

# 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 <i>Glenn</i>	MI
	NICKNAME	LAST <i>Bear Heiser</i>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #	CITY; STATE; ZIP CODE <i>Kyle, TX 78640</i>
	AREA CODE	PHONE NUMBER	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
6 CAMPAIGN TREASURER NAME	Same as above		
	Same as above		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>Same as above</i>		
	AREA CODE	PHONE NUMBER	EXTENSION
8 CAMPAIGN TREASURER PHONE	( ) <i>Same as above</i>		
	9 REPORT TYPE		
<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED			
Month Day Year     Month Day Year <i>10 / 30 / 22</i> THROUGH <i>12 / 03 / 22</i>			
11 ELECTION			
ELECTION DATE		ELECTION TYPE	
Month Day Year	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
<i>12 / 13 / 22</i>	<input type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any)			
14 NOTICE FROM POLITICAL COMMITTEE(S)			
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY	
Date Received <i>12/5/2022</i> <i>EH</i>	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

# 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	\$

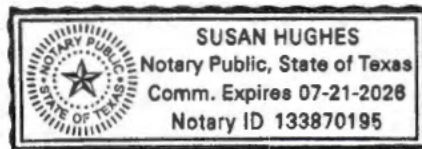
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[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 5<sup>th</sup> 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

**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

**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

**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

**Virginia Marshall**

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

7 Amount of contribution (\$)

**104.15**

6 Contributor address;

[REDACTED]

City;

**Kyle TX 78640**

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**11/10/22**

Full name of contributor

**John Flores**

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

Amount of contribution (\$)

**\$ 15**

Contributor address;

[REDACTED]

City;

**Kyle TX 78640**

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**11/11/22**

Full name of contributor

**Judy Burns**

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

Amount of contribution (\$)

**\$40**

Contributor address;

[REDACTED]

City;

**Buda TX 78610**

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**11/12/22**

Full name of contributor

**Joan Fox**

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

Amount of contribution (\$)

**\$26.27**

Contributor address;

[REDACTED]

City;

**Kyle TX 78640**

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.

**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

Bear Heiser

3 Filer ID (Ethics Commission Filers)

4 Date

11/15/22

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

Helen Brown-Kay

7 Amount of contribution (\$)

\$ 623.36

6 Contributor address; City; State; Zip Code

[Redacted]

Kyle TX 78610

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/15/22

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

Jennifer Peoples

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

11/22/22

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

Garnet Harding

Amount of contribution (\$)

\$ 15.89

Contributor address; City; State; Zip Code

[Redacted]

Kyle TX 78640

Principal occupation /

Employer (See Instructions)

Date

11/22/22

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

Jimmy Alan Hall

Amount of contribution (\$)

\$ 104.15

Contributor address; City; State; Zip Code

[Redacted]

Winkler TX

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: 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#: _____) Genevst Harding	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 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 [Redacted] 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 [Redacted] 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 [Redacted] Kyle TX 78640		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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.

**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:

5 of 7

2 FILER NAME

Bear Heiser

3 Filer ID (Ethics Commission Filers)

4 Date

11/28/22

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

Elizabeth Strand

7 Amount of contribution (\$)

\$50

6 Contributor address: City: State: Zip Code

[Redacted] Buda TX 78610

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/28/22

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

Susie Ishibashi

Amount of contribution (\$)

\$15

Contributor address: City: State: Zip Code

[Redacted] Kyle TX 78640

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/29/22

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

Gerald Hasche

Amount of contribution (\$)

\$52.23

Contributor address: City: State: Zip Code

[Redacted] Buda TX 78010

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/29/22

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

Paul Hill

Amount of contribution (\$)

\$25

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**

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

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

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

Date <b>12/02/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susie Ishiyoshi</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code [Redacted] <b>Kyle TX 7640</b>		
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 - Placentia	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 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 [Redacted] 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 [Redacted] 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)

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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.

