

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID	2 Total pages filed: 16				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Michael</i>	<b>OFFICE USE ONLY</b> Date Received  <i>JUL 11 2023</i> CVD				
		MI					
	NICKNAME	LAST <i>Beard</i>	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 575  Needville, TX 77461		ZIP CODE				
			Date Hand-delivered or Date Postmarked				
			Receipt #      Amount				
			Date Processed				
		Date Imaged					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Gloria</i>					
		MI					
	NICKNAME	LAST <i>Green</i>	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <i>20202 Deer Run Rd Damon Tx 77430</i>						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input checked="" 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)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
			<i>01/01/2023</i>				<i>06/30/2023</i>
10 ELECTION	ELECTION DATE Month    Day    Year			ELECTION TYPE			
				<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
			<input type="checkbox"/> General	<input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) <i>Constable Prec 4</i>			12 OFFICE SOUGHT (if known)			

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**  
2 of 16

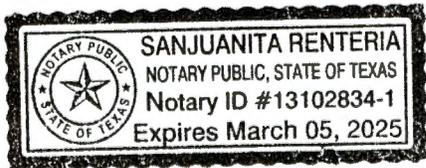
<b>13 C / OH NAME</b> Beard, Mike	<b>14 Filer ID</b>
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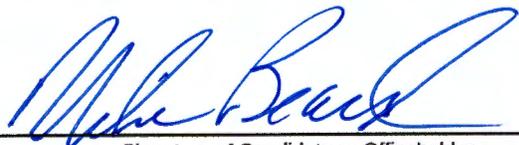
<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
	<b>COMMITTEE ADDRESS</b>	
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	170.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,528.75
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	3,614.89
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	15,938.57
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mike Beard, this the 11 day of July, 20 23, to certify which, witness my hand and seal of office.

  
 \_\_\_\_\_  
 Signature of officer administering

Sanjuanita Renteria  
 \_\_\_\_\_  
 Printed name of officer administering

Senior clerk  
 \_\_\_\_\_  
 Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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**18 FILER NAME**

Beard, Mike

**19 Filer ID****20 SCHEDULE SUBTOTALS**

NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,530.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,998.75
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,614.89
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1.39

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/16
2 FILER NAME Beard, Mike		3 Filer ID
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Rose	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 20418 Hwy 36  Damon, TX 77459		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Gregory	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 626 Saguaro Way  Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berd, John James	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code 4603 Saddle Dr  Needville, TX 77461		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Brian and Diane	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 20206 Deer Run Rd  Damon, TX 77430		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garlough, Steve and Barbara	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 4603 Saddle Dr  Needville, TX 77461		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 5/16
<b>2</b> FILER NAME Beard, Mike		<b>3</b> Filer ID
<b>4</b> Date 06/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Girven, Larry <hr/> <b>6</b> Contributor address; City; State; Zip Code 2806 Wild Olive Way  Richmond, TX 77469	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Ariana <hr/> Contributor address; City; State; Zip Code 7302 Rancho Misson Dr  Houston, TX 77083	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Investigator		Employer (See Instructions) DFPS
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gurecky, Joe <hr/> Contributor address; City; State; Zip Code 1820 Allen  Rosenberg, TX 77471	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions)
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Dennis <hr/> Contributor address; City; State; Zip Code 10926 Visconti  Richmond, TX 77406	Amount of Contribution (\$)  \$175.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Robert <hr/> Contributor address; City; State; Zip Code 427 Spindrift Circle  Richmon, TX 77469	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/5 Rpt: 6/16
<b>2</b> FILER NAME Beard, Mike		<b>3</b> Filer ID
<b>4</b> Date 04/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Albert	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code 3323 Windferne Dr  Pearland, TX 77581	
<b>8</b> Principal occupation / Job title (See Instructions) Deputy		<b>9</b> Employer (See Instructions) Fort Bend County
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macha, Ken	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 914 Easy St  Rosenberg, TX 77471	
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) Fort Bend County
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayne, Bob	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1941 Haven Springs Ln  Richmond, TX 77469	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Park Construction
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon, Sidney	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code PO Box 526  Rosenberg, TX 77471	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Eduardo	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1417 Canton Circle  Rosenberg, TX 77471	
Principal occupation / Job title (See Instructions) Deputy		Employer (See Instructions) Fort Bend County

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/16
2 FILER NAME Beard, Mike		3 Filer ID
4 Date 06/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pringle, C Steven	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 6 Sovereign Circle  Richmond, TX 77469		
8 Principal occupation / Job title (See Instructions) Management Consultant		9 Employer (See Instructions)
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Raymon	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code PO Box 1908  Richmond, TX 77406		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez Jr., Raymon	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2007 Water Trace Ct  Richmond, TX 77461		
Principal occupation / Job title (See Instructions) Deputy		Employer (See Instructions) Fort Bend County
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siwierka, Mike	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code 1420 Lake Pointe Parkway  Sugar Land , TX 77479		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Perdue Brandon Fielder Collins & Mott
Date 01/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southall, Terri	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3003 Summerfield Ridge Ct  Sugar Land, TX 77498		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Fort Bend County

