	TE / OFFICEHOL N FINANCE REP		·.	•	COVER	SHEET PG 1
The C/OH Instruction	Guide explains how to com	plete this form.	L Filer ID		2 Total page	s filed:
CANDIDATE /	MS/MRS/MR	FIRST	· · · · · ·	MI .	OFFIC	E USE ONLY
OFFICEHOLDER NAME		Michae	L		Date Received	
	4.3		· ·		i i	
	NICKNAME	LAST		SUFFIX		
		Beard				
CANDIDATE /	ADDRESS / PO BOX; AP	T/SUITE#, CITY	;	ZIP CODE	Date Hand-delivere	ed or Date Postmarked VZZ
OFFICEHOLDER MAILING ADDRESS	PO Box 575	. 1	,×1.		Receipt #	Amount
Change of Address	Needville, TX 77461		2			
					Date Processed	
				* *	Date Imaged	
CAMPAIGN	MS/MRS/MR	FIRST		MI		
TREASURER NAME		Gloria				
		Chora	· · ·		· · · · · · · · · · · · · · · · · · ·	1 4 4
	NICKNAME	LAST		SUFFIX	i.	
		Green	Alexander (Contraction)			
TREASURER ADDRESS (Residence or Business)	20202	Neen	Run k	ed Ila	.max Tx	77436
CAMBAIGN	ADEA CODE DUG	NE NI MARER EN	TENSION			
CAMPAIGN TREASURER	AREA CODE : PHO	ONE NUMBER EX	CTENSION		•	· .
PHONE	i.					
REPORT TYPE	<del>                                     </del>					
	X January 15	30th day before e	election Runo	off		campaign treasurer
2					appointment (	officeholder only)
	X January 15  July 15	30th day before e	ection	off geded modified arting limit	appointment (	
PERIOD		8th day before ele	ection	eeded modified	appointment (	officeholder only)
PERIOD COVERED	July 15	8th day before ele	ection	eeded modified orting limit	appointment (i	officeholder only)
	July 15  Month Day Year	8th day before ele	ection Exce	eeded modified orting limit	appointment (i	officeholder only)
COVERED	July 15  Month Day Year 07/01/2021  ELECTION DATE	8th day before ele	ection Exce report	eeded modified orting limit  Month Da  12/31/2	appointment (i Final Report (i y Year 021	officeholder only)
COVERED	July 15  Month Day Year 07/01/2021	8th day before ele	ection Exce repor	eeded modified orting limit  Month Da  12/31/2	appointment (i Final Report (i y Year 021	officeholder only)
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COVERED  0 ELECTION	July 15  Month Day Year 07/01/2021  ELECTION DATE	8th day before ele	ROUGH Excerned	eeded modified orting limit  Month Da 12/31/2  LECTION TYPE  Runoff	appointment (i Final Report (i y Year 021	officeholder only)
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COVERED  0 ELECTION	July 15  Month Day Year 07/01/2021  ELECTION DATE Month Day Year  OFFICE HELD (if any)	THR	ROUGH Excerepoi	Month Da 12/31/2  LECTION TYPE Runoff	appointment (i Final Report (i y Year 021 Other	officeholder only) Attach C/OH-FR)
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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTAL S

FORM C/OH COVER SHEET PG 2

SUPPORT	M TOTALS	:		2 of 5
13 C / OH NAME	Beard, Mike		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political ex These expenditures may have been made v d officeholders are required to report this info	vithout the candidate's or officel	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
··		COMMITTEE ADDRESS		
	SPECIFIC	en e	• ••	
		A g American		
		1		
		COMMITTEE CAMPAIGN TREASURER N	IAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		COMMITTEE CAMPAIGN TREASURER A	DDRESS	
				, <u>;</u> .
				17.
		<u> </u>		
16 CONTRIBUTION TOTALS	TOTAL UNITEM     OR GUARANTE	IZED POLITICAL CONTRIBUTIONS (OTHE ES OF LOANS, OR CONTRIBUTIONS MAD	ER THAN PLEDGES, LOANS, DE ELECTRONICALLY)	\$ 101.67
	2. TOTAL POLITIC	CAL CONTRIBUTIONS	·	
		PLEDGES, LOANS, OR GUARANTEES OF	LOANS)	\$ 101.67
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 1,795.71
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	CAL CONTRIBUTIONS MAINTAINED AS OF	THE LAST DAY OF THE	\$ 15,900.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIL	PAL AMOUNT OF ALL OUTSTANDING LOARTING PERIOD	ANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT	<u>*</u>			
· .	· ·		r penalty of perjury, that the acc cludes all information required to	
		under Title 15, Election		
	ELIZABETH R. HERNANI	DEZ	• •	
<b>X</b>	My Notary ID # 1266561	35		
1 0 K	Expires November 21, 20		Denta	
		Pul	Justine.	
1 1		Sign	ature of Candidate or Officehol	der
AFEN NO	TARV CTAND (CCAL AS	OVE		
AFFIX NO	TARY STAMP / SEAL AE		1 .0	h
Sworn to and subs	cribed before me, by the s	said Michael bear serify which, witness my hand and seal of of	tice, this the	day
- CAN INC	J . 2 10 C	erbry Willeri, Williess my Hand and seal of the		
0	0		•	
Cirab	ethilas	Elizabeth Her	randez 1	lotary administering oath
Signature of offi	cer administering.	Printed name of officer administering		administering oddi

# FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 19 Filer ID 18 FILER NAME Beard, Mike 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 101.67 \$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS SSCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 1,795.71 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 10. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

