		E / OFFICEHOL FINANCE REP			CIAL RECORD Y SECRETARY	FORM C/OH COVER SHEET PG 1
Th	e C/OH Instruction G	Guide explains how to com	plete this form.	Filer ID	gowin, ix	Total pages filed: 17
- 1	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Elizabeth		МІ	OFFICE USE ONLY Date Received
		NICKNAME	LAST Beck		SUFFIX	89101112 AM
	CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; A			ZIP CODE	Date Hand delivered of Date Postmarked LAN 1 8 2022 Receipt # CITY OF FOR Amount Date Processed Date Imaged
	CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	LAST		SUFFIX	
	CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO F	PO BOX PLÉASE);	APT	/SUITE#; CITY;	STATE; ZIP CODE TX TUI TV
7	CAMPAIGN TREASURER PHONE	AREA CODE PH	11 10	ENSION 56		
8	REPORT TYPE	X January 15 July 15	30th day before elec	ection F	Exceeded modified eporting limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
	PERIOD COVERED	Month Day Yea 07/01/2021		DUGH	Month Day 12/31/202	Year 1
10	ELECTION	ELECTION DATE Month Day Yea	r Prima		ELECTION TYPE Runoff Special	Other
11	OFFICE	OFFICE HELD (if any) Fort Worth City Council	District 9		12 OFFICE SOUGHT	(if known)
	GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

				2 01 21			
13 C / OH NAME	Beck, Elizabeth		14 Filer ID				
15 NOTICE FROM POLITICAL COMMITTEE(S)	mmittees to support the nolder's knowledge or ce of such expenditures.						
Additional Pages	COMMITTEE TYPE COMMITTEE NAME						
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		L ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00			
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				\$ 3,545.21			
EXPENDITURE TOTALS	RE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$ 0.00			
	4. TOTAL POLITICAL EXPENDITURES			\$ 9,015.64			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 9,536.22			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT							
Junium Se	A K BRUNNIN	I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.					
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							
	TARY STAMP / SEAL AB	OVE		10			
Sworn to and subso	cribed before me, by the s	aid <u>Glizabeth</u> <u>Beck</u> ertify which, witness my hand and seal of office.	, this the	day			
Signature of office	Signature of officer administering Printed name of officer administering Title of officer administering oath						
	Fil. O			Varsian VI 1 ab070f02			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 17
18 FIL Be	servania de la compania de la compa				
20 SC	HEDULE	SUBTOTAL AM	OUNT		
1.	X	\$	3,545.21		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	* * * * * * * * * * * * * * * * * * * *	\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	9,015.64
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/4 Rpt: 4/17 FILER NAME Filer ID Beck, Elizabeth Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/01/2021 \$50.00 Chavez, Aracely 6 Contributor address; City; State; Zip Code 6920 Wicks Trail Fort Worth, TX 76133 Principal occupation / Job title (See Instructions) Employer (See Instructions) Director **FWISD** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/04/2021 Chavez, Aracely \$50.00 Contributor address; City; State; Zip Code 6920 Wicks Trail Fort Worth, TX 76133 Principal occupation / Job title (See Instructions) Employer (See Instructions) **FWISD** Director Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/02/2021 Chavez, Aracely \$50.00 Contributor address; City; State; Zip Code 6920 Wicks Trail Fort Worth, TX 76133 Principal occupation / Job title (See Instructions) Employer (See Instructions) **FWISD** Director Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$50.00 10/01/2021 Chavez, Aracely Contributor address; City; State; Zip Code 6920 Wicks Trail Fort Worth, TX 76133 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Director **FWISD** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/02/2021 \$50.00 Crum, elisabeth Contributor address; City; State; Zip Code 2524 Greene Avenue fort worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) artist sort of cool

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/4 Rpt: 5/17 2 FILER NAME Filer ID Beck, Elizabeth Date Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 07/11/2021 \$20.21 Davidson, Logan Contributor address; City; State; Zip Code 110 San Antonio St #1226 Austin, TX 78701 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Legislative Director Texas House of Representatives Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$25.00 07/15/2021 Dreyfus, Charles Contributor address; City; State; Zip Code 2416 Park Place Ave Fort Worth, TX 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/15/2021 Dreyfus, Charles \$25.00 Contributor address; City; State; Zip Code 2416 Park Place Ave Fort Worth, TX 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ \$25.00 09/15/2021 Dreyfus, Charles Contributor address; City; State; Zip Code 2416 Park Place Ave Fort Worth, TX 76110 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Not Employed Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: \$25.00 10/15/2021 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

SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/4 Rpt: 6/17 FILER NAME Filer ID Beck, Elizabeth Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/15/2021 Dreyfus, Charles \$25.00 6 Contributor address; City; State; Zip Code 2416 Park Place Ave Fort Worth, TX 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/15/2021 Dreyfus, Charles \$25.00 Contributor address; City; State; Zip Code 2416 Park Place Ave Fort Worth, TX 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/19/2021 Greater Fort Worth Real Estate Council PAC \$1,000.00 Contributor address; City; State; Zip Code 777 Main #2100 Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 07/23/2021 \$50.00 Kowalski, Kiyomi Contributor address; City; State; Zip Code 7119 Shadow Ridge Ct. West Hills, CA 91307 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/23/2021 Kowalski, Kiyomi \$50,00 Contributor address; City; State; Zip Code 7119 Shadow Ridge Ct. West Hills, CA 91307 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed

MONETARY POLITICAL CONTRIBUTIONS

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/4 Rpt: 7/17 FILER NAME Filer ID Beck, Elizabeth Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/19/2021 Linebarger Goggan Blair & Sampson LLP \$1,500.00 6 Contributor address; City; State; Zip Code PO Box 17428 Austin, TX 78760 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/19/2021 \$250.00 Meadows, William Contributor address; City; State; Zip Code 121 Rivercrest Drive Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** NA Retired Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: \$25.00 07/20/2021 Slattery, James Contributor address; City; State; Zip Code 2223 Waterloo City Lane Apt 146 Austin, TX 78741 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/14/2021 Stevens, Taunya \$250,00 Contributor address; City; State; Zip Code 1813 Saxony Rd Fort Worth, TX 76116 Principal occupation / Job title (See Instructions) Employer (See Instructions) **VP** of Operations Howard Kane

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense

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

	Candidate/Officeholder/Politicá Credit Card Payment	Il 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: 1/10 Rpt: 8/17	Beck, Elizabeth	
4	Date	5 Payee name	
	12/03/2021	ADP	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$56.24	620 W Covina Blvd	
		San Dimas, CA 91773	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Payroll Fees	
		1 4310111 000	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/OI		
dash		,	
	Date	Payee name	
	07/30/2021	ADP	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$56.24	620 W Covina Blvd	
		San Dimas, CA 91773	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Payroll Fees	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
⊨	Data		
	Date	Payee name	
L	10/01/2021	ADP	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$56.24	620 W Covina Blvd	
		San Dimas, CA 91773	
	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	Check if Austin, TX, officeholder living expense	
		Payroll Fees	
L			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/O		
느			

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Polling Ex Printing E Salaries/V	pense xpens Vages	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	1E			· · · · · · · · · · · · · · · · · · ·	3	Filer ID	
	Sch: 2/10 Rpt: 9/17	Beck, Eliz	abeth						
4	Date	5 Payee nam	e			. ,	<u></u>		
	12/23/2021	AMM Polit							
6	Amount (\$)	7 Payee addr	ess; City; S	itate; Zip Co	de				
	\$3,073.00	507 N Sylv	•	, шр ос					
	, ,	,							
		Fort Worth	n, TX 76111						
8	PURPOSE OF		See Categories listed at the top of th	is schedule)	(b)	Description			
	EXPENDITURE	Advertisin	g Expense			<u>Land</u>		de of Texas. Complete Schedule T. officeholder living expense	
						Voter Contac			
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sou	ght			Office held	
	Date	Payee nam	e						
	07/06/2021	ActBlue							
-	Amount (\$)	Payee addr	ess; City; S	state; Zip Co	ode	· · · · · · · · · · · · · · · · · · ·			
	\$27.21	PO Box 4	•						
	,								
		Somerville	e, MA 02144						
	PURPOSE	(a) Category	See Categories listed at the top of the	is schedule)	(b)	Description			
	OF EXPENDITURE	Fees				l		de of Texas. Complete Schedule T.	
						Credit Card I		officeholder living expense	
								-	
	Complete ONLY if direct	L Candidate/O	fficeholder name	Office sou	ıaht			Office held	
	expenditure to benefit C/OI	Н							
	Date	Payee nam	e					The state of the s	·
	08/05/2021	ActBlue	•						
	Amount (\$)	Payee addı	ress; City; 5	State; Zip Co	nde				
	\$2.57	PO Box 4	•	riato, Elp ot	,,,,				
	, =								
	:	Somerville	e, MA 02144						
	PURPOSE OF	(a) Category	See Categories listed at the top of the	is schedule)	(b)	Description			
	EXPENDITURE	Fees				LI		de of Texas. Complete Schedule T. officeholder living expense	
					ļ	Credit Card			
							_ •	-	
	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	L laht			Office held	·
	expenditure to benefit C/OI				g. ··•				
_									

SCHEDULE F1

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

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	I 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: 3/10 Rpt: 10/17	Beck, Elizabeth
4 Date	5 Payee name
09/03/2021	ActBlue
6 Amount (\$) \$1.88	7 Payee address; City; State; Zip Code PO Box 441146
	Somerville, MA 02144
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
10/04/2021	ActBlue
Amount (\$) \$1.88	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Fees
Complete ONLY if direct expenditure to benefit C/O	L Candidate/Officeholder name Office sought Office held H
Date	Payee name
11/03/2021	ActBlue
Amount (\$) \$4.88	Payee address; City; State; Zip Code PO Box 441146
	Somerville, MA 02144
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

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

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	- Gitt/Awards/Memorials Expense Printing Expense Travel Out of District - Gommittee 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: 4/10 Rpt: 11/17	Beck, Elizabeth
4	Date	5 Payee name
	11/22/2021	Alex Dominguez Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	855 E Harrison
		Brownsville, TX 78520
_	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Contributions/Donations Made Ry
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee
		Political Contributions
0	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	
ĺ	Date	Payee name
	07/02/2021	Bank of America
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Bank Fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	08/02/2021	Bank of America
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
L	rms provided by Toyes F	thise Commission

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Political Comm Credit Card Payment		I Committee	Legal Services The Instruction Guide		Wages	s/Contract Labor	OTHER (enter a category not listed abov	e)
1	Total pages Schedule F1:	2 FILER NA	ME				3 Filer ID	
	Sch: 5/10 Rpt: 12/17	Beck, Eliz						
4	Date	5 Payee nan						
	09/02/2021	Bank of A	merica					
6	Amount (\$)	7 Payee add	ress; City;	State; Zip C	ode			
ŀ	\$20.00	PO Box 1	.5284					
		Wilmingto	on, DE 19850					
8	PURPOSE	(a) Category	(See Categories listed at the t	op of this schedule)	(b)	Description		
	OF EXPENDITURE	Accountir	ng/Banking			<u></u>	outside of Texas. Complete Schedule T.	
					-	Bank Fees	, TX, officeholder living expense	=
						Dank r cco		
9	Complete ONLY if direct	Candidate/0	Officeholder name	Office so	ught	······································	Office held	
	expenditure to benefit C/OI	4			J			
	Date	Payee nar	ne					
	11/01/2021	Bank of A	merica					
	Amount (\$)	Payee add	ress; City;	State; Zip C	ode	***************************************		
	\$20.00	PO Box 1	.5284					
		Wilmingto	on, DE 19850					
	PURPOSE OF	(a) Category	(See Categories listed at the t	op of this schedule)	(b)	Description		
	EXPENDITURE	Accountir	ng/Banking				outside of Texas. Complete Schedule T.	
						Bank Fees	, TX, officeholder living expense	
H	Complete ONLY if direct	Candidate/0	Officeholder name	Office so	ught		Office held	***************************************
	expenditure to benefit C/OI	4			•			
┢	Date	Payee nan	ne					
	12/02/2021	Bank of A	merica					
	Amount (\$)	Payee add	lress; City;	State; Zip C	ode			
	\$20.00	PO Box 1	.5284					
		Wilmingto	on, DE 19850					
	PURPOSE	(a) Category	(See Categories listed at the t	op of this schedule)	(b)	Description		
	OF EXPENDITURE	Accountir	ng/Banking			<u></u>	outside of Texas. Complete Schedule T.	
					ŀ	Bank Fees	, TX, officeholder living expense	
	Complete ONLY if direct	Candidate/C	Officeholder name	Office so	ught		Office held	
	expenditure to benefit C/O				J			
-				,"				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overheatt/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: 6/10 Rpt: 13/17	Beck, Elizabeth
4	Date	5 Payee name
	10/04/2021	Bank of America
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$114.75	PO Box 15284
		Wilmington, DE 19850
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/03/2021	Google
-	Amount (\$)	Payee address; City; State; Zip Code
	\$23.03	501 Ellis St
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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/OI	1
	Date	Payee name
	10/04/2021	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
	ļ	i iosung
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Francel in District 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: 7/10 Rpt: 14/17	Beck, Elizabeth	
4	Date	5 Payee name	
	11/03/2021	Google	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.58	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 <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	-
	12/02/2021	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.58	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/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	09/22/2021	Lone Star Project	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$2,000.00	6 e street se	
		washington, DC 20003	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Contribution	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	-
	- make and the second s		- Nicor

