

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: 20																			
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="border-top: 1px dashed black; font-size: 8px;">NICKNAME</td> <td style="border-top: 1px dashed black; font-size: 8px;">LAST</td> <td style="border-top: 1px dashed black; 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		OFFICE USE ONLY								
MS / MRS / MR	FIRST	MI																				
	Damon	C																				
NICKNAME	LAST	SUFFIX																				
	Beierle																					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 8px;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size: 8px;">APT / SUITE #;</td> <td style="width:15%; font-size: 8px;">CITY;</td> <td style="width:15%; font-size: 8px;">STATE;</td> <td style="width:25%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">509 Turkey Trot Burnet, TX 78611</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	509 Turkey Trot Burnet, TX 78611					HAND DELIVERED JAN 5 '26 AM 11:57										
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																		
509 Turkey Trot Burnet, TX 78611																						
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">AREA CODE</td> <td style="width:40%; font-size: 8px;">PHONE NUMBER</td> <td style="width:40%; font-size: 8px;">EXTENSION</td> </tr> <tr> <td>(512)</td> <td>585 8215</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(512)	585 8215		Date Hand-delivered or Date Postmarked														
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(512)	585 8215																					
6 CAMPAIGN TREASURER 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;">Monica</td> <td style="text-align: center;">J</td> </tr> <tr> <td style="border-top: 1px dashed black; font-size: 8px;">NICKNAME</td> <td style="border-top: 1px dashed black; font-size: 8px;">LAST</td> <td style="border-top: 1px dashed black; 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		Monica	J	NICKNAME	LAST	SUFFIX		Beierle		Receipt #	Amount \$							
MS / MRS / MR	FIRST	MI																				
	Monica	J																				
NICKNAME	LAST	SUFFIX																				
	Beierle																					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; font-size: 8px;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; font-size: 8px;">APT / SUITE #;</td> <td style="width:15%; font-size: 8px;">CITY;</td> <td style="width:10%; font-size: 8px;">STATE;</td> <td style="width:10%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">509 Turkey Trot Burnet TX 78611</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	509 Turkey Trot Burnet TX 78611													
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)											
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:15%; font-size: 8px;">Year</td> <td style="width:10%; font-size: 8px;">THROUGH</td> <td style="width:10%; font-size: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:10%; font-size: 8px;">Year</td> </tr> <tr> <td style="text-align: center;">7</td> <td style="text-align: center;">/ 1</td> <td style="text-align: center;">/ 2025</td> <td></td> <td style="text-align: center;">12</td> <td style="text-align: center;">/ 31</td> <td style="text-align: center;">/ 2025</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	7	/ 1	/ 2025		12	/ 31	/ 2025					
Month	Day	Year	THROUGH	Month	Day	Year																
7	/ 1	/ 2025		12	/ 31	/ 2025																
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 8px;">ELECTION DATE</td> <td colspan="3" style="font-size: 8px;">ELECTION TYPE</td> </tr> <tr> <td style="width:10%; font-size: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:10%; font-size: 8px;">Year</td> <td style="width:10%;"><input checked="" type="checkbox"/> Primary</td> <td style="width:10%;"><input type="checkbox"/> Runoff</td> <td style="width:10%;"><input type="checkbox"/> Other Description</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">/ 4</td> <td style="text-align: center;">/ 2026</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 checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	3	/ 4	/ 2026	<input type="checkbox"/> General	<input type="checkbox"/> Special				
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3	/ 4	/ 2026	<input type="checkbox"/> General	<input type="checkbox"/> Special																		
12 OFFICE	OFFICE HELD (if any) Commissioner Dist. 2	13 OFFICE SOUGHT (if known)																				
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<p style="font-size: 8px; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width:20%; border: 1px solid black;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> GENERAL	COMMITTEE NAME	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS											
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	COMMITTEE CAMPAIGN TREASURER ADDRESS																					

GO TO PAGE 2

SUBTOTALS - C/OH

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

19 FILER NAME

Damon Brickle

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,750.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 565.00
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	\$ 9,392.73
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 checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1204.11
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	\$

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME

Damon Bieck

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1015.00
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,765.00
3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 473.57
4.	TOTAL POLITICAL EXPENDITURES	\$ 9,866.30
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 593.01
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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

