

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 4,809.09 <i>BLH</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,809.09 <i>DLH</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5740.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

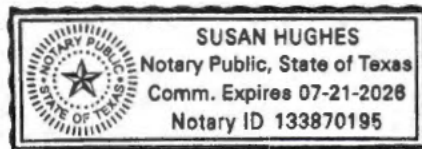
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Glenn Bear Heiser this the 5th day of December

20 22 to certify which, witness my hand and seal of office.

[Signature] Susan Hughes Notary Public
Signature of officer administering oath Printed name of officer administering oath 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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8 <i>00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 500
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 574034
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	\$

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: **1 of 7**

2 FILER NAME

Bear Heiser

3 Filer ID (Ethics Commission Filers)

4 Date

11/09/22

5 Full name of contributor

Colin Strutter

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

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

120 Madisons St Buda, TX 78610

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/09/22

Full name of contributor

JD Sanford

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

Amount of contribution (\$)

\$500

Contributor address;

City;

State;

Zip Code

Kyle, TX 78640

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/09/22

Full name of contributor

Beth Cox

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

Amount of contribution (\$)

26.27

Contributor address;

City;

State;

Zip Code

115 Joy Lynns Dr, Kyle TX 78640

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/09/22

Full name of contributor

Karen O'Grady

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

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

167 Madison Way Buda TX 78610

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.

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 of 7
2 FILER NAME Bew Heiser		3 Filer ID (Ethics Commission Filers)
4 Date 11/10/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virginia Marshall	7 Amount of contribution (\$) 104.15
6 Contributor address; City; State; Zip Code 1364 Nevaraz Kyle TX 78640		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 11/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Flores	Amount of contribution (\$) \$ 15
Contributor address; City; State; Zip Code 146 Seneca Loop Kyle TX 78640		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/11/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy Burns	Amount of contribution (\$) \$40
Contributor address; City; State; Zip Code 12708 TurkeyCove Budak TX 78610		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/12/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joan Fox	Amount of contribution (\$) \$26.27
Contributor address; City; State; Zip Code 1170 Madoc Way Kyle TX 78640		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 of 7
2 FILER NAME Bev Heiser		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helen Brown-Kay	7 Amount of contribution (\$) \$ 623.36
6 Contributor address; City; State; Zip Code 706 West Center St Kyle TX 78610		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 11/15/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Peoples	Amount of contribution (\$) \$ 52.23
Contributor address; City; State; Zip Code 218 Wille Rd Kyle TX 78640		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/22/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest Harding	Amount of contribution (\$) \$ 15.89
Contributor address; City; State; Zip Code 163 Johnsonway Kyle TX 78640		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/22/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy Alan Hall	Amount of contribution (\$) \$ 104.15
Contributor address; City; State; Zip Code 401 Green Acres Dr Wimberley TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 4 of 7
2 FILER NAME Bear Heiser		3 Filer ID (Ethics Commission Filers)
4 Date 11/27/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Genest Harding	7 Amount of contribution (\$) 26.27
6 Contributor address; City; State; Zip Code 163 Johnnys Way Kyle TX 78640		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 11/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosemary Nelson	Amount of contribution (\$) \$ 52.23
Contributor address; City; State; Zip Code Kyle TX 78640		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ovidia Molina	Amount of contribution (\$) \$ 26.27
Contributor address; City; State; Zip Code 213 Silverado Kyle TX 78640		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danne Haschke	Amount of contribution (\$) \$ 52.23
Contributor address; City; State; Zip Code 308 Fox Hollow Kyle TX 78640		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 7
2 FILER NAME Bea Heiser		3 Filer ID (Ethics Commission Filers)
4 Date 11/28/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Strand	7 Amount of contribution (\$) \$50
6 Contributor address; City; State; Zip Code 16201 Oak Grove Rd. Buda TX 78610		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 11/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susie Ishibashi	Amount of contribution (\$) \$15
Contributor address; City; State; Zip Code 1110 Patton Path Kyle TX 78640		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerald Hasche	Amount of contribution (\$) \$52.23
Contributor address; City; State; Zip Code 308 Fox Hollow Buda TX 78010		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Hill	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 356 Stennis Kyle TX 78640		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 6 of 7
2 FILER NAME Ben Heiser		3 Filer ID (Ethics Commission Filers)
4 Date 11/30/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy Timmerman	7 Amount of contribution (\$) \$500
6 Contributor address; City; State; Zip Code 4093 Whitthorn CT Austin TX 78746		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 11/30/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd Webster	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 823 Congress Ave Austin TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 12/01/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Sheldon	Amount of contribution (\$) \$1,500
Contributor address; City; State; Zip Code 4006 Green Oak Dr. Waco TX 76710		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 12/02/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susie Ishisaka	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 1110 Patton Path Kyle TX 7640		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 of 7
2 FILER NAME Bear Heiser		3 Filer ID (Ethics Commission Filers)
4 Date 12/03/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherie Large -Platencia	7 Amount of contribution (\$) \$ 26.27
6 Contributor address; City; State; Zip Code 250 Johnnys Way Kyle TX 78640		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 12/03/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Kaufmann	Amount of contribution (\$) \$ 26.27
Contributor address; City; State; Zip Code 407 Leisurewoods Buda TX 78610		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 12/01/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Anderson	Amount of contribution (\$) \$ 500
Contributor address; City; State; Zip Code 615 Creeklbend Mesquite TX 75149		
Principal occupation / Job title (See Instructions)		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)

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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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: 1 of 8	2 FILER NAME Bear Heiser	3 Filer ID (Ethics Commission Filers)
4 Date 11/01/22	5 Payee name Facebook	
6 Amount (\$) \$ 25.	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11/03/22	Payee name Summermoon
Amount (\$) \$ 15.01	Payee address; City; State; Zip Code 4217 Brenner Lyb TX 78640
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Bev
	<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

Date 11/04/22	Payee name Facebook
Amount (\$) \$ 25	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising
	<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

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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: 2 of 8	2 FILER NAME Bear Heiser	3 Filer ID (Ethics Commission Filers)
4 Date 11/04/22	5 Payee name Chavalos Mexican	
6 Amount (\$) \$42.21	7 Payee address; City; State; Zip Code Buda TX 78610	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense	(b) Description
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11/04/22	Payee name Bank of America	City; State; Zip Code
Amount (\$) \$4.95	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description
	<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

Date 11/07/22	Payee name Plum Creek	City; State; Zip Code
Amount (\$) \$32.50	Payee address; City; State; Zip Code Kyle, TX 78640	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event	Description
	<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

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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: 3 of 8	2 FILER NAME Ben Heiser	3 Filer ID (Ethics Commission Filers)
4 Date 11/07/22	5 Payee name Los Vaqueros	
6 Amount (\$) \$24.68	7 Payee address; City; State; Zip Code 804 W Center St Kyle TX 78640	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Bev Exp	(b) Description
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/07/22	Payee name Texaco	
Amount (\$) \$39.14	Payee address; City; State; Zip Code Kyle TX 78640	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description
	<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
Date 11/07/22	Payee name Facebook	
Amount (\$) \$35	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ads	Description
	<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

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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: 4 of 8	2 FILER NAME Bear Heiser	3 Filer ID (Ethics Commission Filers)
4 Date 11/10/22	5 Payee name The Railhouse	
6 Amount (\$) \$17.28	7 Payee address; City; State; Zip Code Kyle TX 78640	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Exp	(b) Description
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/14/22	Payee name Walmart	
Amount (\$) \$64.51	Payee address; City; State; Zip Code Kyle TX 78640	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description
	<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
Date 11/14/22	Payee name Los Vaqueros	
Amount (\$) \$112.51	Payee address; City; State; Zip Code Kyle TX 78640	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Exp	Description
	<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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 5 of 8		2 FILER NAME: Bear Heiser		3 Filer ID (Ethics Commission Filers)	
4 Date: 11/14/22		5 Payee name: Chevron			
6 Amount (\$): 2822		7 Payee address; City; State; Zip Code: Kyle TX 78640			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Transportation		(b) Description		
	(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: 11/14/22		Payee name: HEB			
Amount (\$): \$4210		Payee address; City; State; Zip Code: Kyle TX 78040			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event EXP		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	
Date: 11/14/22		Payee name: Facebook			
Amount (\$): \$50.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Ads		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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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 of 8	2 FILER NAME: Bar Heiser	3 Filer ID (Ethics Commission Filers)
4 Date: 11/16/22	5 Payee name: Moonlight Graphix	
6 Amount (\$): \$1663.84	7 Payee address; City: Buda TX State: TX Zip Code: 78610	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Printing Exp	(b) Description
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date: 11/23/22	Payee name: City of Kyle	City: State: Zip Code
Amount (\$): \$135	Payee address; City: Kyle TX State: TX Zip Code: 78640	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date: 11/29/22	Payee name: Casa Blanca	City: State: Zip Code
Amount (\$): \$34.33	Payee address; City: Kyle TX State: TX Zip Code: 78640	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Food Exp	Description
	<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 of 8	2 FILER NAME Beatelex	3 Filer ID (Ethics Commission Filers)
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4 Date 11/29/22	5 Payee name Marcos Pizza
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6 Amount (\$) \$92.76	7 Payee address; City: Kyle TX State: 78640 Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food EXP	(b) Description
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/01	Payee name Target
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Amount (\$) \$70.78	Payee address; City: Kyle TX State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event EXP	Description
	<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
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Date 12/01/22	Payee name #EB
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Amount (\$) \$42.35	Payee address; City: Kyle TX State: 78640 Zip Code
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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 ONLY 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 | 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: 8 of 8	2 FILER NAME Bear Heiser	3 Filer ID (Ethics Commission Filers)
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4 Date 12/01/22	5 Payee name Summermoon
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6 Amount (\$) \$12.56	7 Payee address; Kyle TX	City;	State;	Zip Code 78640
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Bev Exp	(b) Description
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/02/22	Payee name Kyle's Daily Bread
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Amount (\$) \$194.85	Payee address; Kyle TX	City;	State;	Zip Code 78640
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description
	<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
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Date 11/30/22	Payee name Hatch Consulting Group
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Amount (\$) \$4,035.76	Payee address; 1766 FM 967	City;	State;	Zip Code Buda TX 78610
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description
	<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
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PLEGGED CONTRIBUTIONS

SCHEDULE B

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 B: <u>1</u>	
2 FILER NAME <u>Bea Hester</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date <u>11/30/22</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Rebecca Hester</u>	8 Amount of Pledge \$ <u>\$500</u>	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code <u>Buda TX 78610</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
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.