OFFICIAL RECORD FORM C/OH CANDIDATE / OFFICEHOLDER CITY SECRETARY CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** FT. WORTH, TX 1 Filer ID 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 19 CANDIDATE / MS/MRS/MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Elizabeth NAME Date Received CSO REC'D JUL 15'22 PM1:28 NICKNAME LAST SUFFIX Beck CANDIDATE / Date Hand-delivered or Date Postmarked **OFFICEHOLDER** MAILING Receipt # **ADDRESS** Change of Address **Date Processed** Date Imaged CAMPAIGN MS/MRS/MR FIRST MI TREASURER NAME NICKNAME LAST SUFFIX CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE REPORT TYPE 30th day before election January 15 Runoff 15th day after campaign treasurer appointment (officeholder only) Χ July 15 8th day before election **Exceeded modified** Final Report (Attach C/OH-FR) reporting limit OTOR 3000 FOMA PERIOD long to Day Month Day Year Year COVERED 66/30/2022 01/01/2022 THROUGH NOTARY D 13251518-9 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 05/06/2023 X General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) City Council District 9 City Council District 9 **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

				2 of 19
13 C / OH NAME	Beck, Elizabeth		14 Filer ID	,
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a I officeholders are required to report this information	the candidate's or officeh	older's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC	1		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		 ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 4,600.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 3,775.01
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 6,611.21
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	NICELICIE COYO	I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
	ANGELIQUE SOTO Notary Public, State of T My Commission Expir June 10, 2024 NOTARY ID 13251515	exas es	Candidate or Officehold	leh-
	TARY STAMP / SEAL AB	01: 1-11 Bas	k, this the 15	th day
PLUTE		ertify which, witness my hand and seal of office.		
Signatuke of office	cer administering	Printed name of officer administering	City S	Secretary administering oath
	yes Ethios Commission	unaw othics state tv us	<u> </u>	Varsian V2 5 1 fc99a75c

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 19 **18 FILER NAME** 19 Filer ID Beck, Elizabeth 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 4,600.00 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ X SCHEDULE E: LOANS 0.00 \$ X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 3,775.01 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

www.ethics.state.tx.us

Version V3.5.1.fc88a75c

Forms provided by Texas Ethics Commission

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/5 Rpt: 4/19 2 FILER NAME 3 Filer ID Beck, Elizabeth 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ \$500.00 06/23/2022 Avila, John

		6 Contributor address; City; State; Zip Code 1938 Warner Rd Fort Worth, TX 76110			
8	Principal occu Chairman	pation / Job title (See Instructions)	9 Employer (See Instructions) Byrne Construction		
	Date 06/22/2022	Full name of contributor out-of-state PAC Ayala, Guadalupe Contributor address; City; State; Zip Code 3205 Hemphill St Fort Worth, TX 76110	(ID#:)	Amount of Contribution (\$)	\$500.00
	Principal occu Director	pation / Job title (See Instructions)	Employer (See Instructions) Nasda Capital		
	Date 06/01/2022	Full name of contributor out-of-state PAC Cobb Fendley PAC Contributor address; City; State; Zip Code 13430 Northwest Freeway Houston, TX 77040		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/19/2022	Full name of contributor out-of-state PAC Crum, elisabeth Contributor address; City; State; Zip Code 2524 Greene Avenue fort worth, TX 76109		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/16/2022	Full name of contributor out-of-state PAC Deutsch, Benjamin Contributor address; City; State; Zip Code 2208 Mistletoe Avenue Fort Worth, TX 76110		Amount of Contribution (\$)	\$25.00
	Principal occu Project Mana	pation / Job title (See Instructions)	Employer (See Instructions) Connexio Healthcare		
- 01	rms provided	by Texas Ethics Commission www.e	ethics.state.tx.us	Version V3.5	5.1.fc88a756

WONE	ARY POLITICAL CONTRIBUT	IUNO		SCHEDULI	E A1
The Instru	ction Guide explains how to complete this	s form.	i	Total pages Schedule A1: Sch: 2/5 Rpt: 5/19	
FILER NAME		<u> </u>	3	Filer ID	
Beck, Elizab					
Date 02/16/2022	5 Full name of contributor out-of-state PAC (ID)#:)	7	Amount of Contribution (\$)	\$25.00
0211012022	Deutsch, Benjamin 6 Contributor address; City; State; Zip Code				φευ.υι
	2208 Mistletoe Avenue				
	Fort Worth, TX 76110				
,	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Project Man		Connexio Healthcare			·
Date	Full name of contributor Out-of-state PAC (ID	D#:)	'	Amount of Contribution (\$)	405.00
04/16/2022	Deutsch, Benjamin				\$25.00
	Contributor address; City; State; Zip Code 2208 Mistletoe Avenue				
	2200 Wilstietee Avenue				
	Fort Worth, TX 76110				
•	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
Project Man	ager	Connexio Healthcare			
Date	Full name of contributor out-of-state PAC (ID		Amount of Contribution (\$)		
05/16/2022	Deutsch, Benjamin			\$25,00	
	Contributor address; City; State; Zip Code 2208 Mistletoe Avenue				
	2200 Wilstictor Avenue				
	Fort Worth, TX 76110				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Project Man	ager	Connexio Healthcare			
Date	Full name of contributor out-of-state PAC (ID)#:)		Amount of Contribution (\$)	
06/16/2022					\$25.00
	Contributor address; City; State; Zip Code 2208 Mistletoe Avenue				
	2200 Mistletoe Avende				
	Fort Worth, TX 76110				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Project Man	ager	Connexio Healthcare			
Date	Full name of contributor	0#:)		Amount of Contribution (\$)	
01/15/2022	Dreyfus, Charles	***************************************			\$25.00
	Contributor address; City; State; Zip Code				
	2416 Park Place Ave				
	Fort Worth, TX 76110				
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	s)		
Not Employe	he	Not Employed			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/5 Rpt: 6/19 Filer ID FILER NAME Beck, Elizabeth Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: \$25.00 02/15/2022 Dreyfus, Charles Contributor address; City; State; Zip Code 2416 Park Place Ave Fort Worth, TX 76110 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$25.00 03/15/2022 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 out-of-state PAC (ID#: Amount of Contribution (\$) Date Full name of contributor \$25.00 04/15/2022 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 \$25.00 05/15/2022 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#:_ \$25.00 06/15/2022 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

	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/19	AMAZZA
FILER NAME Beck, Elizab	eth		3	Filer ID	
Date 05/08/2022	Full name of contributor		7	Amount of Contribution (\$)	\$25.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions ADVARRA	<u> </u> 5)		
Date 06/20/2022	Full name of contributor			Amount of Contribution (\$)	\$500.00
Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		
Date 04/06/2022	Full name of contributor out-of-state PAC (ID#:_ For the Children PAC Contributor address; City; State; Zip Code PO Box 169 Fort Worth, TX 76102			Amount of Contribution (\$)	\$500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L S)		
Date 06/20/2022	Full name of contributor		Ī	Amount of Contribution (\$)	***
	Contributor address; City; State; Zip Code 1200 Washington Terrace Fort Worth, TX 76107				\$250.00
Principal occu President	Contributor address; City; State; Zip Code 1200 Washington Terrace	Employer (See Instructions Sid Richardson Founda			\$250.00
•	Contributor address; City; State; Zip Code 1200 Washington Terrace Fort Worth, TX 76107	Employer (See Instructions Sid Richardson Foundat		Amount of Contribution (\$)	\$500.00

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/5 Rpt: 8/19 2 FILER NAME Filer ID Beck, Elizabeth Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#; 06/02/2022 \$250.00 Greenman, Eric Contributor address; City; State; Zip Code 3204 Essex Drive Suite 1000 Mansfield, TX 76063 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Civil Engineer CP&y Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$250.00 06/01/2022 Hanson, Tina Contributor address; City; State; Zip Code 7415 Ledbetter Rd. Arlington, TX 76001 Employer (See Instructions) Principal occupation / Job title (See Instructions) Garver Principal Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$500.00 06/22/2022 Jimenez, Alex Contributor address; City; State; Zip Code 245 Willow Ridge Rd Fort Worth, TX 76103 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$250.00 06/02/2022 Navejar, Rosa Contributor address; City; State; Zip Code 2701 Calder Ct Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Rios Group President

