

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: 15	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Damon	MI C	OFFICE USE ONLY Date Received RECEIVED JAN 16 2018 Burnet Co Elections Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME	LAST Beierle	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 509 Turkey Trot	CITY; STATE; ZIP CODE Burnet, TX 78611		
<input type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 585-8215	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Monica	MI J	
	NICKNAME	LAST Beierle	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 509 Turkey Trot Burnet, TX 78611			
8 CAMPAIGN TREASURER PHONE	AREA CODE (830)	PHONE NUMBER 798-4578	EXTENSION	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month Day Year 04 / 18 / 2017 THROUGH 01 / 15 / 2018			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year 03 / 06 / 2018	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Burnet County Commissioner Pct. 2		

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: GENERAL SPECIFIC

COMMITTEE NAME

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	\$ 2,570.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,471.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 229.21
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,350.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 120.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 Beierle, this the 16th day of January, 2018, to certify which, witness my hand and seal of office.

[Signature] Betty L. Trapp Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME
Damon C. Beierle

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$5,901.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \$8,121.43
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:
2 FILER NAME Damon C. Beierle		3 Filer ID (Ethics Commission Filers)
4 Date 08/09/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Beierle	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code PO BOX 892 Burnet, TX 78611		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 8/25/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brett Walker	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 703 Kincheloe Burnet, TX 78611		
Principal occupation / Job title (See Instructions) Probation Officer		Employer (See Instructions) Burnet County
Date 10/17/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie Shell	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 6000 Hwy 281 N Marble Falls, TX 78611		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Shell & Associates, Attorneys
Date 10/26/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cody Henson	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 205 S. Pierce St. Burnet, TX 78611		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law office of Cody Henson, PLLC
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Damon C. Beierle		3 Filer ID (Ethics Commission Filers)
4 Date 10/26/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyler Rockafellow <hr/> 6 Contributor address; City; State; Zip Code 205 S. Pierce Burnet, TX 78611	7 Amount of contribution (\$) \$201.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Law Office of Cody Henson, PLLC
Date 10/31/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Farmer <hr/> Contributor address; City; State; Zip Code 1300 Adam Ave. Burnet, TX 78611	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) I.T. Director		Employer (See Instructions) Hamilton Valley Management
Date 11/7/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan Whitehead <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Burnet
Date 11/7/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Lackey <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) City of Burnet
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Damon C. Beierle		3 Filer ID (Ethics Commission Filers)
4 Date 11/10/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn Mullen 6 Contributor address; City; State; Zip Code 506 E. Kerr Burnet, TX 78611	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Pastor		9 Employer (See Instructions) Hill Country Fellowship
Date 11/10/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crista Bromley Contributor address; City; State; Zip Code 207 Corder Lane Burnet, TX 78611	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/10/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy Thompson Contributor address; City; State; Zip Code PO BOX 246 Burnet, TX 78611	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Bluebonnet Valuation Services, LLC
Date 11/10/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Graham Contributor address; City; State; Zip Code 112 Wallace Riddell Dr. Burnet, TX 78611	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Damon C. Beierle		3 Filer ID (Ethics Commission Filers)
4 Date 11/10/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret Moore 6 Contributor address; City; State; Zip Code 311 Wellow Ribbon Trail Burnet, TX 78611	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/10/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Atkison Contributor address; City; State; Zip Code 2300 CR 250 Burnet, TX 78611	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/10/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lance Collie Contributor address; City; State; Zip Code 301 Julie St. Burnet, TX 78611	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hutto Lucksinger Attorney's
Date 11/10/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miranda Mather Contributor address; City; State; Zip Code 802 Harvey Ave. Burnet, TX 78611	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Salon Owner		Employer (See Instructions) Self-Employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Damon C. Beierle

3 Filer ID (Ethics Commission Filers)

4 Date

11/10/2017

5 Full name of contributor

Claude R. Clinton

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City; State; Zip Code

103 Gregory Cove Burnet, TX 78611

8 Principal occupation / Job title (See Instructions)

Pilot Instructor

9 Employer (See Instructions)

C3 Air, LLC

Date

11/10/2017

Full name of contributor

Keith McBurnett

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$150.00

Contributor address;

City; State; Zip Code

315 Yellow Ribbon Burnet, TX 78611

Principal occupation / Job title (See Instructions)

Superintendent

Employer (See Instructions)

Burnet C.I.S.D.

Date

11/10/2017

Full name of contributor

Max Cardenas

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

712 N. West St. Burnet, TX 78611

Principal occupation / Job title (See Instructions)

Restaurant Owner

Employer (See Instructions)

Bill's Burgers Wings & Things

Date

12/13/2017

Full name of contributor

Robert Klaeger

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

115 Main St. Marble Falls, TX 78654

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

The Klaeger Law Firm

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Damon C. Beierle		3 Filer ID (Ethics Commission Filers)
4 Date 1/10/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie Shell 6 Contributor address; City; State; Zip Code 6000 Hwy 281 N. Marble Falls, TX 78654	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Shell & Associates, Attorneys
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 Damon C. Beierle		3 Filer ID (Ethics Commission Filers)	
4 Date 08/17/2017		5 Payee name OMT Signs & More			
6 Amount (\$) \$151.55		7 Payee address; City; State; Zip Code 1904 West Hwy 29 Burnet, TX 78611			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Vehicle Magnets	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Damon C. Beierle		Office sought Burnet Co. Commissioner Pct. 2	
Date 08/23/2017		Payee name Burnet Bulldog Athletic Booster Club			
Amount (\$) \$525.00		Payee address; City; State; Zip Code PO BOX 1093 Burnet, TX 78611			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sports Program Ad	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Damon C. Beierle		Office sought Burnet Co. Commissioner Pct. 2	
Date 9/13/2017		Payee name OMT Signs & More			
Amount (\$) \$146.14		Payee address; City; State; Zip Code 1904 West Hwy 29 Burnet, TX 78611			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Vehicle Magnets	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Damon C. Beierle		Office sought Burnet Co. Commissioner Pct. 2	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Damon C. Beierle		3 Filer ID (Ethics Commission Filers)	
4 Date 10/20/2017		5 Payee name Unshakable Grounds			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 134 South Main Burnet, TX 78611			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In-store Billboard	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Damon C. Beierle		Office sought Burnet Co. Commissioner Pct. 2	
Date 10/23/2017		Payee name Apoterra Design			
Amount (\$) \$431.25		Payee address; City; State; Zip Code 3811 Willow Dr. Cottonwood Shores, TX 78657			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Designs for: Signs, rack cards, name tag & Business cards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Damon C. Beierle		Office sought Burnet Co. Commissioner Pct. 2	
Date 10/24/2017		Payee name OMT Signs & More			
Amount (\$) \$1,434.31		Payee address; City; State; Zip Code 1904 West Hwy 29 Burnet, TX 78611			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Damon C. Beierle		Office sought Burnet Co. Commissioner Pct. 2	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Damon C. Beierle	3 Filer ID (Ethics Commission Filers)
4 Date 11-9-2017	5 Payee name Delaware Springs GC	
6 Amount (\$) \$1,253.00	7 Payee address; City; State; Zip Code PO BOX 1369 Burnet, TX 78611	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Kick-off Party Rental/Meals
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Damon C. Beierle Office sought: Burnet Co. Commissioner Pct. 2 Office held:	
Date 11/10/2017	Payee name D&W Printing	
Amount (\$) \$256.49	Payee address; City; State; Zip Code 228 S. Water Street Burnet, TX 78611	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing for Rack & Business Cards Name Badges
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Damon C. Beierle Office sought: Burnet Co. Commissioner Pct. 2 Office held:	
Date 11/10/2017	Payee name OMT Signs & More	
Amount (\$) \$722.54	Payee address; City; State; Zip Code 1904 West Hwy 29 Burnet, TX 78611	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 4x6 Signs
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Damon C. Beierle Office sought: Burnet Co. Commissioner Pct. 2 Office held:	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Damon C. Beierle	3 Filer ID (Ethics Commission Filers)
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4 Date 11/20/2017	5 Payee name First State Bank of Burnet
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6 Amount (\$) \$754.00	7 Payee address; City; State; Zip Code PO BOX 10 Burnet, TX 78611
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee \$750.00/Bank Charge \$4.00
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Damon C. Beierle	Office sought Burnet Co. Commissioner Pct. 2	Office held
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Date 11/20/2017	Payee name D&W Printing
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Amount (\$) \$400.57	Payee address; City; State; Zip Code 228 S. Water St. Burnet, TX 78611
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rack Card Printing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Damon C. Beierle	Office sought Burnet Co. Commissioner Pct. 2	Office held
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Date 12/01/2017	Payee name D&W Printing
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Amount (\$) \$64.95	Payee address; City; State; Zip Code 228 S. Water St. Burnet, TX 78611
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Envelopes
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Damon C. Beierle	Office sought Burnet Co. Commissioner Pct. 2	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Damon C. Beierle	3 Filer ID (Ethics Commission Filers)
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4 Date 12/12/2017	5 Payee name Corner Store
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6 Amount (\$) \$53.02	7 Payee address; City; State; Zip Code 101 N. Water St. Burnet, TX 78611
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel in District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Damon C. Beierle	Office sought Burnet Co. Commissioner Pct. 2	Office held
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Date 12/19/2017	Payee name OMT Signs & More
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Amount (\$) \$521.00	Payee address; City; State; Zip Code 1904 West Hwy 29 Burnet, TX 78611
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 4x6 Signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Damon C. Beierle	Office sought Burnet Co. Commissioner Pct. 2	Office held
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Date 1/9/2018	Payee name Thomas Graphics
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Amount (\$) \$871.41	Payee address; City; State; Zip Code PO Box 142226 Austin, TX 78714
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailer #1
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Damon C. Beierle	Office sought Burnet Co. Commissioner Pct. 2	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Damon C. Beierle	3 Filer ID (Ethics Commission Filers)
4 Date 1/10/2018	5 Payee name USPS	
6 Amount (\$) \$436.20	7 Payee address; City; State; Zip Code 508 E. Jackson St. Burnet, TX 78611	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailer #1 Postage
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Damon C. Beierle Office sought: Burnet Co. Commissioner Pct. 2 Office held:	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Damon C. Beierle Office sought: Burnet Co. Commissioner Pct. 2 Office held:	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Damon C. Beierle Office sought: Burnet Co. Commissioner Pct. 2 Office held:	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Damon C. Beierle Office sought: Burnet Co. Commissioner Pct. 2 Office held:	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED