FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088177 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Cheryl NAME Date Received **ELECTRONICALLY FILED** 01/15/2024 NICKNAME LAST **SUFFIX** Bean CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 4737 Trail Bend Circle MAILING Amount Receipt # **ADDRESS** Change of Address Fort Worth, TX 76109 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. John L. NAME NICKNAME LAST **SUFFIX** Bean III STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 4737 Trail Bend Circle **ADDRESS** (Residence or Business) Fort Worth, TX 76109

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 9

| 13 C / OH NAME | Bean, Cheryl (Ms.) | | | 14 Filer ID (00088177 | (Ethics Comm | ission Filers) | |
|--|--|-----------------------------------|---|------------------------------|-----------------|----------------|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | These expenditures | s accepted or political expenditus may have been made without to equired to report this information | the candidate's or office | eholder's knov | vledge or | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAM | ΛΕ | | | | |
| _ | GENERAL | COMMITTEE ADD | NDECC. | | | | |
| | SPECIFIC | COMMITTEE ADD | JRE55 | | | | |
| | J. SPECIFIC | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | |
| | | COMMITTEE CAN | IPAIGN TREASURER ADDRES | SS | | | |
| | | | | | | | |
| 16 CONTRIBUTION TOTALS | | | ONTRIBUTIONS (OTHER THAI CONTRIBUTIONS MADE ELEC | | \$ | 0.00 | |
| | | CAL CONTRIBUTION PLEDGES, LOANS, | NS OR GUARANTEES OF LOANS | 5) | \$ | 51,956.05 | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | | | \$ | 0.00 | |
| 4. TOTAL POLITICAL EXPENDITURES | | | | | \$ | 7,066.74 | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | | NS MAINTAINED AS OF THE L | AST DAY OF THE | \$ | 95,384.31 | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | | LL OUTSTANDING LOANS AS | OF THE LAST DAY | \$ | 50,000.00 | |
| 17 AFFIDAVIT | | | | | | | |
| | | | I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code. | | | | |
| | | | Ms | s. Cheryl Bean | | | |
| | der | | | | | | |
| AFFIX NO | TARY STAMP / SEAL AB | OVE | | | | | |
| | | | | , this the | | _day | |
| of | , 20, to c | ertify which, witness | my hand and seal of office. | | | | |
| | | | | | | | |
| Signature of offi | cer administering | Printed name | of officer administering | Title of officer | r administering | g oath | |
| | | | | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | | 3 of 9 | | | | |
|-----------------------|--|----------|--------------------|--|--|--|--|
| 18 FILER NAM | (Ethics Commission Filers) | | | | | | |
| Bean, Ch | 1 | | | | | | |
| 20 SCHEDUL NAME OF | SUBTOTAL AMOUNT | | | | | | |
| 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | | | | | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | | | | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | | | | |
| 4. X | SCHEDULE E: LOANS | | \$ 50,000.00 | | | | |
| 5. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 5 | \$ 6,316.74 | | | | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | | | | | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | | | | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | | | | |
| 9. X | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ 750.00 | | | | |
| 10. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (| OF C/OH | \$ | | | | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | | | | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER | RETURNED | \$ | | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CO | | SCHEDULE A1 | | | |
|---|--|--|------------------------|---|------------|-----------------------------|-------------|
| | The Instruc | ction Guide explains how to | 1 | Total pages Schedule A1: Sch: 1/1 Rpt: 4/9 | | | |
| 2 | FILER NAME Bean, Chery | I (Ms.) | 3 | Filer ID (Ethics Commission 00088177 | on Filers) | | |
| 4 | Date 11/30/2023 5 Full name of contributor out-of-state PAC (ID#:) Bean, Cheryl (Ms.) 6 Contributor address; City; State; Zip Code | | | | 7 | Amount of Contribution (\$) | \$50,000.00 |
