

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: <i>1</i>	2 FILER NAME <i>Damon C Brickle</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/15/2026</i>	5 Payee name <i>XLR8</i>	
6 Amount (\$) <i>216.50</i>	7 Payee address; <i>1002 N. Water</i>	City; State; Zip Code <i>Burnet TX 78611</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Koozies</i>
	(c) <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 <i>Damon Brickle</i>	Office sought: <i>Comm Rep. 2</i> Office held: <i>Comm Rep. 2</i>
Date <i>1/15/2026</i>	Payee name <i>Victory Media</i>	
Amount (\$) <i>1135.00</i>	Payee address; <i>6000 Nus 281</i>	City; State; Zip Code <i>Marble Falls TX 78654</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Magazine : Digital</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Damon Brickle</i>	Office sought: <i>Comm Rep. 2</i> Office held: <i>Comm Rep. 2</i>
Date <i>1/29/2026</i>	Payee name <i>KBey</i>	
Amount (\$) <i>780.00</i>	Payee address; <i>6000 Nus 281</i>	City; State; Zip Code <i>Marble Falls TX 78654</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Radio</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Damon Brickle</i>	Office sought: <i>Comm Rep. 2</i> Office held: <i>Comm Rep. 2</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 C Bielik		3 Filer ID (Ethics Commission Filers)
4 Date 1/27/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Page	7 Amount of contribution (\$) 100.⁰⁰
6 Contributor address; City; State; Zip Code 104 Cinnamon LP Burnet TX 78611		
8 Principal occupation / Job title (See Instructions) Loan officer		9 Employer (See Instructions) First State Bank
Date 1/27/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon Griffin JR	Amount of contribution (\$) 500.⁰⁰
Contributor address; City; State; Zip Code 2800 Northwood Austin TX 78703		
Principal occupation / Job title (See Instructions) Attorney / Investor		Employer (See Instructions) Self
Date 1/27/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rita Chapin	Amount of contribution (\$) 300.⁰⁰
Contributor address; City; State; Zip Code 2215 CR 2240 Lampasas TX 76550		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 C Beierle		3 Filer ID (Ethics Commission Filers)
4 Date 1/5/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Stracke	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 101 Morgan Cove Burnet TX 78611		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 1/5/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Graham	Amount of contribution (\$) \$240.00
Contributor address; City; State; Zip Code 112 Wallace Riddell Dr Burnet TX 78611		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/14/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerriz McCall	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code PO Box 333 Briggs TX 79609		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/16/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Atkison	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 2300 CR 250 Burnet TX 78611		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2140. 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	\$ 2121.50
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	\$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Damon C Beisole</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,140.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>232.78</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2364.28</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>368.73</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 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 Beisole, and my date of birth is 11/07/1977.
My address is 509 Turkey Trot, Burnet, TX, 79611, US.
(street) (city) (state) (zip code) (country)

Executed in Burnet County, State of Texas, on the 2nd day of February, 20 21.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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 FIRST MI
MR Damon C

NICKNAME LAST SUFFIX
Beierle

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
*509 Turkey Trot
Burnet, TX 78611*

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 585-8215

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mrs Monica J

NICKNAME LAST SUFFIX
Beierle

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
*509 Turkey Trot
Burnet, TX 78611*

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(830) 798-4578

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
1 / 1 / 2026 THROUGH 2 / 2 / 2026

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff Other Description
3 / 3 / 2026 General Special

12 OFFICE

OFFICE HELD (if any)
Pct 2 Commissioner

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.

<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

RECEIVED

FEB 02 2026

BURNET CO ELECTIONS

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2