LOANS		SCHEDULE	Ε			
The Instruction Guide explains how to complete this form. 1 Total pages Schedule E: Sch: 1/1 Rpt: 9/19						
2 FILER NAME Beck, Elizabeth	3 Filer ID	AND THE PARTY OF T				
⁴ TOTAL OF UNITEMIZED LOANS		\$	0.00			
5 Date of loan 7 Name of lender out-of-state PAC (ID#:)	9 Loan Amount (\$)				
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code		10 Interest Rate 11 Maturity Date				
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instruction	s)					
14 Description of Collateral None 15 Check if personal funds we limit to the control of the co	ere deposited	d into political account (See Instructions)				
16 GUARANTOR INFORMATION 17 Name of guarantor		19 Amount Guaranteed	(\$)			
not applicable 18 Guarantor address; City; State; Zip Code						
20 Principal occupation 21 Employer (See Instruction	s)					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services The Instruction Guilde explains I	Office Over Polling Exp Printing Exp Salaries/Wa	head ense cense ages/	e Contract Labor		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				3	Filer ID
	Sch: 1/10 Rpt: 10/19		Beck, Elizabeth					
4	Date	5	Payee name					
	01/26/2022		ADP					
6	Amount (\$) \$64.93	7	Payee address; City; State; 620 W Covina Blvd San Dimas, CA 91773	Zip Coo	le			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this scho	edule)		<u></u>		ide of Texas. Complete Schedule T. , officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office soug	jht			Office held
	Date	_	Payee name			-		
L	01/28/2022		ADP					
	Amount (\$) \$56.24		Payee address; City; State; 620 W Covina Blvd	, Zip Cοα	ie			
			San Dimas, CA 91773					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this scho	edule)		<u></u>		ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name C	Office soug	ht			Office held
	Date 02/03/2022		Payee name ActBlue					
	Amount (\$) \$1.51		Payee address; City; State; PO Box 441146 Somerville, MA 02144	; Zip Coo	de			
T	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Fees				, TX	ide of Texas. Complete Schedule T. 1. officeholder living expense PS
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office souç	ght			Office held

SCHEDULE F1

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explai	Polling Expen Printing Exper Salaries/Wage	nse es/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed a	·
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1	Total pages Schedule F1:					3 Filer ID	
_	Sch: 2/10 Rpt: 11/19	Beck, Eliz	abeth				
4	Date	5 Payee nam	e				
	06/03/2022	ActBlue			·····		
6	Amount (\$)	7 Payee addr	•	ate; Zip Code			
	\$1.14	PO Box 4	11146				
		Somerville	e, MA 02144				
8	PURPOSE	(a) Category	See Categories listed at the top of this	schedule) (b) Description		
	OF EXPENDITURE	Fees			Ll	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
					Credit Card F		
9	Complete ONLY if direct	Candidate/O	fficeholder name	Office sough	<u> </u>	Office held	
Ĺ	expenditure to benefit C/OI			3			
	Date	Payee nam					
	01/03/2022	Bank of A	merica 				
	Amount (\$)	Payee addi	•	ate; Zip Code			
	\$20.00	PO Box 1	5284				
		Wilmingto	n, DE 19850				
-	PURPOSE	 	See Categories listed at the top of this	(b) (alubadas) Description		
ŀ	OF	Accountin		s scriedule)		outside of Texas. Complete Schedule T.	
	EXPENDITURE		, ,		_	, TX, officeholder living expense	
					Bank Fees		
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	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sough	t ·	Office held	
F	Date	Payee nam	е				
	02/02/2022	Bank of A	merica				
	Amount (\$)	Payee addi	ess; City; St	ate; Zip Code			
	\$20.00	PO Box 1	·				
		Wilmingto	n, DE 19850				
	PURPOSE OF		See Categories listed at the top of this	s schedule) (b) Description		
	EXPENDITURE	Accountin	g/Banking			outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
					Bank Fees	, TA, Unicertaider Raing expense	
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	expenditure to benefit C/O						
 				· · · · · · · · · · · · · · · · · · ·			

SCHEDULE F1

		EXPENDITURE CATEGORIES FOR BOX 8(a)
	Advertising Expense Accounting/Banking Consulting Expense	Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District
	Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 3/10 Rpt: 12/19	Beck, Elizabeth
4	Date	5 Payee name
	03/02/2022	Bank of America
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	PO Box 15284
		Wilmington, DE 19850
8	PURPOSE	
_	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Bank Fees
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/04/2022	Bank of America
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	PO Box 15284
		Wilmington, DE 19850
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/02/2022	Bank of America
	Amount (\$) \$20.00	Payee address; City; State; Zip Code PO Box 15284
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		Wilmington, DE 19850
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	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Ranking Check if travel outside of Texas. Complete Schedule T.
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		Bank Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	ł

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Gift/Awards/Memorials Expense Il Committee Legal Services	Polling Expense Printing Expense Salaries/Wages	e Contract Labor	Transportation Equipment & Related Expenser Travel in District Travel Out of District OTHER (enter a category not listed above)
		The Instruction Guide explains h	ow to comple		
1	Total pages Schedule F1: Sch: 4/10 Rpt: 13/19	2 FILER NAME Beck, Elizabeth		3	Filer ID
4	Date	5 Payee name			
	06/02/2022	Bank of America	71 6 1		
6	Amount (\$) \$20.00	PO Box 15284	Zip Code		
		Wilmington, DE 19850			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Accounting/Banking	dule) (b)	<u></u>	ide of Texas. Complete Schedule T. , officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O		ffice sought		Office held
	Date	Payee name			
	01/27/2022	GoDaddy			
	Amount (\$) \$118.02	Payee address; City; State; 2299 W. Obispo Ave #201 Gilbert, AZ 85233	Zip Code	-	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	_{dule)} (b)		side of Texas. Complete Schedule T. K, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O		ffice sought		Office held
	Date	Payee name			
	01/28/2022	GoDaddy			
	Amount (\$) \$172.19	Payee address; City; State; 2299 W. Obispo Ave #201 Gilbert, AZ 85233	Zip Code		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	dule) (b)	L	side of Texas. Complete Schedule T. K, officeholder living expense G
	Complete ONLY if direct expenditure to benefit C/O		ffice sought	annen de la companya	Office held
		AMALANA			***************************************

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID Sch: 5/10 Rpt: 14/19 Beck, Elizabeth Date Payee name 01/31/2022 GoDaddy 6 Amount (\$) Payee address; City; State; Zip Code \$318.72 2299 W. Obispo Ave #201 Gilbert, AZ 85233 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Website Hosting Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 01/03/2022 Google Amount (\$) Payee address; State; Zip Code City; \$25,58 501 Ellis St Mountain View, CA 94043 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check If Austin, TX, officeholder living expense Hosting Office sought Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH Date Payee name 02/02/2022 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 Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Hosting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Olficeholder/Political Committee Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Olficeholder/Politica Credit Card Payment	y - al Commit	tee Legal S	/ards/Memorials Expens Services nstruction Guide ex	Salarie	-	/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FII						Filer ID
ľ	Sch: 6/10 Rpt; 15/19	l	eck, Elizabeth					
4	Date 03/03/2022	i	yee name oogle					
6	Amount (\$) \$25.58	50	yee address; 01 Ellis St ountain View, (City; CA 94043	State; Zip (Code		
8	PURPOSE OF EXPENDITURE	(a) Ca	ategory (See Cate	gories listed at the top o /Rental Expense		(b)	Li	de of Texas. Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ididate/Officeholo	der name	Office s	ought		Office held
	Date	Pa	yee name					
	04/04/2022	Go	oogle					
	Amount (\$) \$25.58	50	yee address; 01 Ellis St ountain View, (City;	State; Zip	Code		
	PURPOSE OF EXPENDITURE	(a) Ca	ategory (See Cate	gories listed at the top o /Rental Expense		(b)	<u></u>	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholo	der name	Office s	ought		Office held
	Date 05/02/2022	i .	yee name oogle					
	Amount (\$) \$25.58	50	ayee address; 91 Ellis St ountain View, (City; CA 94043	State; Zip	Code		
	PURPOSE OF EXPENDITURE			gories listed at the top o /Rental Expense		(b)	LI	ide of Texas. Complete Schedule T. , olficeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officeholo	der name	Office s	ought		Office held