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Food/Beverage Expense Gift Leg

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District above)

Gift/Awards/Memorials Expense Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed a
The Instruction Guide explain	s how to complete this form.	
		3 Filer ID

1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID
	Sch: 8/10 Rpt: 15/17		Beck, Elizabeth		
4	Date	5	Payee name		
	08/02/2021		NGP VAN		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$1,119.30		1445 New York Ave 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
				ŀ	
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/Ol	4			
F	Date		Payee name		
	11/03/2021		NGP VAN		
T	Amount (\$)		Payee address; City; State; Zip C	Code	
	\$1,119.30		1445 New York Ave NW		
			Washington, DC 20005		
	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.
				1	Check If Austin, TX, officeholder living expense Database
一	Complete ONLY if direct		Candidate/Officeholder name Office so	ought	Office held
L	expenditure to benefit C/O	H 			
	Date		Payee name		
	07/09/2021		Vantiv		
	Amount (\$)		Payee address; City; State; Zip C		
	\$53.49		8500 Governor's Hill Drive, Symmes Townshi	ip	
L			Cincinnati, OH 45249		
	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
					Credit Card Fees
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/O	H			
_					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 9/10 Rpt: 16/17 Beck, Elizabeth 4 Date Payee name 09/09/2021 Vantiv Amount (\$) Payee address: City: State; Zip Code \$6.77 8500 Governor's Hill Drive, Symmes Township Cincinnati, OH 45249 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** 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 10/12/2021 Vantiv Payee address; Amount (\$) State; Zip Code City; \$6.19 8500 Governor's Hill Drive, Symmes Township Cincinnati, OH 45249 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit Card Fees Candidate/Officeholder name Complete ONLY if direct Office held Office sought expenditure to benefit C/OH Date Payee name 11/09/2021 Vantiv Amount (\$) Payee address; City; State; Zip Code \$6.48 8500 Governor's Hill Drive, Symmes Township Cincinnati, OH 45249 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** 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

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		mmittee	Gift/Awards/Memorials Exp Legal Services	Salaries/	Expens Wages	se s/Contract Labor	Travel Out of District OTHER (enter a category not listed above	e)	
				The Instruction Guide	e explains now to c	ompie				
1	1 Total pages Schedule F1: 2 FILER NAME									
	Sch: 10/10 Rpt: 17/17		Beck, Elizal	oeth 						
4	Date	5	Payee name							
	12/09/2021		Vantiv							
6	Amount (\$)	7	Payee addre	ss; City; State; Zip Code						
	\$3.21		8500 Governor's Hill Drive, Symmes Township							
			Cincinnati, OH 45249							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the t	on of this schedule)	(b)	Description			
{ } -			Fees	o o datagonoo notaa at ato t	op or and concurry		Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITORE	ENDITORE				Check if Austin, TX, officeholder living expense				
							Credit Card Fees			
						<u> </u>				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Office so	ught		Office held		
	expenditure to benefit C/OH									
	Date		Payee name							
	08/09/2021		Vantiv							
	Amount (\$)		Payee address; City; State; Zip Code							
	\$8.38 8500 Governor's Hill Drive, Symmes Township									
	Cincinnati, OH 45249									
	PURPOSE	(a)	Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description			
OF EXPENDITURE			Fees				Check if travel outside of Texas. Complete Schedule T.			
							Check if Austin, TX, officeholder living expense Credit Card Fees			
							Credit Card Fee	5		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held							Office hold			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
<u> </u>		_								
	Date		Payee name							
				elli Pizza						
	Amount (\$)		Payee address; City; State; Zip Code							
\$97.86 1907 8th Ave										
Fort Worth, TX 76110										
	PURPOSE	(a)	Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description	the transition of the statement of the statement		
				everage Expense			<u></u>	de of Texas. Complete Schedule T.		
LAT LIBITORE								officeholder living expense		
	Community Event Refreshments						nt Keiresninents			
_	Complete ONU V E dine	L	2 = m did = + = (011	in a la a la la u u	018:			Office heald		
	Complete ONLY if direct expenditure to benefit C/OI		Januldate/Offi	iceholder name	Office so	ugnt		Office held		