	E / OFFICEHO I FINANCE RI			OFFICIAL RECOR	1000	COVE		RM C/OH EET PG 1
The C/OH Instruction	Guide explains how to	complete this form.	1 Filer ID	FT. WORTH, TX	2	. Total paç	ges filed: 24	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Elizabeth		MI	\neg	OFFI	CE USI	E ONLY
NAME		Elizabeth			Ī	Date Received		
à	NICKNAME	LAST Beck		SUFFIX		CS JUL 1	0 REC 5 '24 r	7D PM1:09
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; CIT	Y;	ZIP COD		Date Hand-deliv		e Postmarked
Change of Address					-	Date Processed		2000 A300 20 20
					+	Date Imaged		
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI				
NAME	Mrs	Eva		Sando	val			
	NICKNAME	LAST	•••••	SUFFIX				••••••
		Bonilla						
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	362 Foch St	IO PO BOX PLEASE);	A		πy; Fort \	Vorth	TX	; ZIP CODE 76107
7 CAMPAIGN TREASURER PHONE	AREA CODE 817	960-1256	XTENSION					
8 REPORT TYPE	January 15 X July 15	30th day before		Runoff Exceeded modified reporting limit		15th day af appointmer Final Repo	nt (officeho	
9 PERIOD COVERED	Month Day 01/01/2024	Year TH	IROUGH	Month D 06/30/	ay /2024	Year		
10 ELECTION	ELECTION DA Month Day	Year Pr	rimary eneral	ELECTION TYP	E	Other		
11 OFFICE	OFFICE HELD (if any) Fort Worth City Coul	ncil District 9		12 OFFICE SOUG	GHT (ir	f known)		
		GO T	O PAGE 2	2				
Forms provided by Te	xas Ethics Commissio	n www.eth	nics.state.tx	.us		V	ersion \	/4.1.0.d378aba0

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 24

					2 01 24
13 C / OH NAME	Beck, Elizabeth		14 Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	oolitical contributions accepted or political expenditur These expenditures may have been made without the officeholders are required to report this information	ne candidate's or officeho	lder's knov	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
-	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	S		
					1
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC	N PLEDGES, LOANS, CTRONICALLY)	\$	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	1,285.24
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURES		\$	6,837.24
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LASERIOD	AST DAY OF THE	\$	17,045.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$	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.					
KATHERINE L CENICOLA NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 06/21/2025 NOTARY ID 13118229-0 Signature of Candidate or Officeholder					
AFFIX NO	AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said <u>Elizabeth Beck</u> , this the <u>15</u> day of <u>July</u> , 20 <u>24</u> , to certify which, witness my hand and seal of office.			_ day		
Kathan Signature of of	i Cericular ficer administering	Katherine Cenical Printed name of officer administering	9 NOTAN Title of officer a	1 administeri	ng oath

FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 3 of 24 19 Filer ID 18 FILER NAME Beck, Elizabeth 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE 1,285.24 \$ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS $|\mathsf{X}|$ 1. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ \$ SCHEDULE B: PLEDGED CONTRIBUTIONS 3. \$ SCHEDULE E: LOANS 4. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 6,837.24 5. X \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ 7. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 8. \$ 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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/6 Rpt: 4/24 Filer ID FILER NAME Beck, Elizabeth 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: Date \$25.00 01/29/2024 Chalk, John Contributor address; City; State; Zip Code 301 Commerce Street Fort Worth, TX 76102 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Whitaker Chalk Attorney Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$50.00 01/29/2024 Chapman, Lou Contributor address; City; State; Zip Code 2525 5th Avenue Fort Worth, TX 76110 Employer (See Instructions) Principal occupation / Job title (See Instructions) Insperity Holdings LLC Writer Amount of Contribution (\$) out-of-state PAC (ID#:_ Date Full name of contributor \$100.00 02/11/2024 Cooley, Debbie Contributor address; City; State; Zip Code 11255 Camp Bowie West Suite 108 Aledo, TX 76008 Employer (See Instructions) Principal occupation / Job title (See Instructions) M-Pakinc.com **Business Owner** Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor \$100.00 01/26/2024 Davis, Beverly Contributor address; City; State; Zip Code 6808 Oak Hill Dr Fort Worth, TX 76132 Employer (See Instructions) Principal occupation / Job title (See Instructions) Republic Title Real Estate Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$100.00 01/18/2024 Davis, Mary Margaret Contributor address; City; State; Zip Code 8109 Sundale Ct Fort Worth, TX 76123 Employer (See Instructions) Principal occupation / Job title (See Instructions) Mary Margaret Davis Broker Real Estate