SCHEDULE F1

'	CONTRIBUTIO	15	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
-	T-1-1 O-11-1- E4-		
1	Total pages Schedule F1: Sch: 7/10 Rpt: 16/19	2 FILER NAME Beck, Elizabeth 3 Filer ID	
4	Date	Payee name	
	06/03/2022	Google	
6	Amount (\$) \$25.58	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	***************************************
	Date	Payee name	
	02/17/2022	Jane Hope Hamilton For Congress	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code P,O, Box 227046	
		Dallas, TX 75222	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Campaign Contribution (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/03/2022	NGP VAN	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,119.30	1445 New York Ave NW	
	Ψ1,110.00	ATTO NOW FOR TWO	
		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. Check if Austin, TX, officeholder living expense Database	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
i			

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees Food/Beverage Expense

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	7- Gilf/Awards/Memorials Expense Printing Expense Travel Out of District 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: 8/10 Rpt: 17/19	Beck, Elizabeth
4	Date	5 Payee name
	06/23/2022	NGP VAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,123.94	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 Austin, TX, officeholder living expense Database
	1	Dalabase
Ļ		One field to DW and address and the Company of the
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	experience to belieff C/O	
Γ	Date	Payee name
	01/11/2022	Vantiv
<u> </u>	Amount (\$)	Payee address; City; State; Zip Code
	\$3.29	8500 Governor's Hill Drive, Symmes Township
	13.20	
		Cincinnati, OH 45249
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ĺ	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit Card Fees
	,	Credit Card rees
<u> </u>	O	Condidate/Officeholder page Office hald
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
=	Date	Payaganama
	Date	Payee name Vantiv
L	02/09/2022	Vantiv
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.51	8500 Governor's Hill Drive, Symmes Township
	ĺ	
	J	Cincinnati, OH 45249
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.
İ	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit Card Fees
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

POLITICAL EXPENDITURES FROM POLITICAL

SCHEDULE F1

1	CONTRIBUTIONS							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID						
	Sch: 9/10 Rpt: 18/19	Beck, Elizabeth						
4	Date 03/09/2022	5 Payee name Vantiv						
6	Amount (\$) \$4.00	7 Payee address; City; State; Zip Code 8500 Governor's Hill Drive, Symmes Township Cincinnati, OH 45249						
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						
	Date	Payee name						
	04/11/2022	Vantiv						
	Amount (\$) \$3.25	Payee address; City; State; Zip Code 8500 Governor's Hill Drive, Symmes Township						
	DUDDOOF	Cincinnati, OH 45249						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees 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						
	Date	Payee name						
	05/10/2022	Vantiv						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$4.29	8500 Governor's Hill Drive, Symmes Township						
		Cincinnati, OH 45249						
	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 <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held						

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	y - al Co	mmittee	Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services	Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Transportation Equipment & Related Exp Travel in District Travel Out of District OTHER (enter a category not listed abov	
Ļ		T.		The Instruction Guide exp	lains how to cor	nplete this form.			
1	Total pages Schedule F1: Sch: 10/10 Rpt: 19/19	2	FILER NAME Beck, Eliza				3	Filer ID	
4	Date 06/09/2022	5	Payee name Vantiv						
6	Amount (\$) \$5.20	7	Payee addre 8500 Gover Cincinnati,	rnor's Hill Drive, Symm	State; Zip Coo es Township	de		, <u>Anna and an anna an a</u>	
8	PURPOSE OF EXPENDITURE	(a)		ee Categories listed at the top of t	nis schedule)	ii	n, TX	side of Texas. Complete Schedule T. K, officeholder living expense PS	
9	Complete ONLY if direct expenditure to benefit C/O	H	Candidate/Offi	iceholder name	Office soug	jht		Office held	