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 8/16
<b>2</b> FILER NAME Beard, Mike		<b>3</b> Filer ID
<b>4</b> Date 03/02/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southall, Terri	<b>7</b> Amount of Contribution (\$) \$350.00
	<b>6</b> Contributor address; City; State; Zip Code 23726 Materson Garden Ln  Richmon, TX 77469	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Fort Bend County
<b>Date</b> 03/31/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuhrenberg, Michele	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b> 517 CR 337  Palacios, TX 77465	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>
<b>Date</b> 06/26/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Brian	<b>Amount of Contribution (\$)</b> \$350.00
	<b>Contributor address; City; State; Zip Code</b> 30510 Southpoint Way Ct  Fulshear, TX 77441	
<b>Principal occupation / Job title (See Instructions)</b> Police Officer		<b>Employer (See Instructions)</b> Fort Bend County

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/2 Rpt: 9/16	
2 FILER NAME Beard, Mike		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 06/22/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Clay	8 Amount of contribution (\$) \$200.00	9 In-kind contribution description Security
7 Contributor address; City; State; Zip Code 24500 Wildwood Park Rd 105  Richmond, TX 77469		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Deputy		11 Employer (FOR NON-JUDICIAL) (See instructions) Fort Bend County	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillen, Janice	Amount of contribution (\$) \$218.48	In-kind contribution description Printing Services
Contributor address; City; State; Zip Code 1012 Morton St  Richmond, TX 77469		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Glenn	Amount of contribution (\$) \$1,488.44	In-kind contribution description Food
Contributor address; City; State; Zip Code 1527 Tilman  Richmond, TX 77406		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 2/2 Rpt: 10/16	
<b>2</b> FILER NAME Beard, Mike		<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 06/22/2023	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southall, Terri	<b>8</b> Amount of contribution (\$) \$91.83	<b>9</b> In-kind contribution description Decorations
	<b>7</b> Contributor address; City; State; Zip Code 23726 Materson Garden Ln  Richmon, TX 77469		
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) Fort Bend County	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# 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/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 F1: Sch: 1/5 Rpt: 11/16	<b>2</b> FILER NAME Beard, Mike	<b>3</b> Filer ID
<b>4</b> Date 01/17/2023	<b>5</b> Payee name Behind the Badge Charities	
<b>6</b> Amount (\$) \$1,250.00	<b>7</b> Payee address; City; State; Zip Code 1655 Southwest Frwy. #200  Sugar Land, TX 77479	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/11/2023	Payee name Go Daddy	
Amount (\$) \$40.34	Payee address; City; State; Zip Code On Line Service  TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/23/2023	Payee name Kendleton Floral Club	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 2601 FM 2919  Kendleton, TX 77461	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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/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: Sch: 2/5 Rpt: 12/16		2 FILER NAME Beard, Mike		3 Filer ID	
4 Date 06/23/2023		5 Payee name Laws, Courtney			
6 Amount (\$) \$200.00		7 Payee address; City; State; Zip Code 4824 FM 2218  Richmond, TX 77469			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bartender	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/23/2023		Payee name Needville Senior Citizens			
Amount (\$) \$280.00		Payee address; City; State; Zip Code 9018 Church Street  Needville, TX 77461			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/14/2023		Payee name Needville Youth Fair			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 13631 Hwy 36  Needville, TX 77461			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# 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/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 F1: Sch: 3/5 Rpt: 13/16		<b>2</b> FILER NAME Beard, Mike		<b>3</b> Filer ID	
<b>4</b> Date 05/12/2023		<b>5</b> Payee name New Global Methodist Church			
<b>6</b> Amount (\$) \$40.00		<b>7</b> Payee address; City; State; Zip Code 8602 Church St  Needville, TX 77461			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/26/2023		Payee name Office Depot			
Amount (\$) \$76.05		Payee address; City; State; Zip Code 24212 Commercial Dr.  Rosenberg, TX 77471			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supply Materials	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held	
Date 05/26/2023		Payee name Racen Family LP			
Amount (\$) \$400.00		Payee address; City; State; Zip Code 4824 FN 2218  Richmond, TX 77469			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held	

# 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/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 F1: Sch: 4/5 Rpt: 14/16		<b>2</b> FILER NAME Beard, Mike		<b>3</b> Filer ID	
<b>4</b> Date 03/01/2023		<b>5</b> Payee name Rosenberg Little League			
<b>6</b> Amount (\$) \$650.00		<b>7</b> Payee address; City; State; Zip Code 3701 Fountains Dr  Rosenberg, TX 77471			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/21/2023		Payee name Sign Designs			
Amount (\$) \$216.50		Payee address; City; State; Zip Code 2906 Ave I  Rosenberg, TX 77461			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banner	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/27/2023		Payee name St. Pauls Church			
Amount (\$) \$90.00		Payee address; City; State; Zip Code 2122 Church St  Needville, TX 77461			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# 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/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: Sch: 5/5 Rpt: 15/16	2 FILER NAME Beard, Mike	3 Filer ID
4 Date 05/30/2023	5 Payee name The Event Helper	
6 Amount (\$) \$172.00	7 Payee address; City; State; Zip Code PO Box 1949  Grass Valley, CA 95945	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Insurance
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

**INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER**

**SCHEDULE K**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule K:  
Sch: 1/1 Rpt: 16/16

**2** FILER NAME  
Beard, Mike

**3** Filer ID

**4** Date  
06/30/2023

**5** Name of person from whom amount is received  
New First Bank

**8** Amount (\$) \$1.39

**6** Address of person from whom amount is received; City; State; Zip Code  
PO Box 470  
  
El Campo, TX 77437

**7** Purpose for which amount is received  
Interest Jan-June

Check if political contribution returned to filer