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/6 Rpt: 5/24 Filer ID 2 FILER NAME Beck, Elizabeth 7 Amount of Contribution (\$) out-of-state PAC (ID#: 5 Full name of contributor Date \$25.00 01/15/2024 Dreyfus, Charles 6 Contributor address; City; State; Zip Code 2416 Park Place Ave Fort Worth, TX 76110 Employer (See Instructions) Principal occupation / Job title (See Instructions) Not Employed Not Employed Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$25.00 02/15/2024 Dreyfus, Charles Contributor address; City; State; Zip Code 2416 Park Place Ave Fort Worth, TX 76110 Employer (See Instructions) Principal occupation / Job title (See Instructions) Not Employed Not Employed Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$50.00 02/03/2024 Easley, Karl Contributor address; City; State; Zip Code 5904 Walla Ave Fort Worth, TX 76133 Employer (See Instructions) Principal occupation / Job title (See Instructions) Not Employed Not Employed Amount of Contribution (\$) out-of-state PAC (ID#: Date Full name of contributor \$25.00 01/18/2024 Eichler, Anthony Contributor address; City; State; Zip Code 1612 Lipscomb St. Fort Worth, TX 76104 Employer (See Instructions) Principal occupation / Job title (See Instructions) Self Attorney Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor \$25.00 01/19/2024 Freer, Jill Contributor address; City; State; Zip Code 2916 Merrimac St Fort Worth, TX 76107 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/6 Rpt: 6/24 Filer ID FILER NAME Beck, Elizabeth 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: Date \$20.00 01/23/2024 Freer, Jill Contributor address; City; State; Zip Code 2916 Merrimac St Fort Worth, TX 76107 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Retired Retired Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$25.00 02/19/2024 Freer, Jill Contributor address; City; State; Zip Code 2916 Merrimac St Fort Worth, TX 76107 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Retired Amount of Contribution (\$) out-of-state PAC (ID#: Date Full name of contributor \$25.00 02/13/2024 Grant, Carla Contributor address; City; State; Zip Code 2721 sherrill park dr. Richardson, TX 75082 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Home Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$20.00 01/05/2024 Gregory, Frederick Contributor address; City; State; Zip Code 5003 Pointclear Court Arlington, TX 76017 Employer (See Instructions) Principal occupation / Job title (See Instructions) Not Employed Not Employed Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$50.00 01/31/2024 Jennngs, Deborah Contributor address; City; State; Zip Code 3629 Kimberly Lane Fort, TX 76133 Employer (See Instructions) Principal occupation / Job title (See Instructions) Not Employed Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/6 Rpt: 7/24 Filer ID FILER NAME Beck, Elizabeth Amount of Contribution (\$) out-of-state PAC (ID#: 5 Full name of contributor Date \$25.00 01/14/2024 Justin, Perry Contributor address; City; State; Zip Code 1720 Alston Ave Fort Worth, TX 76110 Employer (See Instructions) Principal occupation / Job title (See Instructions) Southwestern Equipment Co. Welder Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$24.24 02/14/2024 McKenzie, Renea Contributor address; City; State; Zip Code 2536 Wayside Ave Fort Worth, TX 76110 Employer (See Instructions) Principal occupation / Job title (See Instructions) Starbucks Shift Supervisor Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 OConnell, Jennifer 01/18/2024 Contributor address; City; State; Zip Code 2745 Ryan Place dr Fort Worth, TX 76110 Employer (See Instructions) Principal occupation / Job title (See Instructions) Not Employed Not Employed Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$50.00 01/22/2024 Slattery, James Contributor address; City; State; Zip Code 2223 Waterloo City Lane Apt 146 Austin, TX 78741 Employer (See Instructions) Principal occupation / Job title (See Instructions) Not Employed Not Employed Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$50.00 02/22/2024 Slattery, James Contributor address; City; State; Zip Code 2223 Waterloo City Lane Apt 146 Austin, TX 78741 Employer (See Instructions) Principal occupation / Job title (See Instructions) Not Employed Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/6 Rpt: 8/24 3 Filer ID FILER NAME Beck, Elizabeth Amount of Contribution (\$) out-of-state PAC (ID#: 5 Full name of contributor Date \$15.00 01/05/2024 WRIGHT JR, BENJAMIN Contributor address; City; State; Zip Code 8341 Summer Park Dr Fort Worth, TX 76123-1991 Employer (See Instructions) Principal occupation / Job title (See Instructions) Not employed Not employed Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$28.00 Wessinger, Lauren 02/05/2024 Contributor address; City; State; Zip Code 2800 Harlanwood Dr Fort Worth, TX 76109-1225 Employer (See Instructions) Principal occupation / Job title (See Instructions) The Mindful Project Mindfulness teacher Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$28.00 02/05/2024 Wheeler, Don Contributor address; City; State; Zip Code PO Box470865 Fort Worth, TX 76147 Employer (See Instructions) Principal occupation / Job title (See Instructions) Landscape Architect Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$25,00 Whittaker, Susan 01/29/2024 Contributor address; City; State; Zip Code 5421 huntly drive Fort Worth, TX 76109 Employer (See Instructions) Principal occupation / Job title (See Instructions) Not Employed Not Employed Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$25.00 Wilson, Daphne 01/29/2024 Contributor address; City; State; Zip Code 2244 Lipscomb St. Fort Worth, TX 76110 Employer (See Instructions) Principal occupation / Job title (See Instructions) Self Social work