Advertising Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Food/Beverage Expense Git/Awards/Memorials Expens Legal Services The Instruction Guide ex	Polling Exp e Printing Ex Salaries/M	pense (pense /ages/	Contract Labor		Travel in District Travel and District OTHER (enter a category not listed above)	· <b>c</b>
_			The Instruction Guide ex	piains now to co	mple	e this form.	-	· · · · · · · · · · · · · · · · · · ·	
1		2 FILER NAM	E			`.	3	Filer ID	
	Sch: 1/2 Rpt: 4/5	Beard, Mik	e .				1		
4	Date	5 Payee name	<u> </u>						
ľ	09/23/2021		Buyers Group						
ᆫ									
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	de			f 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1	\$100.00	PO Box 19	742	•		ja La			
ĺ			*			.,			
l		Sugarlan	d, TX 77496		:				
L		Jugar Lan	u, 17 11450						
8	PURPOSE	(a) Category (	See Categories listed at the top o	f this schedule)	(b)	Description			
	OF EXPENDITURE		ons/Donations Made B					e of Texas. Complete Schedule T.	
	Ext. Ext. One	Candidate	Officeholder/Political (	Committee	:		1, TX, C	fficeholder living expense	
ĺ						Donation		***	
					· · ·				
9	Complete ONLY if direct	Candidate/O	ficeholder name	Office sou	aht			Office held	
	expenditure to benefit C/OI				J			••	
L						···			
1	Date	Payee nam	e			Take the second			
l	09/10/2021	Fort Bend	County Fair and Rode	0					
-	Amount (\$)	Payee addr	ess; City;	State; Zip Co	do	<del></del>			
		-	•	State, Zip Co	ue	.*		•	
	\$750.00	PO Box 42	28					j.	
						• •			
ı		Rosenberg	g, TX 77471						
⊢	PURPOSE		<del></del>		(b)	Depositories			
l	OF		See Categories listed at the top o		(0)	Description	outeid	e of Texas. Complete Schedule T.	
ı	EXPENDITURE .		ons/Donations Made B /Officeholder/Political			<u></u>		officeholder living expense	
l		Carididate	/Onicendiden/Political	Committee		Sponsor	., ,,,,	The straig of th	
l			•			Оронзон			
<u> </u>								<u> </u>	
	Complete ONLY if direct		fficeholder name	Office sou	ght			Office held	
	expenditure to benefit C/OI	н				. 4		•	
F	Date	Davis nom			_			<del></del>	
ı		Payee nam		_		•			
L	09/25/2021	Fort Bend	County Fair and Rode	0		· .			
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	de				
	\$100.00	PO Box 42	28						,
			• .						
		Rosenber	j, TX 77471						
Г	PURPOSE	(a) Category	See Categories listed at the top o	f this schedule)	(b)	Description			
	OF		ons/Donations Made B				outsid	e of Texas. Complete Schedule T.	
	EXPENDITURE		/Officeholder/Political			Check if Austin	1, TX, 0	officeholder living expense	
						Fort Bend Co	ounty	Cowboy Camp	
	Y .							. 13	
$\vdash$	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	abt	<del></del>		Office held	
	expenditure to benefit C/OI			Office 300	y III			Office field	
L						·			
								<b>'.</b>	
								•	

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services	Office Ow Polling Ex xpense Printing E Salaries/V	pense /ages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District OTHER (enter a categor	ent & Related Expense
1 Total pages Schedule F1:		de explains how to co	impiete trits form.	2 Files ID	
Sch: 2/2 Rpt: 5/5	Beard, Mike			3 Filer ID	
4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·			•
10/03/2021	Fort Bend County Fair and R	odeo	:		
6 Amount (\$)	7 Payee address: City;	State; Zip Co	de		
\$500.00	PO Box 428				
	Rosenberg, TX 77471				
8 PURPOSE			(b) Description	<u> </u>	
OF OF	(a) Category (See Categories listed at the Contributions/Donations Mad			outside of Texas. Complete S	chedule T.
EXPENDITURE	Candidate/Officeholder/Politic		<u></u>	TX, officeholder living expen	
		4.4	Donation	**	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sou	nht	Office held	
expenditure to benefit C/OI			g	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
<u> </u>	<u> </u>	F .	<del></del>		
Date	Payee name				:
12/08/2021	Fort Bend Republican Wome	n's Club			
Amount (\$)	Payee address; City;	State; Zip Co	de		
\$90.00	26 Charleston St North				
	· ·	.*			%
:,	Sugar Land, TX 77478				
PURPOSE	(a) Category (See Categories listed at the	tan of this sehadula)	(b) Description	٠.	
OF	Fees:	top of this schedule)	`	outside of Texas. Complete S	chedule T.
EXPENDITURE	:		Check If Austin,	, TX, officeholder living expen	se .
· ·			Membership		
•		•			
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sou	ght	Office held	
experionale to benefit C/O					·
Date	Payee name	· .			;
08/30/2021	Go Daddy	•		<i>;</i>	
Amount (\$)	Payee address; City;	State; Zip Co		·	·
	On Line Service	State, Zip Co	<b>uc</b>		* -1
\$255.71	On Line Service				
		·. · .		· . · .	
•	тх		•		
PURPOSE	(a) Category (See Categories listed at the	top of this schedule)	(b) Description	1. 11.	
OF EXPENDITURE	Advertising Expense	7 .	البسا	outside of Texas. Complete S	
EXPENDITURE	et met		البا	TX, officeholder living expen	se
		· .:	Website	•	•
· a."	4.3			·	· .
Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office held	••
expenditure to benefit C/OI	4 3				•
	· ·	•			•