OR

(2) Unsworn Declaration

My name is Damon Bieck, and my date of birth is 11/07/1977

My address is 509 Turkeyfoot Bunnet, Bunnet, TX 78611, US

Executed in Bunnet County, State of Texas, on the 5th day of January, 2026

(city) (state) (zip code) (country)
(street)
(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: 7
2 FILER NAME Damon C Beierle		3 Filer ID (Ethics Commission Filers)
4 Date 9/11/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Wanda Kauffman	7 Amount of contribution (\$) 300.⁰⁰
6 Contributor address; City; State; Zip Code 509 Eagle Ridge Burnett TX 78611		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 9/30/2025	Full name of contributor out-of-state PAC (ID#: _____) Johnnie B Rogers	Amount of contribution (\$) 100.⁰⁰
Contributor address; City; State; Zip Code PO Box 190 Briggs TX 78608		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 9/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Monica Beierle	Amount of contribution (\$) 300.⁰⁰
Contributor address; City; State; Zip Code 509 Turkey Trot Burnett TX 78611		
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) Double Eagle Entertainment
Date 11/4/25	Full name of contributor out-of-state PAC (ID#: _____) Doug Exberg	Amount of contribution (\$) \$500.⁰⁰
Contributor address; City; State; Zip Code 1934 Dunston Rd Houston TX 77005		
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Damon C Beierle		3 Filer ID (Ethics Commission Filers)
4 Date 11/6/25	5 Full name of contributor out-of-state PAC (ID#: _____) Denis Langley	7 Amount of contribution (\$) \$100.-
6 Contributor address; City; State; Zip Code 302 Highlander Burnet TX 78611		
8 Principal occupation / Job title (See Instructions) Contractor		9 Employer (See Instructions) Self
Date 11/6/25	Full name of contributor out-of-state PAC (ID#: _____) Russell T-tor	Amount of contribution (\$) \$100.-
Contributor address; City; State; Zip Code 2920 CR 202 Burnet TX 78611		
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Self
Date 11/6/25	Full name of contributor out-of-state PAC (ID#: _____) Larry Atkinson	Amount of contribution (\$) \$300.-
Contributor address; City; State; Zip Code 2300 CR 250 Burnet TX 78611		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/6/25	Full name of contributor out-of-state PAC (ID#: _____) Keith Mc Burnett	Amount of contribution (\$) \$200.-
Contributor address; City; State; Zip Code 315 Yellow Ribbon Burnet TX 78611		
Principal occupation / Job title (See Instructions) Asst. City Manager		Employer (See Instructions) City of Burnet

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Damon C Beierle		3 Filer ID (Ethics Commission Filers)
4 Date 11/6/25	5 Full name of contributor out-of-state PAC (ID#: _____) Lee Carney	7 Amount of contribution (\$) \$100.-
6 Contributor address; City; State; Zip Code 634 Oak Vista Dr Burnet TX 79611		
8 Principal occupation / Job title (See Instructions) Service Rep.		9 Employer (See Instructions) HP
Date 11/6/25	Full name of contributor out-of-state PAC (ID#: _____) Bill Pell	Amount of contribution (\$) \$100.-
Contributor address; City; State; Zip Code 7041 NUS 281 Burnet Burnet TX 79611		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/6/25	Full name of contributor out-of-state PAC (ID#: _____) John Schank	Amount of contribution (\$) \$500.-
Contributor address; City; State; Zip Code 7400 CR 252 Burnet Burnet TX 78605		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/6/25	Full name of contributor out-of-state PAC (ID#: _____) Stacy Smith	Amount of contribution (\$) \$100.-
Contributor address; City; State; Zip Code 1429 Carson Way Burnet TX 79611		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Damon C Beierle		3 Filer ID (Ethics Commission Filers)
4 Date 11/6/25	5 Full name of contributor out-of-state PAC (ID#: _____) Benjamin Borchering	7 Amount of contribution (\$) \$1,000.-
6 Contributor address; City; State; Zip Code 11065 Harbor Bay Fishers IN 46040		
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) American Strucker point
Date 11/6/25	Full name of contributor out-of-state PAC (ID#: _____) Robert & Donna Klazger	Amount of contribution (\$) \$250.-
Contributor address; City; State; Zip Code 620 Hi Ridge Horseshoe Day TX 78657		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) ^
Date 11/6/25	Full name of contributor out-of-state PAC (ID#: _____) Tim & Darlene Denton	Amount of contribution (\$) \$150.-
Contributor address; City; State; Zip Code 333 Fox Run Burnet TX 78611		
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) Church of Christ
Date 11/6/23	Full name of contributor out-of-state PAC (ID#: _____) Ricky & Ann Langley	Amount of contribution (\$) \$300.-
Contributor address; City; State; Zip Code 717 N Wether Burnet TX 78611		
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Damon C Beierle		3 Filer ID (Ethics Commission Filers)
4 Date 11/6/25	5 Full name of contributor out-of-state PAC (ID#: _____) Julie Boyd	7 Amount of contribution (\$) \$100.⁰⁰
6 Contributor address; City; State; Zip Code 128 RockBl-H Kingsland TX 79639		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 11/7/25	Full name of contributor out-of-state PAC (ID#: _____) Wayne & Mary Brown	Amount of contribution (\$) \$500.⁻
Contributor address; City; State; Zip Code 4649 CR200 Burnet TX 78611		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

Date 11/13/25	Full name of contributor out-of-state PAC (ID#: _____) Janet Parker	Amount of contribution (\$) \$200.⁰⁰
Contributor address; City; State; Zip Code 3249 CR112 Burnet TX 78611		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

Date 11/14/25	Full name of contributor out-of-state PAC (ID#: _____) Tyler Rockafellow	Amount of contribution (\$) \$1000.⁰⁰
Contributor address; City; State; Zip Code 201 CR 301 Burnet TX 78611		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Damon C Beierle		3 Filer ID (Ethics Commission Filers)
4 Date 11/17/25	5 Full name of contributor out-of-state PAC (ID#: _____) Mikki Castle	7 Amount of contribution (\$) \$250.⁰⁰
	6 Contributor address; City; State; Zip Code 4610 CR 108 Burnet TX 78611	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/24/25	Full name of contributor out-of-state PAC (ID#: _____) Cindy Abel	Amount of contribution (\$) \$500.⁰⁰
	Contributor address; City; State; Zip Code 7473 S Hwy 281 Lampasas TX 76550	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/1/25	Full name of contributor out-of-state PAC (ID#: _____) Noe Reyes	Amount of contribution (\$) \$250.⁰⁰
	Contributor address; City; State; Zip Code 229 Titteric Way Austin, TX 78737	
Principal occupation / Job title (See Instructions) A Honey		Employer (See Instructions) MVBA
Date 12/2/25	Full name of contributor out-of-state PAC (ID#: _____) Carl Chambers	Amount of contribution (\$) \$250.⁰⁰
	Contributor address; City; State; Zip Code 2460 CR 200 Burnet TX 78611	
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Damon C Beierle		3 Filer ID (Ethics Commission Filers)
4 Date 12/8/25	5 Full name of contributor out-of-state PAC (ID#: _____) Tres Clinton	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code PO Box 1042 Burnet TX 78611		
8 Principal occupation / Job title (See Instructions) Entrepreneur		9 Employer (See Instructions) CB
Date 12/17/25	Full name of contributor out-of-state PAC (ID#: _____) Shirley Bullard	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 352 Columbia meadow lks TX 78634		
Principal occupation / Job title (See Instructions) HR Director		Employer (See Instructions) Burnet County
Date 12/17/25	Full name of contributor out-of-state PAC (ID#: _____) Steve Anderson	Amount of contribution (\$) \$400.00
Contributor address; City; State; Zip Code 2109 CR112 Burnet TX 78611		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/30/25	Full name of contributor out-of-state PAC (ID#: _____) Lee Doughtie	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2130 CR 226 Lampasas TX 76550		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Damon Beierle		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/5/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen DeBerry	8 Amount of Contribution \$ \$240.00	9 In-kind contribution description Wine
7 Contributor address; City; State; Zip Code 7055 Hwy 29 Burnet TX 79611		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business Owner		11 Employer (FOR NON-JUDICIAL)(See Instructions) Torr NaLochs	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beau Ingram	Amount of Contribution \$ \$125.00	In-kind contribution description Meat for Party
Contributor address; City; State; Zip Code 101 Metulies Pt. Burnet TX 79611		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business Owner		Employer (FOR NON-JUDICIAL)(See Instructions) The Draft	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 2	
2 FILER NAME Damon Beirle		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/6/25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren Carney	8 Amount of Contribution \$ \$200.00	9 In-kind contribution description Be-Indre
7 Contributor address; City; State; Zip Code 634 Oakvish Beant TX 79611		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business Owner		11 Employer (FOR NON-JUDICIAL)(See Instructions) Night Owl Events	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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: <u>6</u>	2 FILER NAME <u>Damon Beierle</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>8/21/2025</u>	5 Payee name <u>Burnet County Republican Club</u>	
6 Amount (\$) <u>\$521.15</u>	7 Payee address; City; State; Zip Code <u>PO Box 792 Marble Falls TX 78654</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>	(b) Description <u>Event Sponsorship</u>
	(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 <u>Damon Beierle</u>	Office sought <u>Commissioner 2</u>
Date <u>9/2/2025</u>	Payee name <u>Imprint.com</u>	
Amount (\$) <u>256.01</u>	Payee address; City; State; Zip Code <u>14550 Beechnut St. Houston TX 77083</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertiser</u>	Description <u>Hand Fans</u>
	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 <u>Damon Beierle</u>	Office held <u>Commissioner 2</u>
Date <u>9/19/2025</u>	Payee name <u>XLR8</u>	
Amount (\$) <u>364.50</u>	Payee address; City; State; Zip Code <u>1002 North Water Burnet TX 78611</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>T-shirts</u>
	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 <u>Damon Beierle</u>	Office held <u>Commissioner 2</u>

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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			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Danon Beierle	3 Filer ID (Ethics Commission Filers)
4 Date 10/7/2025	5 Payee name OMT Signs : More	
6 Amount (\$) 216.50	7 Payee address; City; State; Zip Code 1844 Hwy 29w Burnet TX 78611	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Danon Beierle	Office sought Office held Commissioner 2
Date 11/5/2025	Payee name XLR8	
Amount (\$) \$216.50	Payee address; City; State; Zip Code 1002 North Waker Burnet TX 78611	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Koozies
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name DANON BEIERLE	Office sought Office held Commissioner 2
Date 11/7/2025	Payee name HEB	
Amount (\$) \$143.00	Payee address; City; State; Zip Code 1503 Fm 1431 Marble Falls TX 78654	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food & Beverage
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name DANON BEIERLE	Office sought Office held Commissioner 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 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: 6	2 FILER NAME Damon Beierle	3 Filer ID (Ethics Commission Filers)
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4 Date 11/7/25	5 Payee name HEB
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6 Amount (\$) \$136.45	7 Payee address; 105 S Boundary	City; Burnet	State; TX	Zip Code 79611
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Food & Beverage
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Damon Beierle	Office sought	Office held Commissioner 2
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Date 11/17/25	Payee name Burnet County Republican Party
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Amount (\$) \$750.00	Payee address; 706 Harvey Ave	City; Burnet	State; TX	Zip Code 79611
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Filing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Damon Beierle	Office sought	Office held Commissioner 2
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Date 11/17/25	Payee name OMT Signs & More
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Amount (\$) 4,229.72	Payee address; 1844 Hwy 29W	City; Burnet	State; TX	Zip Code 79611
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Damon Beierle	Office sought	Office held Commissioner 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			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>6</u>	2 FILER NAME <u>Danon Beierle</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>11/18/25</u>	5 Payee name <u>Barton Chamber of Commerce</u>	
6 Amount (\$) <u>\$500.00</u>	7 Payee address; City; State; Zip Code <u>Po Box 508 Barton TX 78605</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>	(b) Description <u>Event Sponsor</u>
	(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 <u>Danon Beierle</u>	Office sought <u>Commission 2</u>
Date <u>11/20/25</u>	Payee name <u>D:W Printing</u>	
Amount (\$) <u>\$223.54</u>	Payee address; City; State; Zip Code <u>Po Box 1631 Burnet TX 78611</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising/Printing</u>	Description <u>Name Badges: Invitations</u>
	(c) 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 <u>Danon Beierle</u>	Office held <u>Commission 2</u>
Date <u>12/3/25</u>	Payee name <u>Vista Print</u>	
Amount (\$) <u>186.17</u>	Payee address; City; State; Zip Code <u>Box 37429 Lexington MA 01731</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing</u>	Description <u>Door Hangers</u>
	(c) 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 <u>Danon Beierle</u>	Office held <u>Commission 2</u>