MON	NETARY POLITICAL CONTRIBUTIONS			SCHEDUL	E A1
The Ir	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 6/6 Rpt: 9/24	
Beck,	NAME Elizabeth		1000	Filer ID	
Date 02/06/	5 Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	THE PERSON NAMED OF THE PE	ployer (See Instructions t employed	s)		
	rovided by Texas Ethics Commission www.ethics.state	e fy lis		Version V4.	L.O.d378aba

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenoider/Political Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	A STATE OF THE STA
Sch: 1/15 Rpt: 10/24	Beck, Elizabeth
	weet of other support reasons of
4 Date	5 Payee name
05/17/2024	A&H Donuts
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$64.95	3412 W 7th St
	Fort Worth, TX 76107
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense Community Event Food
	Community Event room
2. Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Carladate Cinical Italia
Date	Payee name
01/04/2024	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$28.64	PO Box 441146
	Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas, Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense Credit Card Fees
	Great Sala 1 ccs
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/C	
Security of the Albander Seed Edition by Deep Commission of the 200	
Date	Payee name
02/05/2024	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$10.24	PO Box 441146
	Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITORE	Credit Card Fees
	Cledit Gald Fees
Committee ONU V Waller of	Candidate/Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/C	Out this date of the state of t
	Version VA 1 0 d279eb

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	lete this form.
_	Total pages Schedule F1:		3 Filer ID
_	Sch: 2/15 Rpt: 11/24	Beck, Elizabeth	100 A 9005 995
_	Date	5 Payee name	
4	03/06/2024	ActBlue	
_		7 Payee address; City; State; Zip Code	
6	Amount (\$) \$9.10	PO Box 441146	
	\$9.10	FO BOX 441140	
		Companillo MA 02144	
		Somerville, MA 02144	N. Donas della s
8	PURPOSE OF	() estre gol) (dee categories inted at the top of this estress.)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
		,	Credit Card Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/O	1	
_	Date	Payee name	
	01/02/2024	Bank of America	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.03	PO Box 15284	
		2. 96. 38.04038-9-04514-040-96	
l		Wilmington, DE 19850	
H	PURPOSE	22.0 (2.5 k) (1.7 k) (2.5 k) (2.5 k) (2.5 k) (2.5 k)	D) Description
	OF	Accounting/Banking	Check if travel outside of Texas, Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
l			Bank Fees
L		Office cours	ht Office held
ı	Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sough	Office field
L	experience to bettern of	**	
	Date	Payee name	
L	02/02/2024	Bank of America	
Γ	Amount (\$)	Payee address; City; State; Zip Cod	e
l	\$25.03	PO Box 15284	
l		4	
l		Wilmington, DE 19850	
r	PURPOSE	(See Categories listed at the top of this sociedate)	(b) Description
ı	OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			Bank Fees
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	expenditure to benefit C/		50 A CHOS # \$100 (\$700 (\$10) (\$700 (\$700 (\$700 (\$700 (\$700 (\$700 (\$700 (\$700 (\$700 (\$700 (
ŀ			
I			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 3/15 Rpt: 12/24	Beck, Elizabeth
4 Date	5 Payee name
03/04/2024	Bank of America
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25.03	PO Box 15284
	Wilmington, DE 19850
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Accounting/Banking Check if Austin, TX, officeholder living expense
	Bank Fees
n. Consolate ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	California Comments and Califo
Date	Payee name
04/01/2024	Bank of America
Amount (\$)	Payee address; City; State; Zip Code
\$25.03	PO Box 15284
	Wilmington, DE 19850
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bank Fees
O L L ON Vit dispert	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Oniceriolder name
Date	Payee name
05/02/2024	Bank of America
Amount (\$)	Payee address; City; State; Zip Code
\$25.03	PO Box 15284
	Wilmington, DE 19850
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITORE	Bank Fees
1	Dank 1 cos
	Candidate/Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/0	Cardidate/Officeriolaer flame
enperiode to belief of	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By - Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
	PERSONAL PROPERTY AND	0 File ID
1	Total pages Schedule F1: Sch: 4/15 Rpt: 13/24	2 FILER NAME Beck, Elizabeth
_	SOURCE SAMES ASSESSED BY AND ADDRESSED BY	5 Pavee name
4		5 Payee name Bank of America
	06/03/2024	
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.03	PO Box 15284
		Wilmington, DE 19850
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
ı		Bank Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Data	Daviso namo
ı	Date	Payee name Blue Victory Communications
L	01/04/2024	1500000 Personal Control of Personal Pe
	Amount (\$)	Payee address; City; State; Zip Code
ı	\$1,500.00	PO Box 300625
ı		
ı		Austin, TX 78703
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ı	OF	Consulting Expense Check if travel outside of Texas, Complete Schedule T.
L	EXPENDITURE	Check if Austin, TX, officeholder living expense
ı		Digital Consulting
ı		
r	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ı	expenditure to benefit C/O	Н
F	Date	Payee name
١	05/24/2024	City of Fort Worth
L	226 (A. 12 A.	
١	Amount (\$)	
ı	\$75.00	200 Texas St.
ı		PAL STORTES SE INCOSTRUMO
1		Fort Worth, TX 76102
r	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
1	OF	Event Expense Check if travel outside of Texas. Complete Schedule 1.
١	EXPENDITURE	Check if Austin, TX, officeholder living expense Park Rental Fee
1		Paix Remairee
		Office hold
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/0	יוע אר
t		
- 1		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
Total pages Schedule F1: Sch: 5/15 Rpt: 14/24	2 FILER NAME Beck, Elizabeth 3 Filer ID
Date 03/08/2024	5 Payee name Fiesta
\$ Amount (\$) \$49.77	7 Payee address; City; State; Zip Code 2700 8th Ave Fort Worth, TX 76110
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Supplies
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 01/29/2024	Payee name GoDaddy
Amount (\$) \$198.19	Payee address; City; State; Zip Code 2299 W. Obispo Ave #201 Gilbert, AZ 85233
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website Hosting
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH
Date 01/29/2024	Payee name GoDaddy
Amount (\$) \$142.02	Payee address; City; State; Zip Code 2299 W. Obispo Ave #201 Gilbert, AZ 85233
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website Hosting
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH
	Vorsion V4.1.0 d279a

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Gilt/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
_	Sch: 6/15 Rpt: 15/24	Beck, Elizabeth
4	Date	5 Payee name
	01/29/2024	GoDaddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.17	2299 W. Obispo Ave
		#201
		Gilbert, AZ 85233
8	PURPOSE	100
0	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas, Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Website Hosting
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/31/2024	GoDaddy
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$370.72	2299 W. Obispo Ave
ı	at interest contains	#201
ı		Gilbert, AZ 85233
_	DUDDOCE	(IA) Production
	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas, Complete Schedule T.
ı	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Website Hosting and Domain
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
l	01/02/2024	Google
H	Amount (\$)	Payee address; City; State; Zip Code
ı	\$25.58	501 Ellis St
ı	Ψ20.00	OUZ EINO OT
		Mountain View, CA 94043
Γ	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
ı	OF EXPENDITURE	Office Overhead/Rental Expense
ı		Hosting
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/C	Canadate of the trans
F	e pertition it monte estate en les and the entitlement metal. Of the so	
1		
L		Varsian V4.1.0 d278aha

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Credit Card Payment	
	2 FILER NAME 3 Filer ID
Sch: 7/15 Rpt: 16/24	Beck, Elizabeth
4 Date	5 Payee name
02/01/2024	Google
6 Amount (\$) \$25,58	7 Payee address; City; State; Zip Code 501 Ellis St Mountain View, CA 94043
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hosting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/04/2024	Google
Amount (\$)	Payee address; City; State; Zip Code
\$25.58	501 Ellis St
	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hosting
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
04/02/2024	Google
Amount (\$) \$27.00	Payee address; City; State; Zip Code 501 Ellis St
	Mountain View, CA 94043
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not instead above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
77	Sch: 8/15 Rpt: 17/24	Beck, Elizabeth
4	Date	5 Payee name
	04/02/2024	Google
6	Amount (\$) \$27.00	7 Payee address; City; State; Zip Code 501 Ellis St Mountain View, CA 94043
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hosting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Γ	Date	Payee name
	01/02/2024	Google
	Amount (\$) \$13.99	Payee address; City; State; Zip Code 501 Ellis St Mountain View, CA 94043
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hosting
r	Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH
F	Date	Payee name
	02/02/2024	Google
	Amount (\$) \$13.99	Payee address; City; State; Zip Code 501 Ellis St Mountain View, CA 94043
L		las -
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hosting
-	Complete ONLY if direct expenditure to benefit C/0	Candidate/Officeholder name Office sought Office held OH
-		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
_	Total pages Schedule F1:	
1		
	Sch: 9/15 Rpt: 18/24	Beck, Elizabeth
4	Date	5 Payee name
	03/04/2024	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.99	501 Ellis St
		Mountain View, CA 94043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas, Complete Schedule 1.
	an engan chance nonceanair.	Hosting
_	O I ONII V if allowed	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	Cardinate Finance Finance Cardinate
	Date	Payee name
	04/01/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.99	501 Ellis St
	1000 (100) (1000 (1000 (1000 (1000 (1000 (100) (1000 (1000 (1000 (100) (1000 (1000 (1000 (100) (1000 (1000 (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (1000 (100) (1000 (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (100) (100) (1000 (100) (1000 (100) (100) (100) (1000 (100) (100) (100) (100) (100) (1000 (100) (7004000000
		Mountain View, CA 94043
L		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pontal Expanse.
	EXPENDITURE	Office Overhead/Rental Expense Check if Austin, TX, officeholder living expense
		Hosting
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Odification of the original
L		
	Date	Payee name
	05/02/2024	Google
Г	Amount (\$)	Payee address; City; State; Zip Code
ı	\$13.94	501 Ellis St
ı		
ı		Mountain View, CA 94043
H	PURPOSE	9882-9763-978
ı	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
ı	EXPENDITURE	Check if Austin, TX, officeholder living expense
ı		Hosting
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/C	
H		
l		
ı		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form. OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID				
	Sch: 10/15 Rpt: 19/24	Beck, Elizabeth				
4	Date	5 Payee name				
	06/03/2024	Google				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$13.94	501 Ellis St				
		Mountain View, CA 94043				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas, Complete Schedule T.				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
		Hosting				
_	Complete ONII V If discret	Candidate/Officeholder name Office sought Office held				
9	Complete ONLY if direct expenditure to benefit C/O	Out foliation of the first of t				
		· · · · · · · · · · · · · · · · · · ·				
	Date	Payee name				
	05/02/2024	Google				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$30.70	501 Ellis St				
		Mountain View, CA 94043				
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Hosting				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH						
=	Date	Payee name				
	06/03/2024	Google				
_	Amount (\$)	Payee address; City; State; Zip Code				
	\$30.70					
	36.524					
		Mountain View, CA 94043				
los						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Hosting				
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/C	DH				
Γ						
F	orms provided by Texas	Ethics Commission www.ethics.state.tx.us Version V4.1.0.d378ab				

