

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: 16 | | | | | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:40%; font-size: 0.8em;">FIRST</td> <td style="width:40%; font-size: 0.8em;">MI</td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="font-size: 0.8em;">LAST</td> <td style="font-size: 0.8em;">SUFFIX</td> </tr> </table> <p style="margin: 0;"> Mr DAVID W BEEBE </p> | MS / MRS / MR | FIRST | MI | NICKNAME | LAST | SUFFIX | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="margin: 0;">Date Received</p> <p style="margin: 0; font-size: 1.2em; color: blue;">FILED FOR RECORD at 2:48 PM</p> <p style="margin: 0; font-size: 1.2em; color: blue;">FEB 23 2026</p> <p style="margin: 0; font-size: 1.2em; color: blue; text-align: center;"><i>Carolina A. Catano</i> COUNTY CLK, PRESIDIO CO.</p> <table style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; font-size: 0.8em;">Receipt #</td> <td style="width:50%; font-size: 0.8em;">Amount \$</td> </tr> <tr> <td style="font-size: 0.8em;">Date Processed</td> <td></td> </tr> <tr> <td style="font-size: 0.8em;">Date Imaged</td> <td></td> </tr> </table> </div> | | Receipt # | Amount \$ | Date Processed | | Date Imaged | |
| MS / MRS / MR | FIRST | MI | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | |
| Receipt # | Amount \$ | | | | | | | | | | | | | | |
| Date Processed | | | | | | | | | | | | | | | |
| Date Imaged | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 0.8em;">ADDRESS / PO BOX,</td> <td style="width:15%; font-size: 0.8em;">APT / SUITE #,</td> <td style="width:15%; font-size: 0.8em;">CITY,</td> <td style="width:15%; font-size: 0.8em;">STATE,</td> <td style="width:25%; font-size: 0.8em;">ZIP CODE</td> </tr> </table> <p style="margin: 0;"> Po Box 70 MARFA TX 79843 </p> <p style="margin: 0;"><input type="checkbox"/> Change of Address</p> | | | ADDRESS / PO BOX, | APT / SUITE #, | CITY, | STATE, | ZIP CODE | | | | | | | |
| ADDRESS / PO BOX, | APT / SUITE #, | CITY, | STATE, | ZIP CODE | | | | | | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">AREA CODE</td> <td style="width:40%; font-size: 0.8em;">PHONE NUMBER</td> <td style="width:40%; font-size: 0.8em;">EXTENSION</td> </tr> </table> <p style="margin: 0;"> (432) 295-3494 </p> | | | AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | |
| AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:40%; font-size: 0.8em;">FIRST</td> <td style="width:40%; font-size: 0.8em;">MI</td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="font-size: 0.8em;">LAST</td> <td style="font-size: 0.8em;">SUFFIX</td> </tr> </table> <p style="margin: 0;"> Mr DAVID W BEEBE </p> | | | MS / MRS / MR | FIRST | MI | NICKNAME | LAST | SUFFIX | | | | | | |
| MS / MRS / MR | FIRST | MI | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: 0.8em;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; font-size: 0.8em;">APT / SUITE #,</td> <td style="width:15%; font-size: 0.8em;">CITY,</td> <td style="width:15%; font-size: 0.8em;">STATE,</td> <td style="width:15%; font-size: 0.8em;">ZIP CODE</td> </tr> </table> <p style="margin: 0;"> 110 W. TEXAS ST MARFA TX 79843 </p> <p style="margin: 0; font-size: 0.8em;">(Residence or Business)</p> | | | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #, | CITY, | STATE, | ZIP CODE | | | | | | | |
| STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #, | CITY, | STATE, | ZIP CODE | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">AREA CODE</td> <td style="width:40%; font-size: 0.8em;">PHONE NUMBER</td> <td style="width:40%; font-size: 0.8em;">EXTENSION</td> </tr> </table> <p style="margin: 0;"> (432) 295-3494 </p> | | | AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | |
| AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | | | | | |
| 9 REPORT TYPE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> January 15</td> <td style="width:25%;"><input type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" 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 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 Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | |
| <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 Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | | | | | |
| 10 PERIOD COVERED | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 0.8em;">Month</td> <td style="width:10%; font-size: 0.8em;">Day</td> <td style="width:15%; font-size: 0.8em;">Year</td> <td style="width:10%; font-size: 0.8em;">THROUGH</td> <td style="width:10%; font-size: 0.8em;">Month</td> <td style="width:10%; font-size: 0.8em;">Day</td> <td style="width:15%; font-size: 0.8em;">Year</td> </tr> </table> <p style="margin: 0; font-size: 1.2em;"> 02 / 03 / 2026 THROUGH 02 / 21 / 2026 </p> | | | Month | Day | Year | THROUGH | Month | Day | Year | | | | | |
| Month | Day | Year | THROUGH | Month | Day | Year | | | | | | | | | |
| 11 ELECTION | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: 0.8em;">ELECTION DATE</td> <td style="width:60%; font-size: 0.8em;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 0.8em;">Month Day Year</td> <td> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table> <p style="margin: 0; font-size: 1.2em;"> 03 / 03 / 2026 </p> | | | ELECTION DATE | ELECTION TYPE | Month Day Year | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | |
| ELECTION DATE | ELECTION TYPE | | | | | | | | | | | | | | |
| Month Day Year | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | | | | | | |
| 12 OFFICE | 12 OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) COUNTY JUDGE | | | | | | | | | | | | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | <p style="font-size: 0.8em; 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;"> <tr> <td style="width:20%; font-size: 0.8em;">COMMITTEE TYPE</td> <td style="font-size: 0.8em;">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td style="font-size: 0.8em;">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td style="font-size: 0.8em;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: 0.8em;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> <p style="margin: 0;"><input type="checkbox"/> Additional Pages</p> | | | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |
| COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | | | | | | | |
| <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | | | | | | | | | | | |
| <input type="checkbox"/> 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 DAVID BEEBE 16 Filer ID (Ethics Commission Filers)

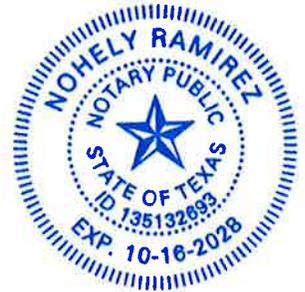
| | | |
|-------------------------|---|--------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 2,775.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ 62.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 4,737.05 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 3,903.02 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 11,000.00 |

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by David W. Beebe this the 23rd day of February, 2020, to certify which, witness my hand and seal of office.
Nahely B. Signature of officer administering oath
Nohely Ramirez Printed name of officer administering oath
Notary Public Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|---|---|--|
| 19 FILER NAME <i>DAVID BEEBE</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 2,775.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 1,200.00 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ — |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 1,000.00 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 4,675.05 |
| 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 | \$ 54.23 |
| 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

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: 3 |
| 2 FILER NAME DAVID BEEBE | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/8/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KATHY SCRUGOS | 7 Amount of contribution (\$) \$ 2,000.00 |
| | 6 Contributor address; City; State; Zip Code 139 E. HUISACHE AVE SAN ANTONIO TX 78212 | |
| 8 Principal occupation / Job title (See Instructions) RETIRED SPANISH TEACHER | | 9 Employer (See Instructions) — |
| Date 2/8/26 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRIAN WALSH | Amount of contribution (\$) \$ 100.00 |
| | Contributor address; City; State; Zip Code P.O. BOX 715 TENNESSEE TX 75861 | |
| Principal occupation / Job title (See Instructions) PROSECUTOR ATTORNEY | | Employer (See Instructions) DE LOACH LAW OFFICE OF BRIAN WALSH |
| Date 2/8/26 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CARL DETERING | Amount of contribution (\$) \$ 100.00 |
| | Contributor address; City; State; Zip Code P.O. BOX 7766 HOUSTON TX 77270 | |
| Principal occupation / Job title (See Instructions) CHAIRMAN, THE DETERING Co. | | Employer (See Instructions) THE DETERING COMPANY |
| Date 2/15/26 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SHANNA ELMORE | Amount of contribution (\$) \$ 100.00 |
| | Contributor address; City; State; Zip Code PO BOX 1301 MARFA TX 79843 | |
| Principal occupation / Job title (See Instructions) EXECUTIVE ASSISTANT | | Employer (See Instructions) PRESIDIO COUNTY SHERIFF'S OFFICE |

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: 3 |
| 2 FILER NAME DAVID BEEBE | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/18/26 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FRANCIS WRIGHT | 7 Amount of contribution (\$) \$ 100⁰⁰ |
| 6 Contributor address; City; State; Zip Code 70 Box 598 MARFA TX 79843 | | |
| 8 Principal occupation / Job title (See Instructions) RETIRED SURGEON | | 9 Employer (See Instructions) |
| Date 2/22/26 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DALE FOURNIER | Amount of contribution (\$) \$ 100⁰⁰ |
| Contributor address; City; State; Zip Code 5718 BENNING DR HOUSTON TX 77096 | | |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) |
| Date 2/22/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JASON SNELL | Amount of contribution (\$) \$ 100⁰⁰ |
| Contributor address; City; State; Zip Code 404 W. 13TH ST AUSTIN TX 78701 | | |
| Principal occupation / Job title (See Instructions) ATTORNEY | | Employer (See Instructions) SNELL LAW FIRM |
| Date 2/22/26 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DENNIS FETTERS | Amount of contribution (\$) \$ 50⁰⁰ |
| Contributor address; City; State; Zip Code 1302 WAUGH DR HOUSTON TX 77019 | | |
| Principal occupation / Job title (See Instructions) SPEECH LANGUAGE THERAPIST | | Employer (See Instructions) SELECT REHABILITATION |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

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

DAVID BEEBE

3 Filer ID (Ethics Commission Filers)

4 Date

2/12/26

5 Full name of contributor

out-of-state PAC (ID# _____)

ROBERT HOWARD

7 Amount of contribution (\$)

\$125⁰⁰

6 Contributor address;

City;

State;

Zip Code

2315 WESTFOREST DR AUSTIN TX 78704

8 Principal occupation / Job title (See Instructions)

MANAGEMENT / CONSULTANT

9 Employer (See Instructions)

ROBERT HOWARD & ASSOCIATES

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.

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: 1 | |
| 2 FILER NAME DAVID BEEBE | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 1,200⁰⁰ | |
| 5 Date 2/8/26 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MAY KABAT & MAISIE CROW | 8 Amount of Contribution \$ \$ 1,000⁰⁰ | 9 In-kind contribution description CAMPAIGN EVENT, HALL RENTAL, FOOT DANCE |
| 7 Contributor address; City; State; Zip Code 209 W. EL PASO ST MARFA TX 79843 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) FILMMAKER / INVESTMENTS / COFFEE SHOP OWNER | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) SELF | |
| 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 2/16/26 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) REMIGIO CARRASCO | Amount of Contribution \$ \$ 200⁰⁰ | In-kind contribution description MUSICAL PERFORMANCES |
| Contributor address; City; State; Zip Code 509 E. MURPHY MARFA TX 79843 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) RETIRED RAILROAD WORKER | | Employer (FOR NON-JUDICIAL) (See Instructions) NONE | |
| 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) | | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | | |

LOANS

SCHEDULE E

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 E: 1 |
| 2 FILER NAME DAVID BEEBE | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ 1,000.00 |
| 5 Date of loan 2/9/26 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID BEEBE | 9 Loan Amount (\$) \$ 1,000.00 |
| 6 Is lender a financial Institution? Y N | 8 Lender address; City; State; Zip Code P.O. Box 70 MARFA TX 79843 | 10 Interest rate — |
| | | 11 Maturity date — |
| 12 Principal occupation / Job title (See Instructions) CANDIDATE | | 13 Employer (See Instructions) — |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial Institution? Y N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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 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: 7 | 2 FILER NAME DAVID BEEBE | 3 Filer ID (Ethics Commission Filers) |
|--|------------------------------------|---------------------------------------|

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|---------------------------|---|
| 4 Date 2/4/2026 | 5 Payee name UNITED STATES POSTAL SERVICE |
|---------------------------|---|

| | | | | |
|---|---------------------------------|-----------------------|---------------------|--------------------------|
| 6 Amount (\$) 549.00 | 7 Payee address; USPS | City; MARFA | State; TX | Zip Code 79843 |
| <input type="checkbox"/> Check if individual's residence address. | | | | |

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description POSTAGE FOR POSTCARD MAILERS |
| | (c) <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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|---|-------------------------------|---------------|-------------|
| 5 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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|-------------------------|--------------------------------------|
| Date 2/6/2026 | Payee name THREE PALMS INN |
|-------------------------|--------------------------------------|

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|---|---|--------------------------|---------------------|--------------------------|
| Amount (\$) 111.87 | Payee address; 1200 N. ERMA AVE | City; PRESIDIO | State; TX | Zip Code 79845 |
| <input type="checkbox"/> Check if individual's residence address. | | | | |

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|------------------------|---|----------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT | Description MOTEL ROOM |
| | <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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|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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|-------------------------|-----------------------------------|
| Date 2/7/2026 | Payee name STICKER MULE |
|-------------------------|-----------------------------------|

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|---|---|-----------------------------|---------------------|--------------------------|
| Amount (\$) 90.72 | Payee address; 18621 81ST AVE | City; TINLEY PARK | State; IL | Zip Code 60487 |
| <input type="checkbox"/> Check if individual's residence address. | | | | |

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|------------------------|---|-------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description BUTTONS |
| | <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 7 | 2 FILER NAME DAVID BEEBE | 3 Filer ID (Ethics Commission Filers) |
|--|------------------------------------|---------------------------------------|

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|-------------------------|------------------------------------|
| 4 Date 2-6-26 | 5 Payee name PRESIDIO 67 |
|-------------------------|------------------------------------|

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|---|---|--------------------------|---------------------|--------------------------|
| 6 Amount (\$) 43.50 | 7 Payee address; 316 JOSE RODRIGUEZ | City; PRESIDIO | State; TX | Zip Code 79845 |
| <input type="checkbox"/> Check if individual's residence address. | | | | |

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|------------------------------------|---|------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT | (b) Description GASOLINE |
| | (c) <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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|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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|-----------------------|---|
| Date 2/6/26 | Payee name B.M. RADIO / RADIO NOTICIAS OJINAGA MX |
|-----------------------|---|

| | | | | |
|---|---|-------------------------|------------------------------------|--------------------------|
| Amount (\$) 1,740.00 | Payee address; AVENIDA JUAREZ # 321, COLONIA CONSTITUCION | City; OJINAGA | State; CHIHUAHUA, MEXICO | Zip Code 32880 |
| <input type="checkbox"/> Check if individual's residence address. | | | | |

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|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description RADIO SPOTS FEB 6 - MARCH 3RD |
| | (c) <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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|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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|--------------------------|-----------------------------|
| Date 2-11-2026 | Payee name AIRBNB |
|--------------------------|-----------------------------|

| | | | | |
|---|--|--------------------------|---------------------|--------------------------|
| Amount (\$) 210.20 | Payee address; 404 RALF ENGLAND ST | City; PRESIDIO | State; TX | Zip Code 79845 |
| <input type="checkbox"/> Check if individual's residence address. | | | | |

