

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: **6**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST DAMON	MI C	OFFICE USE ONLY	
	NICKNAME	LAST BEIERLE	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; 509 TURKEY TROT	APT / SUITE #;	CITY; BURNET TEXAS	STATE; 78611	ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 585-8215	EXTENSION		Date Received RECEIVED JAN 03 2022 BURNET CO ELECTIONS
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS	FIRST MONICA	MI J	Date Hand-delivered or Date Postmarked	
	NICKNAME	LAST BEIERLE	SUFFIX	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); 509 TURKEY TROT		APT / SUITE #;	CITY; BURNET TEXAS	STATE; 78611
8 CAMPAIGN TREASURER PHONE	AREA CODE (830)	PHONE NUMBER 798-4578	EXTENSION		Date Processed
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 Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 07	Day 01	Year 21	THROUGH	Month 12 / Day 31 / Year 21
11 ELECTION	ELECTION DATE Month 03 / Day 01 / Year 22		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description General Special		
12 OFFICE	OFFICE HELD (if any) COUNTY COMMISSIONER PCT 2		13 OFFICE SOUGHT (if known)		
14 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.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME DAMON BEIERLE		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 84.27
	4. TOTAL POLITICAL EXPENDITURES	\$ 1492.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3652.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Damon Beierle, and my date of birth is 11/07/1977.
My address is 509 Turkey Trot, Burnet, TX, 78611, Burnet.
(street) (city) (state) (zip code) (country)

Executed in Burnet County, State of Texas, on the 3rd day of January, 20 22.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:

2

2 FILER NAME

DAMON BEIERLE

3 Filer ID (Ethics Commission Filers)

4 Date

12/1/2021

5 Full name of contributor

DANNY FLOYD

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

6 Contributor address;

City;

State;

Zip Code

3420 CR 252 BERTRAM TEXAS 76550

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

BUSINESS OWNER

9 Employer (See Instructions)

DW HOLDINGS

Date

12/1/2021

Full name of contributor

CHAD CALHOUN

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

Contributor address;

City;

State;

Zip Code

503 SOUTH WATER BURNET TEXAS 78611

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

REAL ESTATE BROKER

Employer (See Instructions)

JIM BERRY RANCH SALES

Date

12/1/2021

Full name of contributor

KEITH MCBURNETT

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

Contributor address;

City;

State;

Zip Code

315 YELLOW RIBBON BURNET TEXAS 78611

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

SUPERINTENDENT

Employer (See Instructions)

BURNET CISD

Date

12/6/2021

Full name of contributor

WAYNE BROWN

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

Contributor address;

City;

State;

Zip Code

4649 CR 200 BURNET TEXAS 78611

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED**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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME DAMON BEIERLE		3 Filer ID (Ethics Commission Filers)
4 Date 12/06/2021	5 Full name of contributor out-of-state PAC (ID#: _____) ROBERT KLAEGER	7 Amount of contribution (\$) 300.00
	6 Contributor address; City; State; Zip Code 115 MAIN STREET MARBLE FALLS TEXAS 78654	
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 12/15/2021	Full name of contributor out-of-state PAC (ID#: _____) DAVY ROBERTS	Amount of contribution (\$) 2,500.00
	Contributor address; City; State; Zip Code 297 KYLIE REA COURT ROUND MOUNTAIN TEXAS 78663	
Principal occupation / Job title (See Instructions) DEVELOPER		Employer (See Instructions) LONESTAR LAND PARTNERS
Date 12/28/2021	Full name of contributor out-of-state PAC (ID#: _____) AB WALTERS	Amount of contribution (\$) 1,000.00
	Contributor address; City; State; Zip Code PO BOX 1669 BURNET TEXAS 78611	
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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 BEIERLE	3 Filer ID (Ethics Commission Filers)
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4 Date 12/3/2021	5 Payee name BURNET COUNTY REPUBLICAN PARTY
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6 Amount (\$) 750.00	7 Payee address; 104 CR 213	City; Bertram	State; TX	Zip Code 78605
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description FILING FEE
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name DAMON BEIERLE	Office sought	Office held COUNTY COMMISSIONER PCT 2
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Date 12/6/2021	Payee name BERTRAM CHAMBER OF COMMERCE
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Amount (\$) 150.00	Payee address; PO BOX 508	City; BERTRAM	State; TEXAS	Zip Code 78605
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description CHRISTMAS FESTIVAL
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name DAMON BEIERLE	Office sought	Office held COUNTY COMMISSIONER PCT 2
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Date 12/7/2021	Payee name TRAILBLAZER GRILLE
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Amount (\$) 58.20	Payee address; 109 WEST MAIN STREET	City; BURNET	State; TEXAS	Zip Code 78611
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE	Description PLANNING DINNER
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name DAMON BEIERLE	Office sought	Office held COUNTY COMMISSIONER PCT 2
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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 | | | |

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1 Total pages Schedule F1:	2 FILER NAME DAMON BEIERLE	3 Filer ID (Ethics Commission Filers)
4 Date 12/23/2021	5 Payee name INMANS	
6 Amount (\$) 450.00	7 Payee address; City; State; Zip Code 809 W Young St Llano TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GIFTS	(b) Description CREW
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name DAMON BEIERLE	Office sought Office held COUNTY COMMISSIONER PCT 2
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought 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
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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