

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 2em;">4</div>																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">MS / MRS / MR</td> <td style="width:40%; font-size: 8px;">FIRST</td> <td style="width:20%; font-size: 8px;">MI</td> </tr> <tr> <td></td> <td style="text-align: center;">Damon</td> <td style="text-align: center;">C</td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Beierle</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Damon	C	NICKNAME	LAST	SUFFIX		Beierle		<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 1.5em; font-weight: bold;">RECEIVED</div> JUL 09 2019  BURNET CO ELECTIONS  Date Hand-delivered or Date Postmarked  <table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged	
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td>ADDRESS / PO BOX;</td> <td>APT / SUITE #;</td> <td>CITY;</td> <td>STATE;</td> <td>ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">509 Turkey Trot Burnet, TX 79611</td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	509 Turkey Trot Burnet, TX 79611												
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2019</td> <td></td> <td style="text-align: center;">6</td> <td style="text-align: center;">30</td> <td style="text-align: center;">2019</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	1	1	2019		6	30	2019				
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11 ELECTION	<table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td colspan="3" style="text-align: center;">ELECTION DATE</td> <td colspan="3" style="text-align: center;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>			ELECTION DATE			ELECTION TYPE			Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	/	/	/	<input type="checkbox"/> General	<input type="checkbox"/> Special	
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12 OFFICE	OFFICE HELD (if any)  Burnet Co. Commissioner Pct. 2	13 OFFICE SOUGHT (if known)																			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Damon C. Beierle 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

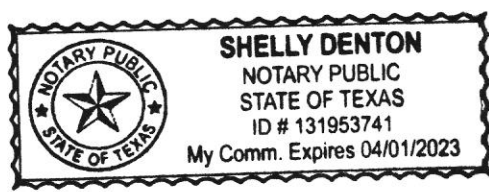
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	<u>N/A</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>- 0 -</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>350.<sup>00</sup></u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>44.<sup>75</sup></u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>44.<sup>75</sup></u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>339.17</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>- 0 -</u>

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Damon C. Beierle, this the 8 day of July, 2019, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath  
Shelly Denton Printed name of officer administering oath  
Notary Title of officer administering oath

# SUBTOTALS - C/OH

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

<b>19</b> FILER NAME		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 350.-
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Damon C. Beierle		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Beierle	7 Amount of contribution (\$) \$ 350. <sup>00</sup>
6 Contributor address; City; State; Zip Code 509 Turkey Trot Burnett TX 78611		
8 Principal occupation / Job title (See Instructions) Home maker		9 Employer (See Instructions) N/A
<del>Blank contribution entry</del>		
<del>Blank contribution entry</del>		
<del>Blank contribution entry</del>		
<del>Blank contribution entry</del>		
<del>Blank contribution entry</del>		
<del>Blank contribution entry</del>		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.