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Fees
Food/Beverage Expense
Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID							
	Sch: 11/15 Rpt: 20/24	Beck, Elizabeth							
4	Date	5 Payee name							
	05/15/2024	Lone Star Project							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$1,000.00	6 e street se							
	1 W 2 M 1 V 1 0								
		washington, DC 20003							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Event Sponsorship							
		9 - 980 (2004 10 Mg/C) 2 (4 Mg/C)							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	H Control of the Cont							
	Date	Payee name							
	05/15/2024	Mousa Donuts							
	Amount (\$)	Payee address; City; State; Zip Code							
\$37.96 201 W Rosedale St									
		Fort Worth, TX 76104							
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE	Event Expense Check if travel outside of Texas, Complete Schedule T.							
Check if Austin, TX, officeholder living expense									
	Event Food								
Complete ONLY if direct Candidate/Officeholder name Office sought Office held									
	expenditure to benefit C/OH								
Date Payee name									
	05/17/2024	Mousa Donuts							
Н	Amount (\$)	Payee address; City; State; Zip Code							
	\$37.96	201 W Rosedale St							
	Fort Worth, TX 76104								
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Event Expense Check if travel outside of Texas, Complete Schedule T.							
l		Check if Austin, TX, officeholder living expense Event Food							
		Event 1 ood							
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/C								
H									
1									

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Political Credit Card Payment						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID					
	Sch: 12/15 Rpt: 21/24	Beck, Elizabeth					
4	Date	5 Payee name					
	02/05/2024	NGP VAN					
6	Amount (\$) \$1,215.24	7 Payee address; City; State; Zip Code 655 15th St NW					
		Washington, DC 20005					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Database					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	05/20/2024	NGP VAN					
_	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,215.24	655 15th St NW					
		Washington, DC 20005					
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Database					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	Date 05/07/2024	Payee name Nickel City					
	Amount (\$) \$21.80	Payee address; City; State; Zip Code 212 S Main St					
	Fort Worth, TX 76104						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Team Meeting					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Lo
Fees Of
Food/Beverage Expense Po
Gift/Awards/Memorials Expense Pr