| | | |
|------------------------|---|------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT | Description RENTAL HOUSE |
| | (c) <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 | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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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: 1 | | 2 FILER NAME DAVID BEEBE | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 2-10-26 | | 5 Payee name FAMILY DOLLAR | | | |
| 6 Amount (\$) 25.98 | | 7 Payee address; City; State; Zip Code PO Box 2553 PRESIDIO TX 79845 <input type="checkbox"/> Check if individual's residence address. | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE | | (b) Description SUDAS-EVENTS 2/14 + 2/16 | | |
| | (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 | | Office sought | |
| Date 2-10-2026 | | Payee name LOWE'S GROCERY | | | |
| Amount (\$) 81.66 | | Payee address; City; State; Zip Code 717 W. SAN ANTONIO ST MARFA, TX 79843 <input type="checkbox"/> Check if individual's residence address. | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) EVENT EXPENSE | | Description FOOD, EVENTS 2/14 + 2/16 | | |
| | <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 | | Office sought | |
| Date 2-11-2026 | | Payee name LOWE'S GROCERY | | | |
| Amount (\$) 182.30 | | Payee address; City; State; Zip Code 104 N. 2ND ST ALPINE TX 79830 <input type="checkbox"/> Check if individual's residence address. | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) EVENT EXPENSE | | Description FOOD, EVENTS 2/14 + 2/16 | | |
| | <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 | | Office sought | |

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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: 7 | 2 FILER NAME DAVID BEEBE | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2-12-26 | 5 Payee name WALMART.COM | |
| 6 Amount (\$) 32.59 | 7 Payee address; City; State; Zip Code WALMART.COM <input type="checkbox"/> Check if individual's residence address. | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE | (b) Description DECORATIONS 2/14 & 2/16 |
| | (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 | Office sought Office held |
| Date 2-12-26 | Payee name WALMART.COM | |
| Amount (\$) 30.96 | Payee address; City; State; Zip Code WALMART.COM <input type="checkbox"/> Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) EVENT EXPENSE | Description DECORATIONS 2/14 & 2/16 |
| | <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 | Office sought Office held |
| Date 2-13-26 | Payee name SENTINEL NEWS PROJECT | |
| Amount (\$) \$200.00 | Payee address; City; State; Zip Code PO BOX P MURFA TX 79843 <input type="checkbox"/> Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description ADS |
| | <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 | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <p style="text-align:center">7</p> | 2 FILER NAME <p style="text-align:center">DAVID BEEBE</p> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <p style="text-align:center">2-13-26</p> | 5 Payee name <p style="text-align:center">SENTINEL NEWS PROJECT</p> | |
| 6 Amount (\$) <p style="text-align:center">\$ 240.00</p> | 7 Payee address; City; State; Zip Code <p style="text-align:center">PO BOX P MARFA TX 79843</p> <input type="checkbox"/> Check if individual's residence address. | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">ADVERTISING EXPENSE</p> | (b) Description <p style="text-align:center">ADS</p> |
| | (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 | Office sought Office held |
| Date <p style="text-align:center">2-13-26</p> | Payee name <p style="text-align:center">WALMART. COM</p> | |
| Amount (\$) <p style="text-align:center">26.98</p> | Payee address; City; State; Zip Code <p style="text-align:center">WALMART. COM</p> <input type="checkbox"/> Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <p style="text-align:center">EVENT EXPENSE</p> | Description <p style="text-align:center">AT SUPPLIES FOR POLL TABLE & PROMO MARFA + PRESIDIO</p> |
| | <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 | Office sought Office held |
| Date <p style="text-align:center">2-19-2026</p> | Payee name <p style="text-align:center">MARFA BURRITO</p> | |
| Amount (\$) <p style="text-align:center">194.86</p> | Payee address; City; State; Zip Code <p style="text-align:center">410 S. HIGHLAND ST MARFA TX 79843</p> <input type="checkbox"/> Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <p style="text-align:center">FOOD EXPENSE</p> | Description <p style="text-align:center">GIVEAWAY AT POLLING LOCATION, MARFA</p> |
| | <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 | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <p style="text-align:center">7</p> | 2 FILER NAME <p style="text-align:center">DAVID BEESE</p> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <p style="text-align:center">2-20-26</p> | 5 Payee name <p style="text-align:center">DOLLAR GENERAL</p> | |
| 6 Amount (\$) <p style="text-align:center">10.80</p> | 7 Payee address; City; State; Zip Code <p style="text-align:center">501 E. SAN ANTONIO ST MARFA TX 79843</p> <input type="checkbox"/> Check if individual's residence address. | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">EVENT EXPENSE</p> | (b) Description <p style="text-align:center">BAGS & RIBBONS FOR COOKIE GIVEAWAY @ POLLS</p> |
| | (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 | Office sought Office held |
| Date <p style="text-align:center">2-20-26</p> | Payee name <p style="text-align:center">ACT BLUE</p> | |
| Amount (\$) <p style="text-align:center">100.73</p> | Payee address; City; State; Zip Code <p style="text-align:center">ACTBLUE. COM</p> <input type="checkbox"/> Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <p style="text-align:center">FUNDRAISING EXPENSE</p> | Description <p style="text-align:center">FEES FOR CARDS, ETC</p> |
| | <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 | Office sought Office held |
| Date <p style="text-align:center">2-16/2026</p> | Payee name <p style="text-align:center">JULIO TORRES</p> | |
| Amount (\$) <p style="text-align:center">\$400.00</p> | Payee address; City; State; Zip Code <p style="text-align:center">701 N. GONZALES ST MARFA TX 79843</p> <input type="checkbox"/> Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <p style="text-align:center">EVENT EXPENSE</p> | Description <p style="text-align:center">MUSIC 2/14 & 2/16</p> |
| | <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 | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 7 | 2 FILER NAME DAVID BEEBE | 3 Filer ID (Ethics Commission Filers) |
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|--------------------------|---|
| 4 Date 2-14-26 | 5 Payee name REMIGIO CARRASCO |
|--------------------------|---|

| | | | | |
|---|---|-------|--------|----------|
| 6 Amount (\$) 200.00 | 7 Payee address; 509 E. MURPHY ST, MARFA TX 79843 | City; | State; | Zip Code |
| <input type="checkbox"/> Check if individual's residence address. | | | | |

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE | (b) Description MUSIC 2/14 |
| | (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 | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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|------------------------|-------------------------------|
| Date 2-20-26 | Payee name EBAY.COM |
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|---|-----------------------------------|-------|--------|----------|
| Amount (\$) 202.86 | Payee address; EBAY.COM | City; | State; | Zip Code |
| <input type="checkbox"/> Check if individual's residence address. | | | | |

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|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) TRANSPORTATION EQUIPMENT EXPENSE | Description NEW ^{USED} WHEEL TO REPLACE CRACKED WHEEL ON WAGON - IN COUNTY TRAVEL |
| | <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 | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|---|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| <input type="checkbox"/> Check if individual's residence address. | | | | |

| | | |
|------------------------|---|-------------|
| 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 | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

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| 1 Total pages Schedule G: 1 | 2 FILER NAME DAVID BEEBE | 3 Filer ID (Ethics Commission Filers) |
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|---------------------------------|---|
| 4 Date 1-29-26 | 5 Payee name PRESIDIO 67 |
|---------------------------------|---|

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|--|---|--------------------------|---------------------|--------------------------|
| 6 Amount (\$) 33.75 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; 316 JOSE RODRIGUEZ | City; PRESIDIO | State; TX | Zip Code 79845 |
| | <input type="checkbox"/> Check if individual's residence address. | | | |

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT | (b) Description GASOLINE |
| | <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 | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------------|---|
| Date 1-20-24 | Payee name FRONTIER TRAVEL CENTER |
|------------------------|---|

| | | | | |
|---|---|--------------------------|---------------------|--------------------------|
| Amount (\$) 20.48 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; 99220 HWY 67 | City; PRESIDIO | State; TX | Zip Code 79845 |
| | <input type="checkbox"/> Check if individual's residence address. | | | |

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT | Description GASOLINE |
| | <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 | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|--|---|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended | <input type="checkbox"/> Check if individual's residence address. | | | |

| | | |
|-------------------------------|---|---|
| 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 |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED