

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: _____ MI: _____ NICKNAME: <u>MATTHEW</u> LAST: <u>BESCH</u> SUFFIX: <u>BRUCE</u>	<b>OFFICE USE ONLY</b>	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #: <u>1487 CR 210 WEIMAR TX.</u> CITY; STATE; ZIP CODE: <u>78962</u>	Date Received <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>                      FEB 28 2024                      BY: <u>B</u>  <u>Handdelivered</u>                      Date Hand-delivered or Date Postmarked                 </div>	
<b>5</b> CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: <u>(713)</u> PHONE NUMBER: <u>494-6944</u> EXTENSION: _____		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: _____ MI: _____ NICKNAME: <u>MATTHEW</u> LAST: <u>BESCH</u> SUFFIX: <u>B</u>	Receipt #	Amount \$
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <u>1487 CR 210 WEIMAR, TX.</u> CITY; STATE; ZIP CODE: <u>78962</u>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE: <u>(713)</u> PHONE NUMBER: <u>494-6944</u> EXTENSION: _____		
<b>9</b> REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month Day Year      THROUGH      Month Day Year <u>02/05/2024</u> <u>02/27/2024</u> <u>02/05/2024</u>		
<b>11</b> ELECTION	ELECTION DATE Month Day Year <u>03/05/2024</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known) <u>COLORADO COUNTY TAX ASSESSOR COLLECTOR</u>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME MATTHEW BRUCE BESCH 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)


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

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	<u>MATTHEW BRUCE BESCH</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>1487 CR 210 WEIMAR, TX 78962</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>MATTHEW BRUCE BESCH</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>1487 CR 210 WEIMAR, TX 78962</u>

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 168 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 168 <sup>00</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Bruce Besch  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Joyce M. Guthmann, this the 28<sup>th</sup> day of February, 2024, to certify which, witness my hand and seal of office.

Joyce M. Guthmann Signature of officer administering oath  
Joyce M. Guthmann Printed name of officer administering oath  
NOTARY Title of officer administering oath

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <b>MATTHEW BRUCE BESH</b>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date	<b>5</b> Payee name				
<b>6</b> Amount (\$) <b>168<sup>00</sup></b>	<b>7</b> Payee address; City; State; Zip Code <b>1487 CR 210 WEIMAR, TX 78962</b>				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border: none;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	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			
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# STANDARD AGREEMENT FORM FOR POLITICAL BROADCASTS

STATION... 48.3 KULM ..... 2-14-24

LOCATION... Columbus, TX .....

Gentlemen:

I, X BRUCE BESEH ..... (being) (representing) (supporting) .....

qualified candidate for the office of Tax Assessor Collector ..... a legally qualified candidate in the March 5, 2024 election, do hereby make request for station time as follows:

DATE(S) 2-15 + 2-16 .....

2-19 thru 2-23 .....

TIME 2x per day .....

RATE \$12 .....

pd. CASH ✓  
TOTAL COST \$ 168.00 XX

I represent herewith that the cash ) tendered herewith in advance payment for the above described broadcast time has been furnished by ..... and you are directed to so describe the sponsor in your log, or otherwise, and to announce the program as paid for by such person(s).

It is my understanding that: The above is the same uniform rate for comparable station time charged all such other candidates for the same public office described above; the charges above do not exceed the charges made for comparable use of said station for other purposes; and the same is agreeable to me.

In the event that the facilities of the station are utilized for the above stated purpose, I agree to abide by all provisions of the Communications Act of 1934, as amended, and rules and regulations of the Federal Communications Commission governing such broadcasts, in particular those provisions reprinted on the back hereof, which I have read and understand. I further agree to indemnify and hold harmless the station for any damages or liability that may ensue from the performance of said broadcasts.

For the above broadcast I agree to prepare a script or transcription, same to be in the hands of the station at least ..... before the time of the scheduled broadcast above.

Signature Bruce Besch .....

Accepted) Rejected) by Dan Ruppert .....  
For Station KULM .....

Title candidate .....

If rejected, the reasons therefor are as follows:

This application, whether accepted or rejected, will be available for public inspection, in accordance with FCC Regulations (AM, Section 3.190; FM, Section 3.290; TV, Section 3.657).

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME **MATTHEW BRUCE BESH** 3 Filer ID (Ethics Commission Filers)

4 Date **02/28/24** 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) **TRAFCO** 7 Amount of contribution (\$)  
6 Contributor address; City; State; Zip Code **ENGLE LAKE, TX.** **DONATE SIGNS**

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

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)

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)

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.