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID				
	Sch: 13/15 Rpt: 22/24	Beck, Elizabeth				
4	Date	5 Payee name				
	06/24/2024	Tom Thumb				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$31.96	2400 W 7th St				
	,,,					
		Fort Worth, TX 76107				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Community Event Supplies				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
3	expenditure to benefit C/O	The state of the s				
_	Data	Pausa nama				
	Date 06/24/2024	Payee name USPS				
_	Marie Co.	8,74×20m/rg				
	Amount (\$)	Payee address; City; State; Zip Code				
\$307.00 2600 8th Ave						
		Fort Worth, TX 76110				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
Check if Austin, TX, officeholder living expense PO Box Rental						
		PO BOX Retital				
Organists ONLY if allows Conditate (Office helder name)						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
⊨						
	Date	Payee name				
L	01/09/2024	Vantiv				
	Amount (\$)	Payee address; City; State; Zip Code				
\$24.38 8500 Governor's Hill Drive, Symmes Township						
ı						
		Cincinnati, OH 45249				
Γ	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITORE	Credit Cord Food				
		Credit Card Fees				
L	Outside ON V V des	Candidate/Officeholder name Office pought				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
L						
L						

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			nmittee	Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains how to complete this form.			Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME	= 3			3	Filer ID	
	Sch: 14/15 Rpt: 23/24		Beck, Elizal					1, 1500 TMF	
4	Date	5	Payee name						
	01/17/2024		Vantiv						
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip Co	ode			
	\$0.78		8500 Gover	nor's Hill Drive, Sy	mmes Township)			
				-	13				
			Cincinnati,	OH 45249					
8	PURPOSE	(a)				(h)	Description		_
ľ	OF	("	Fees	ee Categories listed at the to	op of this schedule)	(5)		de of Texas. Complete Schedule T.	
	EXPENDITURE		1 003					officeholder living expense	
							Credit Card Fee	s	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	Office sou	ught		Office held	
⊨	Date								_
	Date 02/09/2024		Payee name						
L			Vantiv						
	Amount (\$)		Payee addre		State; Zip Co				
	\$23.83		8500 Gover	nor's Hill Drive, Sy	mmes Township)			
			Cincinnati,	OH 45249					
Т	PURPOSE	(a)	Category (Se	ee Categories listed at the to	op of this schedule)	(b)	Description		
OF EXPENDITURE			Fees					el outside of Texas. Complete Schedule T,	
Check if Austin, TX, officeholder living expense									
	Credit Card Fees								
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
		_							
	Date		Payee name						
L	03/11/2024		Vantiv						
	Amount (\$)		Payee addre		State; Zip C				
	\$23.63		8500 Gover	rnor's Hill Drive, Sy	mmes Township)			
			Cincinnati,	OH 45249					
Г	PURPOSE	(a)	Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description		
	OF EXPENDITURE		Fees	ura ura viente d' 'il antonome d'il trati, trati, il d'il d'il d'	akan di linakatso ka DT TTT 1 TK		Check if travel outs	de of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense									
							Credit Card Fee	S	
_					5.55600				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	iceholder name	Office so	ught		Office held	
_	experience to beliefft c/OI	0.0							

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Fees Food/Beverage Expense		nt/Reimbursement d/Rental Expense e se s/Contract Labor ete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME		13	3	Filer ID
	Sch: 15/15 Rpt: 24/24		Beck, Elizabeth				
4	Date	5	Payee name			_	
	04/09/2024		Vantiv				
	Amount (\$) \$0.50	7	Payee address; City; State; 8500 Governor's Hill Drive, Symmes To Cincinnati, OH 45249	Zip Code ownship	¥		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Fees	edule) (b)		TX,	de of Texas, Complete Schedule T, officeholder living expense S
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Η (Candidate/Officeholder name C	Office sought			Office held