# 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.

<b>1</b> Total pages Schedule F1: 1 of 8	<b>2</b> FILER NAME Bear Heiser	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/01/22	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) \$ 25.	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11/03/22	Payee name Summermoon	City; State; Zip Code
Amount (\$) \$ 15.01	Payee address; 4217 Brenner Lyb TX 78640	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food / Bev	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 11/04/22	Payee name Facebook	City; State; Zip Code
Amount (\$) \$ 25	Payee address;	
<b>PURPOSE OF EXPENDITURE</b>	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

**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: <b>2 of 8</b>	2 FILER NAME <b>Bear Heiser</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/04/22</b>	5 Payee name <b>Chavalos Mexican</b>	
6 Amount (\$) <b>\$42.21</b>	7 Payee address; City; State; Zip Code <b>Buda TX 78610</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Food Expense</b>	(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 <b>11/04/22</b>	Payee name <b>Bank of America</b>	City; State; Zip Code
Amount (\$) <b>\$4.95</b>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	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 <b>11/07/22</b>	Payee name <b>Plum Creek</b>	City; State; Zip Code
Amount (\$) <b>\$32.50</b>	Payee address; City; State; Zip Code <b>Kyle, TX 78640</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event</b>	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



# 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.

<b>1</b> Total pages Schedule F1: 3 of 8	<b>2</b> FILER NAME Ben Heiser	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/07/22	<b>5</b> Payee name Los Vaqueros	
<b>6</b> Amount (\$) \$24.68	<b>7</b> Payee address; 804 W Center St	City; State; Zip Code Kyle TX 78640
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Bev Exp	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> 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; Kyle TX	City; State; Zip Code 78640
<b>8</b> 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
<b>8</b> 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.

<b>1</b> Total pages Schedule F1: 4 of 8	<b>2</b> FILER NAME Bear Heiser	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/10/22	<b>5</b> Payee name The Railhouse	
<b>6</b> Amount (\$) \$17.28	<b>7</b> Payee address; City; State; Zip Code Kyle TX 78640	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Exp	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> 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

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: <b>5 of 8</b>		2 FILER NAME: <b>Bear Heiser</b>		3 Filer ID (Ethics Commission Filers)	
4 Date: <b>11/14/22</b>		5 Payee name: <b>Chevron</b>			
6 Amount (\$): <b>2822</b>		7 Payee address; City; State; Zip Code: <b>Kyle TX 78640</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <b>Transportation</b>		(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: <b>11/14/22</b>		Payee name: <b>HEB</b>			
Amount (\$): <b>\$4210</b>		Payee address; City; State; Zip Code: <b>Kyle TX 78040</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Event EXP</b>		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: <b>11/14/22</b>		Payee name: <b>Facebook</b>			
Amount (\$): <b>\$50.00</b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Ads</b>		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: <b>6 of 8</b>	2 FILER NAME: <b>Bar Heiser</b>	3 Filer ID (Ethics Commission Filers)
4 Date: <b>11/16/22</b>	5 Payee name: <b>Moonlight Graphix</b>	
6 Amount (\$): <b>\$1663.84</b>	7 Payee address; <b>Buda TX 78610</b> City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <b>Printing Exp</b>	(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: <b>11/23/22</b>	Payee name: <b>City of Kyle</b>	
Amount (\$): <b>\$135</b>	Payee address; <b>Kyle TX 78640</b> City; State; Zip Code	
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

Date: <b>11/29/22</b>	Payee name: <b>Casa Blanca</b>	
Amount (\$): <b>\$34.33</b>	Payee address; <b>Kyle TX 78640</b> City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Food Exp</b>	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

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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: 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; Kyle TX	City;	State;	Zip Code 78640
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8 <b>PURPOSE OF EXPENDITURE</b>	(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; Kyle TX	City;	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; Kyle TX	City;	State;	Zip Code 78640
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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 <b>PURPOSE OF EXPENDITURE</b>	(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 Grind
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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.