>NOT EMPLOYED</b>		Employer (See Instructions)	
Date <b>11/9/25</b>	Full name of contributor <b>NICOLE ITTNER</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>\$50.00</b>
	Contributor address; <b>PO BOX 415 MARFA TX 79843</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 <b>SHANNA ELMORE</b>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>\$35.00</b>
	Contributor address; <b>PO Box 130 MARFA TX 79843</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> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>			

# 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>12/15/25</u>	5 Full name of contributor <u>DAVID SCHOENBAUM</u>	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <u>\$ 50 00</u>
	6 Contributor address; <u>5102 REIGER AVE</u>	City; <u>DALLAS</u> State; <u>TX</u> Zip Code <u>75214</u>	
8 Principal occupation / Job title (See Instructions) <u>NOT EMPLOYED</u>		9 Employer (See Instructions)	
Date <u>12/26/25</u>	Full name of contributor <u>ROGER L. BEEBE</u>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <u>\$ 5,000 00</u>
	Contributor address; <u>2908 ELLA LEE LN</u>	City; <u>HOUSTON</u> State; <u>TX</u> Zip Code <u>77019</u>	
Principal occupation / Job title (See Instructions) <u>RETired ATTORNEY</u>		Employer (See Instructions)	
Date <u>1/9/26</u>	Full name of contributor <u>DAVID SCHOENBAUM</u>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <u>\$ 50 00</u>
	Contributor address; <u>5102 REIGER AVE</u>	City; <u>DALLAS</u> State; <u>TX</u> Zip Code <u>75214</u>	
Principal occupation / Job title (See Instructions) <u>NOT EMPLOYED</u>		Employer (See Instructions)	
Date <u>1/11/26</u>	Full name of contributor <u>ANDREW SCHULEMAN</u>	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <u>\$ 100 00</u>
	Contributor address; <u>7108 WARDMAN RD</u>	City; <u>BALTIMORE</u> State; <u>MD</u> Zip Code <u>21212</u>	
Principal occupation / Job title (See Instructions) <u>C.P.A.</u>		Employer (See Instructions) <u>GENESYS</u>	
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: <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 <b>MARK VANE</b>	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <b>\$ 250 00</b>
	6 Contributor address; <b>6809 VIA CORRETO DR AUSTIN TX 78749</b>	City; State; Zip Code	
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#: .....)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#: .....)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#: .....)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>			

## 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: <i>2</i>
2 FILER NAME <i>DAVID W. BEESE</i>			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS \$			
5 Date of loan <i>8/29/25</i>	7 Name of lender <i>DAVID BEESE</i>	□ out-of-state PAC (ID#: .....)	9 Loan Amount (\$) <i>1,000.00</i>
6 Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	8 Lender address; City; State; Zip Code <i>Po Box 70 MARFA TX 79843</i>		10 Interest rate <i>-0-</i>
			11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>CANDIDATE</i>		13 Employer (See Instructions)	
14 Description of Collateral none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <i>not applicable</i>	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 <i>9/26/25</i>	Name of lender <i>DAVID BEESE</i>	□ out-of-state PAC (ID#: .....)	Loan Amount (\$) <i>1,000.00</i>
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code <i>Po Box 70 MARFA TX 79843</i>		Interest rate <i>-0-</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <i>not applicable</i>	Name of guarantor .....	Guarantor address; City; State; Zip Code .....	Amount Guaranteed (\$)
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.

## LOANS

## SCHEDULE E

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

<p>The Instruction Guide explains how to complete this form.</p>			<b>1</b> Total pages Schedule E:  <b>2</b>
<b>2</b> FILER NAME  <b>DAVID W. BEEBE</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS  <b>\$</b>			
<b>5</b> Date of loan  <b>11/10/2025</b>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#:  <b>DAVID BEEBE</b>		<b>9</b> Loan Amount (\$)  <b>\$ 2,000.00</b>
<b>6</b> Is lender a financial institution?  <b>Y N</b>	<b>8</b> Lender address; City; State; Zip Code  <b>Po Box 70 MARFA TX 79843</b>		<b>10</b> Interest rate  <b>- 0 -</b>
			<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)	
<b>14</b> Description of Collateral  <input type="checkbox"/> none		<b>15</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor  <b>18</b> Guarantor address; City; State; Zip Code  <b>Po Box 70 MARFA, TX 79843</b>		<b>19</b> Amount Guaranteed (\$)
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> 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>  Lender address; City; State; Zip Code  <b>Po Box 70 MARFA, TX 79843</b>		Loan Amount (\$)  <b>1,000.00</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)	
<b>GUARANTOR INFORMATION</b>  <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> <b>If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.</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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1:  6	2 FILER NAME:  DAVID W. BEEBE	3 Filer ID (Ethics Commission Filers)	
4 Date:  9/2/25	5 Payee name:  STICKER MULE		
6 Amount (\$):  \$92.88	7 Payee address:  18621 81ST AVE STICKERMULE.COM	City: TINLEY PARK State: IL Zip Code: 60487	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSE	(b) Description  CAMPAIGN BUTTONS	
	(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  9/2/25	Payee name  ARC TEXAS DOCUMENT SOLUTIONS		
Amount (\$)  1,454.88	Payee address;  600 BROADWAY	City: SAN ANTONIO State: TX Zip Code: 78215	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSES	Description  YARD/HIGHWAY SIGNS	
	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  9/5/25	Payee name  STICKER MULE		
Amount (\$)  \$522.18	Payee address;  18621 81ST AVE	City: TINLEY PARK State: IL Zip Code: 60487	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSES	Description  STICKERS, STICKERS FOR RE-USING OLD SIGNS	
	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
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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: <i>6</i>	2 FILER NAME <i>DAVID W. BEEBEE</i>	3 Filer ID (Ethics Commission Filers)		
4 Date <i>9/8/25</i>	5 Payee name <i>BIG MEDIA</i>	7 Payee address; <i>5710 DONIPHAN DR.</i>	City; <i>EL PASO</i>	State; <i>TX</i> Zip Code <i>79932</i>
6 Amount (\$) <i>\$444.21</i>				
8 PURPOSE OF EXPENDITURE <i>ADVERTISING EXPENSE</i>	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>YARD SIGNS</i>		
	(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 <i>9/15/25</i>	Payee name <i>BIG MEDIA</i>			
Amount (\$) <i>\$444.21</i>	Payee address; <i>5710 DONIPHAN DR EL PASO TX 79932</i>			
PURPOSE OF EXPENDITURE <i>ADVERTISING EXPENSE</i>	Category (See Categories listed at the top of this schedule)	Description <i>YARD SIGNS</i>		
	Check if travel outside of Texas. Complete Schedule T.			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Date <i>10/2/2025</i>	Payee name <i>AIRBNB</i>			
Amount (\$) <i>\$634.53</i>	Payee address; <i>AIRBNB   RALF ENGLAND ST. PRESIDIO TX 79845</i>			
PURPOSE OF EXPENDITURE <i>TRAVEL IN DISTRICT</i>	Category (See Categories listed at the top of this schedule)	Description <i>ADVANCE RENTAL FOR CAMPAIGNING FEB 16 - FEB 19 2026</i>		
	Check if travel outside of Texas. Complete Schedule T.			
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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: <i>6</i>	2 FILER NAME <i>DAVID W. BEEBE</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>10-2-2025</i>	5 Payee name <i>AIRBNB</i>		
6 Amount (\$) <i>\$423.02</i>	7 Payee address; <i>AIRBNB RALF ENGLAND Sr. PRESIDIO</i>	City; <i>TX 79845</i>	
8 PURPOSE OF EXPENDITURE <i>TRAVEL - IN DISTRICT</i>	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>PAYMENT RENTAL FOR CAMPAIGNING JAN 10 - JAN 12 2024</i>	
	(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 <i>10-14-2025</i>	Payee name <i>BIG MEDIA</i>		
Amount (\$) <i>\$947.08</i>	Payee address; <i>5710 DONIPHAN DR. EL PASO</i>	City; <i>TX 79932</i>	
PURPOSE OF EXPENDITURE <i>ADVERTISING EXPENSE</i>	Category (See Categories listed at the top of this schedule)	Description <i>HIGHWAY SIGNS</i>	
	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 <i>10/2/2025</i>	Payee name <i>RILEY O'BRYAN</i>		
Amount (\$) <i>\$624.90</i>	Payee address; <i>P.O. Box 926</i>	City; <i>MAZFA</i>	State; <i>TX</i>
PURPOSE OF EXPENDITURE <i>SOLICITATION / FUNDRAISING EXPENSE</i>	Category (See Categories listed at the top of this schedule)	Description <i>VIDEOGRAPHY PRODUCTION</i>	
	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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# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: <i>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; <i>5710 DONIPHAN DR</i>	City; <i>EL PASO</i> State; <i>TX</i> Zip Code <i>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.	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 <i>11/3/2025</i>	Payee name <i>WAL-MART PLUS</i>		
Amount (\$) <i>\$31.30</i>	Payee address; <i>BENTONVILLE ARKANSAS (ONLINE)</i>	City; <i></i>	State; <i></i> Zip Code <i></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.	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 <i>11/14/25</i>	Payee name <i>ENVELOPES. COM</i>		
Amount (\$) <i>\$254.83</i>	Payee address; <i>185 LEGRAND AVE</i>	City; <i>NORTHLAKE</i>	State; <i>NJ</i> Zip Code <i>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.	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 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 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 Redwood City</b>	City; <b>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; <b>LOGISTICS DR.</b>	City; <b>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; <b>PO Box 6528</b>	City; <b>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

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**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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1:	2 FILER NAME:	3 Filer ID (Ethics Commission Filers)	
6	DAVID W. BEEBE		
4 Date	5 Payee name		
12/7/2025	THREE PALMS INN		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
\$336.74	1200 N. ERMA AVE	PRESIDIO TX 79845	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	TRAVEL IN - DISTRICT	HOTEL FOR CAMPAIGNING PRESIDIO 12/5 - 12/7 2025	
(c)	Check if travel outside of Texas. Complete Schedule T.		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office held
Date	Payee name		
12/1/2025	CUSTOM INK GROUP		
Amount (\$)	Payee address;	City;	State; Zip Code
\$268.46	1640 BORD PLACE STE 301	TYSONS	VA 22102
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	EVENT <del>APRON</del> EXPENSE	APRONS FOR FOOD EVENTS	
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		Office sought	Office held
Date	Payee name		
12/31/25	ACTBLUE		
Amount (\$)	Payee address;	City;	State; Zip Code
\$59.90	ACTBLUE.com		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	FEES	DONATION TRANSACTION FEES 7/15 → 12/31 2025	
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		Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
3	DAVID W. BEEBE		
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 2,057.88	
5 Date	6 Payee name		
12-21-25	BIG BEND SENTINEL		
7 Amount (\$)	8 Payee address;	City; State; Zip Code	
\$ 86.00	PO Box P	Marfa TX 79843	
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) Description	
	ADVERTISING EXPENSE	POLITICAL AD	
(c) Check if travel outside of Texas. Complete Schedule T.	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		
12-29-25	V-STAPRINT		
Amount (\$)	Payee address;	City; State; Zip Code	
439.31	LOGISTICS DR	DALLAS	TX 75241
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)	Description	
	ADVERTISING EXPENSE	DOOR HANGERS English & Spanish	
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
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense	Travel In District
Consulting Expense	Polling Expense	Travel Out Of District	Other (enter a category not listed above)
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Printing Expense		
	Salaries/Wages/Contract Labor		

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
3	DAVID W. BEEBE		
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 2,057.88	
5 Date	6 Payee name		
1/5/2026	BIG MEDIA INC		
7 Amount (\$)	8 Payee address;	City; State; Zip Code	
\$ 553.17	5710 DONIPHAN DR.	EL PASO TX 79932	
<input type="checkbox"/> Check if individual's residence address.			
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) Description	
	ADVERTISING EXPENSE	YARD SIGNS	
(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: 1/11/2026 Payee name: THE BEAN CAFE			
Amount (\$): \$ 779.40 Payee address: 506 O'REILLY ST City: Presidio State: TX Zip Code: 79845			
<input type="checkbox"/> Check if individual's residence address.			
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)	Description	
	EVENT EXPENSE	MEET AND GREET Jan 6, 2026	
<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			

# 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 F2: <i>3</i>	2 FILER NAME <i>DAVID W. BEEBE</i>	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ <i>2,057.88</i>	
5 Date <i>1/13/26</i>	6 Payee name <i>BIG BEND SENTINEL</i>		
7 Amount (\$) <i># 200.00</i>	8 Payee address; <i>PO BOX P</i>	City: <i>MANFA</i> State: <i>TX</i> Zip Code <i>79843</i>	
<input type="checkbox"/> Check if individual's residence address.			
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) <i>ADVERTISING EXPENSE</i>	(b) Description <i>POLITICAL AD ENGLISH &amp; SPANISH</i>	
	(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
<input type="checkbox"/> Check if individual's residence address.			
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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	DAVID BEEBE	
4 Date	5 Payee name	
6 Amount (\$) <i>\$113.38</i>	7 Payee address;  <i>Linktree. com</i>	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b> <i>ADVERTISING EXPENSE</i>		(a) Category (See Categories listed at the top of this schedule)  <b>Description</b> <i>ONLINE LINK FOR PROPS</i>
(c) Check if travel outside of Texas, Complete Schedule T. Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Check if Austin, TX, officeholder living expense
9 Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Payee name		Office held
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 (\$)	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 (\$)	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:  <i>1</i>
2 FILER NAME  <i>DAVID W. BEEBE</i>		3 Filer ID (Ethics Commission Filers)
4 Date  <i>12/31/2025</i>	5 Name of person from whom amount is received  <i>E-Trade .Com</i>	8 Amount (\$)  <i>\$ 35.26</i>
	6 Address of person from whom amount is received; City; State; Zip Code  <i>E-Trade .Com</i>	
	7 Purpose for which amount is received  <i>DIVIDENDS From STOCK HOLDINGS</i>	Check if political contribution returned to filer
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  .....	Check if political contribution returned to filer
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  .....	Check if political contribution returned to filer
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  .....	Check if political contribution returned to filer

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