| _ | Dringing age | Fort worth, TX 76109 | lo. | Employer (Coo Instructions | | | |
| 8 | | pation / Job title (See Instructions) tractor/owner | | Employer (See Instructions B Smart Builders, LLC |) | | |
| | Date 12/07/2023 | Full name of contributor Bean, Cheryl (Ms.) Contributor address; City; State; | |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | Fort worth, TX 76109 pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | • | tractor / owner | | B Smart Builders, LLC | , | | |
| | Date Full name of contributor 12/20/2023 Blount, Jennifer Contributor address; City; State; Zip Code | | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$250.00 |
| | Deinsinal assu | Fort worth, TX 76109 | | Franks var (Caa kastu atiana | | | |
| | retired | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Date 12/26/2023 | Full name of contributor Gates, Gary (Mr.) Contributor address; City; State; Richmond, TX 77406 | | | | Amount of Contribution (\$) | \$1,440.90 |
| | Principal occu Real estate | pation / Job title (See Instructions) | | Employer (See Instructions Gatesco,Inc |) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 12/18/2023 Stanbery, John (Mr.) Contributor address; City; State; Zip Code unincorporated, TX 76126 | | | Amount of Contribution (\$) | \$240.15 | | |
| | Principal occupation / Job title (See Instructions) CPA Employer (See Instructions John Stanbery CPA | | | | | | |
| | | | l | | | | |

| | LOANS | | | | SCHEDULE E | | |
|----|------------------------------------|--|------------------------------|---|---|--|--|
| | The Instruction | pages Schedule E: L/1 Rpt: 5/9 | | | | | |
| 2 | FILER NAME Bean, Cheryl (M | ls.) | | 3 Filer ID (Ethics Commission Filers) 00088177 | | | |
| 4 | TOTAL OF UN | IITEMIZED LOANS | | _ I | \$ | | |
| 5 | Date of loan 11/30/2023 | 7 Name of lender out-of-s Bean, Cheryl (Ms.) | state PAC (ID#: | | 9 Loan Amount (\$) \$50,000.00 | | |
| 6 | Is lender a financial institution? | | tate; Zip Code | | 10 Interest Rate 0.00 11 Maturity Date | | |
| | | Fort Worth, TX 76109 | | | 12/31/2024 | | |
| 12 | Principal occupati | on / Job title (See Instructions) | 13 Employer (See Instruction | ns) | | | |
| | General Contrac | ctor | B Smart Builders, LLC | | | | |
| 14 | Description of Col X None | lateral | 15 Check if personal funds v | vere deposite | ed into political account (See Instructions) | | |
| 16 | GUARANTOR INFORMATION | 17 Name of guarantor | | | 19 Amount Guaranteed (\$) | | |
| | X not applicable | 18 Guarantor address; City; Si | tate; Zip Code | | | | |
| 20 | Principal occupati | on | 21 Employer (See Instruction | าร) | | | |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

| | Credit Card Payment | The Instruction Guide explains how to con | nple | ete this form. |
|---|---|--|------|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 1/3 Rpt: 6/9 | Bean, Cheryl (Ms.) | | 00088177 |
| 4 | Date | 5 Payee name | | |
| | 12/19/2023 | Axiom Strategies | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Coo | le | |
| | \$1,882.00 | 800 W 47th st, STE 200 | | |
| | | | | |
| | | Kansas City, MT 64112 | | |
| 8 | PURPOSE | | (b) | Description |
| | OF | Consulting Expense | () | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | 3 11 3 | | Check if Austin, TX, officeholder living expense |
| l | | | | Logo Design and Palm Cards |
| L | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office soug | ht | Office held |
| ┕ | | | | |
| | Date | Payee name | | |
| L | 12/22/2023 | Best Name Badges | | |
| | Amount (\$) | Payee address; City; State; Zip Coo | le | |
| | \$249.32 | 1700 NW 65th ave, STE 4 | | |
| l | | | | |
| l | | Plantation, FL 33313 | | |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| l | OF EXPENDITURE | Printing Expense | | Check if travel outside of Texas. Complete Schedule T. |
| l | | | | Check if Austin, TX, officeholder living expense name badges for candidate & staff |
| l | | | | Traine sauges for Garialaute & Stair |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office soug | ıht | Office held |
| | expenditure to benefit C/OI | | | |
