

# 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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

*Anna Glenn*

NICKNAME

LAST

SUFFIX

*Anna*

*Glenn*

OFFICE USE ONLY

Date Received

*10/11/2022  
EH*

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

APT / SUITE #:

CITY:

STATE:

ZIP CODE

[REDACTED]

*Kyle, TX 78640*

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( [REDACTED] )

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

*Glenn*

NICKNAME

LAST

SUFFIX

*Anna*

*Glenn*

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE)

APT SUITE #:

CITY:

STATE:

ZIP CODE

[REDACTED]

*Kyle, TX 78640*

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( [REDACTED] )

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C OH - FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

*8 11 22*

THROUGH

*9 30 22*

11 ELECTION

ELECTION DATE

Month

Day

Year

*11 8 22*

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

*Kyle City Council - District 1*

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <u>Bear Heiser</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,385.42</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,527.93</u>
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	\$ <u>1,000.00</u>

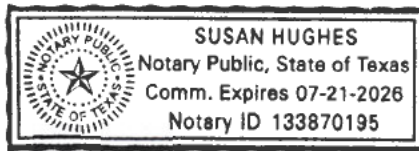
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

**Please complete either option below:**

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Glenn Heiser this the 11 day of October, 2022, to certify which, witness my hand and seal of office.

[Signature] Printed name of officer administering oath Susan Hughes Title of officer administering oath Notary Public

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>Bear Heiser</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1,935.42</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>450.00</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>1,000</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2,514.53</i>
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 <b>9</b>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/11/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JD Sanford</b> ..... 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <b>\$150</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>08/12/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rosemary Nelson</b> ..... Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$20</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>08/18/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amy Grant</b> ..... Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$200</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>08/19/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Hatch</b> ..... Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$200</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <i>08/19/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Don Dellemonache</i>	7 Amount of contribution (\$) <i>\$ 20</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>08/22/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Virginia Marshall</i>	Amount of contribution (\$) <i>\$ 52.23</i>
Contributor address; City; State; Zip Code [Redacted] <i>Kyle TX 78640</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>08/22/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul Hill</i>	Amount of contribution (\$) <i>\$ 26.27</i>
Contributor address; City; State; Zip Code [Redacted] <i>Kyle TX 78640</i>		
Principal occupation / Job title (See Instructions) <i>Lawyer</i>		Employer (See Instructions) <i>State of Texas</i>
Date <i>08/22/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Emily Strobel</i>	Amount of contribution (\$) <i>\$ 100</i>
Contributor address; City; State; Zip Code [Redacted] <i>Kyle TX 78640</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 08/22/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristene Lilly	7 Amount of contribution (\$) \$25
6 Contributor address; City; State; Zip Code [Redacted] Kyle TX 78640		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/30/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Rodriguez	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code [Redacted] Kyle TX 78640		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/05/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joan Fox	Amount of contribution (\$) \$2627
Contributor address; City; State; Zip Code [Redacted] Kyle TX 78640		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/05/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Grant	Amount of contribution (\$) \$208
Contributor address; City; State; Zip Code [Redacted] Kyle TX 78640		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 09/09/22	5 Full name of contributor Jennifer Bolder <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address: [REDACTED] City: Kyle State: TX Zip Code: 78640	7 Amount of contribution (\$) \$25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/13/22	Full name of contributor Anna Boling <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: [REDACTED] City: Kyle State: TX Zip Code: 78640	Amount of contribution (\$) \$52.23
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/22	Full name of contributor Christine Norton <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: [REDACTED] City: Kyle State: TX Zip Code: 78640	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/14/22	Full name of contributor Virginia Marshall <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: [REDACTED] City: Kyle State: TX Zip Code: 78640	Amount of contribution (\$) \$104.15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <i>09/15/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karis Crain</i>	7 Amount of contribution (\$) <i>\$ 15.89</i>
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>[Redacted] Kyle TX 78640</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>09/16/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Barbara Poule</i>	Amount of contribution (\$) <i>\$ 26.27</i>
Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>[Redacted] Kyle TX 78640</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>09/16/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leslie D'Pray</i>	Amount of contribution (\$) <i>\$ 25</i>
Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>[Redacted] Kyle TX 78640</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>09/16/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lacy Walker</i>	Amount of contribution (\$) <i>\$ 52.23</i>
Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>[Redacted] Kyle TX 78640</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

09/16/22

Kate Moore

\$50

6 Contributor address; City; State; Zip Code

[Redacted] Kyle TX 78640

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

09/22/22

Bill and Judy Burns

\$40

Contributor address; City; State; Zip Code

[Redacted] Kyle TX 78640

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

09/24/22

Belle Miller

\$5223

Contributor address; City; State; Zip Code

[Redacted] Kyle TX 78640

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

09/25/22

Kristine Lilly

\$52.23

Contributor address; City; State; Zip Code

[Redacted] Kyle TX 78640

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 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

09/26/22

Kristine Hardin-Sigler

\$ 26.27

6 Contributor address; City; State; Zip Code

[Redacted] Kyle TX 78640

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

09/29/22

Alan Scarborough

\$ 52.23

Contributor address; City; State; Zip Code

[Redacted] Kyle TX 78640

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

09/29/22

John Flores

\$ 25

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 (\$)

09/29/22

Juan Arredondo

\$ 104.15

Contributor address; City; State; Zip Code

[Redacted] San Marcos TX 78666

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 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 09/29/22	5 Full name of contributor Paul Hill <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 26.27
6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ [Redacted] Kyle TX 78640		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/29/22	Full name of contributor Carly Barton <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 52.23
Contributor address: _____ City: _____ State: _____ Zip Code: _____ [Redacted] Kyle TX 78640		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/22	Full name of contributor Genest Harding <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$26.27
Contributor address: _____ City: _____ State: _____ Zip Code: _____ [Redacted] Kyle TX 78640		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/22	Full name of contributor Julie McKeon <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$25
Contributor address: _____ City: _____ State: _____ Zip Code: _____ [Redacted] Kyle TX 78640		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 09/29/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alex Willalobos	7 Amount of contribution (\$) \$50
6 Contributor address; City; State; Zip Code [Redacted] Kyle TX 78640		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Bev Haizer</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>450</i>	
5 Date <i>09/10/22</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sam McAtney</i>	8 Amount of Contribution \$ <i>\$250</i>	9 In-kind contribution description <i>Graphic Design</i>
7 Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Code Developer/Design</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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 <i>09/29/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>JD Sanford</i>	Amount of Contribution \$ <i>\$200</i>	In-kind contribution description <i>Fundraiser</i>
Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Real Estate</i>		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# 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:
2 FILER NAME <i>Bear Heiser</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>09/06/22</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <i>Glenn "Bear" Heiser</i>	9 Loan Amount (\$) <i>\$1,000</i>
6 Is lender a financial institution?  Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code  <i>Kyle TX 78640</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>Consultant</i>		13 Employer (See Instructions)
14 Description of Collateral <input 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 <input type="radio"/> N <input type="radio"/>	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: <b>4</b>	2 FILER NAME <b>Bear Heiser</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>08/26/22</b>	5 Payee name <b>Super Cheap Signs</b>	
6 Amount (\$) <b>747.08</b>	7 Payee address: <b>9200 Waterford Centre Blvd. Austin TX 78758</b> City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>Campaign Signs</b>
	(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 <b>09/06/22</b>	Payee name <b>Super <sup>cheap</sup> Signs</b>	
Amount (\$) <b>701.85</b>	Payee address: <b>9200 Waterford Centre Blvd Austin TX 78758</b> City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Campaign Signs</b>
	<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 <b>09/12/22</b>	Payee name <b>Home Depot</b>	
Amount (\$) <b>95.57</b>	Payee address: <b>3730 Dry Hole Rd Kyle TX 78640</b> City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Metal stakes for big signs zip ties, etc</b>
	<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:	2 FILER NAME <i>Ben Haise</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>09/13/22</i>	5 Payee name <i>Tejano Dems</i>	
6 Amount (\$) <i>\$20</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Ticket to Event</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>09/19/22</i>	Payee name <i>Los Vaqueros</i>	
Amount (\$) <i>\$13.93</i>	Payee address; City; State; Zip Code <i>804 W. Centre St Kyle TX 78640</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	Description <i>Breakfast for volunteer</i>
	<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 <i>09/20/22</i>	Payee name <i>HEB</i>	
Amount (\$) <i>\$65.23</i>	Payee address; City; State; Zip Code <i>5401 FM 1626 Kyle TX 78640</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Food/Drinks for volunteer event</i>
	<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:	2 FILER NAME <i>Beardsley</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>09/21/22</i>	5 Payee name <i>Super Cheap Signs</i>	
6 Amount (\$) <i>\$333.12</i>	7 Payee address; City; State; Zip Code <i>9200 Waterford Centre Blvd. Austin TX 78758</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Campaign Signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>09/24/22</i>	Payee name <i>Moonlight Graphix</i>	
Amount (\$) <i>\$345.32</i>	Payee address; City; State; Zip Code <i>603 W. Gorfurth RD. Bud TX 78610</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Campaign Literature</i>
	<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 <i>09/23/22</i>	Payee name <i>Los Vaqueros</i>	
Amount (\$) <i>\$87.36</i>	Payee address; City; State; Zip Code <i>804 W. Center St Kyle TX 78640</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	Description <i>Volunteer Dinner</i>
	<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 FILER NAME <i>Bea Heiser</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>09/26/22</i>	5 Payee name <i>KOFC-#</i>	
6 Amount (\$) <i>\$12</i>	7 Payee address: <i>801 Buleson St. Kyle TX 78640</i> City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contribution</i>	(b) Description <i>Event Expense</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>09/29/22</i>	Payee name <i>HEB</i>	
Amount (\$) <i>\$140.91</i>	Payee address: <i>5401 FM 1626 Kyle TX 78640</i> City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	Description <i>Food for Fundraiser</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>09/29/22</i>	Payee name <i>Chevron</i>	
Amount (\$) <i>\$15.39</i>	Payee address: <i>Kyle TX 78640</i> City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Bev Expense</i>	Description <i>Waters for Volunteers</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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