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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)

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|--|-------------------------------|--------------------------------|--|
| 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: <u>6</u>	2 FILER NAME <u>Damon Beirle</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>12/11/25</u>	5 Payee name <u>KBEY FM</u>	
6 Amount (\$) <u>\$695.⁰⁰</u>	7 Payee address; City; State; Zip Code <u>6000 N US 281 Marble Falls TX 78654</u>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>	(b) Description <u>Radio Ads</u>
	(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 <u>Damon Beirle</u>	Office sought <u>Commissioner 2</u>
Date <u>12/16/25</u>	Payee name <u>D:W Printing</u>	
Amount (\$) <u>373.46</u>	Payee address; City; State; Zip Code <u>PO Box 1631 Burnet TX 78611</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing</u>	Description <u>Push Cards</u>
	(c) 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 <u>Damon Beirle</u>	Office held <u>Commissioner 2</u>
Date <u>12/24/25</u>	Payee name <u>Burnet County Republican Club</u>	
Amount (\$) <u>260.73</u>	Payee address; City; State; Zip Code <u>PO Box 792 Marble Falls TX 78654</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Event Sponsorship</u>
	(c) 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 <u>Damon Beirle</u>	Office held <u>Commissioner 2</u>

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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			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Damon Beirle	3 Filer ID (Ethics Commission Filers)
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4 Date 12/29/25	5 Payee name Treaton Nelson
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6 Amount (\$) 160. ⁰⁰	7 Payee address; 1108 Adam Ave.	City; Burket	State; TX	Zip Code 78611
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Sign Help
	(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 Beirle	Office sought	Office held Commissioner 2
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Date 12/29/25	Payee name Dyson Nelson
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Amount (\$) 160. ⁰⁰	Payee address; 1108 Adam Ave.	City; Burket	State; TX	Zip Code 78611
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Sign Help
	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 Beirle	Office sought	Office held Commissioner 2
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <i>2</i>	2 FILER NAME <i>Damon Beierle</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/16/2025</i>	5 Payee name <i>Walmart</i>	
6 Amount (\$) <i>247.00</i> <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code <i>2700 US291 Marble Falls TX 78654</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Candy : Cookies for Parade</i>
	(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 <i>Damon Beierle</i>	Office sought <i>Commissioner 2</i>
Date <i>10/1/2025</i>	Payee name <i>U Printing. com</i>	
Amount (\$) <i>290.97</i> <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <i>8000 Haskall Ave. Van Nuys CA 91406</i>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Stickers</i>
	(c) 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 <i>Damon Beierle</i>	Office held <i>Commissioner 2</i>
Date <i>10/14/2025</i>	Payee name <i>U Printing. com</i>	
Amount (\$) <i>408.40</i> <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <i>8000 Haskall Ave. Van Nuys CA 91406</i>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Banner</i>
	(c) 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 <i>Damon Beierle</i>	Office held <i>Commissioner 2</i>

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	Damen Beierle	
4 Date	5 Payee name	
10/21/2025	U Printing. com	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
115.76 <small>Reimbursement from political contributions intended</small>	8000 Haskell Ave.	Van Nuys CA 91406
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising	stickers
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 <small>Complete ONLY if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name	Office sought Office held
	Damen Beierle	Commissioner 2
Date	Payee name	
11/1/25	Webstaurant Store	
Amount (\$)	Payee address;	City; State; Zip Code
141.98 <small>Reimbursement from political contributions intended</small>	2205 Old Philadelphia Pike	Lancaster PA 17602
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Event Expense	Glasses
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<small>Complete ONLY if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name	Office sought Office held
	Damen Beierle	Commissioner 2
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<small>Reimbursement from political contributions intended</small>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<small>Complete ONLY if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name	Office sought Office held

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