| F | Date | Payee name | | |
| | 12/22/2023 | Jakes Burgers | | |
| ⊢ | Amount (\$) | Payee address; City; State; Zip Coc | le | |
| l | \$40.44 | 601 FM 1187 | | |
| | ¥ | 302 · ··· 223 · | | |
| | | Aledo, TX 76008 | | |
| | PURPOSE | | (h) | Decariation |
| l | OF | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (D) | Description Check if travel outside of Texas. Complete Schedule T. |
| l | EXPENDITURE | 1 ood/beverage Expense | | Check if Austin, TX, officeholder living expense |
| | | | | working lunch with campaign manager |
| L | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office soug | ht | Office held |
| | expenditure to benefit C/OI | 1 | | |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | •) |
|---|--|---|---------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission | Filers) |
| | Sch: 2/3 Rpt: 7/9 | Bean, Cheryl (Ms.) 00088177 | |
| 4 | Date | 5 Payee name | |
| | 12/18/2023 | Kae Keith Social Media | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$1,000.00 | 1723 Highland Dr W | |
| | | | |
| | | Whitney, TX 76692 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF | Advertising Expense Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | start social media sites and do posts for a mo | onth |
| _ | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held OH | |
| | | | |
| | Date | Payee name | |
| | 12/05/2023 | Simmons Bank | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$37.40 | 2601 S Hulen St | |
| | | | |
| | | Fort Worth, TX 76109 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. | |
| | _/ | Check if Austin, TX, officeholder living expense order checks | |
| | | Older Checks | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | | |
| | Data | | |
| | Date 12/19/2023 | Payee name Vista Print | |
| | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$107.58 | 275 Wyman St | |
| | | | |
| | | Waltham, ME 02451 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Thank you cards | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | | |
| | | | |
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POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | y - al Co | Fees Food/Beverage Exp Gift/Awards/Memori mmittee Legal Services | ense als Expense | Polling Expense Printing Exper | ad/Rental Expense se nse es/Contract Labor | | Travel in District Travel Out of Dist | quipment & Related Expense trict category not listed above) |
|----------|--|--------------|--|-------------------------|-----------------------------------|---|-----|---------------------------------------|---|
| | Credit Card Fayment | | The Instruction | Guide explains h | low to comp | lete this form. | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 3/3 Rpt: 8/9 | | Bean, Cheryl (Ms.) | | | | | 00088177 | |
| 4 | Date | 5 | Payee name | | | | _ | | |
| | 12/07/2023 | | marketing doctors website | Э | | | | | |
| <u>-</u> | Amount (\$) | 7 | Payee address; City; | | Zip Code | | | | |
| ľ | \$3,000.00 | ľ | 1309 Cofeen Ave, #1200 | otate, | Zip Couc | | | | |
| | Ψ5,000.00 | | 1303 Colcentive, #1200 | | | | | | |
| | | | Ob - 1-1 - 1407 00004 | | | | | | |
| L | | | Sheridan, WY 82801 | | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed a | at the top of this sche | edule) (b) | Description | | | |
| | EXPENDITURE | | Advertising Expense | | | ш | | de of Texas. Comp | |
| | | | | | | develop cam | | officeholder living | expense |
| | | | | | | develop cam | μαι | gii website | |
| 9 | Complete ONLY if direct | <u>L</u> | Candidate/Officeholder name | | ffice cought | | | Office he | Id |
| " | Complete ONLY if direct expenditure to benefit C/O | | Januluale/Onicenoluel name | O | ffice sought | | | Office he | iu |
| ⊢ | | | | | | | | | |
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 9/9 Bean, Cheryl (Ms.) 00088177 Date Payee name 11/11/2023 Texas Secretary of State 6 Amount (\$) Payee address; City; State; Zip Code \$750.00 1019 Brazos St Reimbursement from political contributions intended Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** candidate filing fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH