

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00088177	<b>2 Total pages filed:</b> 22					
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Ms.	FIRST Cheryl	MI	<b>OFFICE USE ONLY</b>				
	NICKNAME	LAST Bean	SUFFIX		Date Received <b>ELECTRONICALLY FILED</b> 02/26/2024			
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 4737 Trail Bend Circle  Fort Worth, TX 76109		ZIP CODE	Date Hand-delivered or Date Postmarked				
				Receipt #      Amount				
				Date Processed				
				Date Imaged				
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Mr.	FIRST John L.	MI					
	NICKNAME	LAST Bean III	SUFFIX					
<b>6 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 4737 Trail Bend Circle  Fort Worth, TX 76109							
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION					
	(817)	944-4130						
<b>8 REPORT TYPE</b>	<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)							
<b>9 PERIOD COVERED</b>	Month	Day	Year	THROUGH	Month	Day	Year	
	01	26	2024		02	24	2024	
<b>10 ELECTION</b>	ELECTION DATE		ELECTION TYPE					
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	<input type="checkbox"/> General	<input type="checkbox"/> Special
	03	05	2024					
<b>11 OFFICE</b>	OFFICE HELD (if any)			<b>12 OFFICE SOUGHT (if known)</b> State Representative District 97				
<b>GO TO PAGE 2</b>								

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Bean, Cheryl (Ms.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00088177
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.											
<table border="1" style="width:100%"> <tr> <td style="width:20%"><b>COMMITTEE TYPE</b></td> <td style="width:80%"><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2"><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table>	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>				
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>										
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>										
	<input type="checkbox"/> SPECIFIC											
<b>COMMITTEE CAMPAIGN TREASURER NAME</b>												
<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>												

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	25,522.83
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	84,962.41
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	30,210.66
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	90,000.00

**17 AFFIDAVIT**

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.

\_\_\_\_\_  
 Ms. Cheryl Bean  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Bean, Cheryl (Ms.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00088177
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25,522.83
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 40,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 84,962.41
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 5.00

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/8 Rpt: 4/22
<b>2</b> FILER NAME Bean, Cheryl (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088177
<b>4</b> Date 01/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen, Don <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76016	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) self		<b>9</b> Employer (See Instructions)
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bates, Michele <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) asst		Employer (See Instructions) Lockheed
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blount, Jennifer <hr/> Contributor address; City; State; Zip Code  Fort worth, TX 76109	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bolser, John <hr/> Contributor address; City; State; Zip Code  Benbrook, TX 76132	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Facilities mgr		Employer (See Instructions) Air Center Helicopters
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Casarez, Kacey <hr/> Contributor address; City; State; Zip Code  Joshua, TX 76058	Amount of Contribution (\$)  \$33.62
Principal occupation / Job title (See Instructions) Office		Employer (See Instructions) B Smart Builders

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/8 Rpt: 5/22
<b>2</b> FILER NAME Bean, Cheryl (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088177
<b>4</b> Date 02/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cashion, Lance (CEO)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76132	
<b>8</b> Principal occupation / Job title (See Instructions) Ceo		<b>9</b> Employer (See Instructions) Forge Room Foundation
Date 02/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Champion, Timothy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76133	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clegg, Travis (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Keller, TX 76244	
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) Westwood Professional Services
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cole, Patricia	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76116	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coleman, Amanda	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76114	
Principal occupation / Job title (See Instructions) self		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/8 Rpt: 6/22
<b>2</b> FILER NAME Bean, Cheryl (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088177
<b>4</b> Date 02/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conner, Ross <hr/> <b>6</b> Contributor address; City; State; Zip Code  Aledo, TX 76008	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) insurance		<b>9</b> Employer (See Instructions) Hotchkiss
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elswick, Roger <hr/> Contributor address; City; State; Zip Code  Houston, TX 77068	Amount of Contribution (\$)  \$2,401.50
Principal occupation / Job title (See Instructions) Dealer		Employer (See Instructions) Community Auto
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fearer, William (Mr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$1,921.20
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) self
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferrier, Donald (Mr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76114	Amount of Contribution (\$)  \$196.06
Principal occupation / Job title (See Instructions) Builder		Employer (See Instructions) Ferrier Homes
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garnett, Susan <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$240.15
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) MHMR Tarrant

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/8 Rpt: 7/22
<b>2</b> FILER NAME Bean, Cheryl (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088177
<b>4</b> Date 02/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gunderson, Monica (Ms.)	<b>7</b> Amount of Contribution (\$) \$240.15
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hammer & Nails PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76102	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hardgrove, Sam (Mr.)	Amount of Contribution (\$) \$48.03
	Contributor address; City; State; Zip Code  Fort worth, TX 76123	
Principal occupation / Job title (See Instructions) HVAC		Employer (See Instructions) self
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Homepac	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lindenmann, Doug	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code  Holliday, TX 78368	
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Drilling, Production, & Ranching

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/8 Rpt: 8/22
<b>2</b> FILER NAME Bean, Cheryl (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088177
<b>4</b> Date 02/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maykus, Eason (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Southlake, TX 76092	
<b>8</b> Principal occupation / Job title (See Instructions) Builder		<b>9</b> Employer (See Instructions) Maykus homes
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montgomery, John	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lullian, TX 76061	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montgomery, John	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lullian, TX 76061	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore, Sherry (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Benbrook, TX 76126	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moss, Danny	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Haslet, TX 76052	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/8 Rpt: 9/22
<b>2</b> FILER NAME Bean, Cheryl (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088177
<b>4</b> Date 02/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mullinnix, William (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Joshua, TX 76058	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Lead Project Manager		<b>9</b> Employer (See Instructions) B Smart Builders
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paquette, Roland <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76108	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pence, Emily (Ms.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) B Smart Builders
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Puente, Vince <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76112	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) co-owner		Employer (See Instructions) SOS
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pugh, AI <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76112	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) AI Pugh Company

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/8 Rpt: 10/22
<b>2</b> FILER NAME Bean, Cheryl (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088177
<b>4</b> Date 02/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reel, Aundrea <hr/> <b>6</b> Contributor address; City; State; Zip Code  Southlake, TX 76092	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rudy, Ann <hr/> Contributor address; City; State; Zip Code  Cresson, TX 76035	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Teague, Brandon <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76116	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) Teague Lumber
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tinney, Rodney (CEO) <hr/> Contributor address; City; State; Zip Code  Burleson, TX 76028	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Air Center Helicopters
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willis, Roy (Mr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76179	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) trucker		Employer (See Instructions) American One Source

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/8 Rpt: 11/22
<b>2</b> FILER NAME Bean, Cheryl (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088177
<b>4</b> Date 02/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiseman, Karen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	<b>7</b> Amount of Contribution (\$)  \$750.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 12/22
<b>2</b> FILER NAME Bean, Cheryl (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088177
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 02/05/2024	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Cheryl (Ms.)	<b>9</b> Loan Amount (\$) \$25,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Fort Worth, TX 76109	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) owner		<b>13</b> Employer (See Instructions) B Smart Builders, LLC
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>19</b> Amount Guaranteed (\$)		
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)
Date of loan 02/22/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Cheryl (Ms.)	Loan Amount (\$) \$15,000.00
Is lender a financial institution? No	Lender address; City; State; Zip Code  Fort Worth, TX 76109	Interest Rate
		Maturity Date
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) B Smart Builders, LLC
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
Amount Guaranteed (\$)		
Principal occupation		Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/9 Rpt: 13/22	<b>2</b> FILER NAME Bean, Cheryl (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088177
<b>4</b> Date 02/15/2024	<b>5</b> Payee name Axiom Strategies	
<b>6</b> Amount (\$) \$10,988.00	<b>7</b> Payee address; City; State; Zip Code 800 W 47th st, STE 200  Kansas City, MT 64112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mailer
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/13/2024	Payee name Axiom Strategies	
Amount (\$) \$1,413.00	Payee address; City; State; Zip Code 800 W 47th st, STE 200  Kansas City, MT 64112	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Palm Cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2024	Payee name Axiom Strategies	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 800 W 47th st, STE 200  Kansas City, MT 64112	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consultant fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/9 Rpt: 14/22	<b>2</b> FILER NAME Bean, Cheryl (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088177
<b>4</b> Date 02/01/2024	<b>5</b> Payee name Axiom Strategies	
<b>6</b> Amount (\$) \$10,988.00	<b>7</b> Payee address; City; State; Zip Code 800 W 47th st, STE 200  Kansas City, MT 64112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mailer
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2024	Payee name Axiom Strategies	
Amount (\$) \$13,366.00	Payee address; City; State; Zip Code 800 W 47th st, STE 200  Kansas City, MT 64112	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mailer P04
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2024	Payee name Axiom Strategies	
Amount (\$) \$13,366.00	Payee address; City; State; Zip Code 800 W 47th st, STE 200  Kansas City, MT 64112	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mailer O03
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 3/9 Rpt: 15/22	<b>2</b>	FILER NAME Bean, Cheryl (Ms.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00088177
<b>4</b>	Date 01/29/2024	<b>5</b>	Payee name Axiom Strategies		
<b>6</b>	Amount (\$) \$10,736.88	<b>7</b>	Payee address; City; State; Zip Code 800 W 47th st, STE 200  Kansas City, MT 64112		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense text messages		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/23/2024		Payee name Escape Key Solutions		
	Amount (\$) \$531.25		Payee address; City; State; Zip Code 1723 Highland Dr W  Whitney, TX 76692		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense social media		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/23/2024		Payee name Facebook		
	Amount (\$) \$75.00		Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense facebook post - boost		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/9 Rpt: 16/22	<b>2</b> FILER NAME Bean, Cheryl (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088177
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<b>4</b> Date 02/20/2024	<b>5</b> Payee name Facebook
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<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boost facebook post
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/20/2024	Payee name Facebook
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Amount (\$) \$35.00	Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boost facebook post
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/15/2024	Payee name Facebook
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Amount (\$) \$25.00	Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, TX 94025
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boost facebook post
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/9 Rpt: 17/22	<b>2</b> FILER NAME Bean, Cheryl (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088177
<b>4</b> Date 02/12/2024	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) \$15.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, TX 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boost facebook post
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/09/2024	Payee name Facebook	
Amount (\$) \$7.00	Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boost facebook post
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/08/2024	Payee name Facebook	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boost Facebook post
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/9 Rpt: 18/22	<b>2</b> FILER NAME Bean, Cheryl (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088177
<b>4</b> Date 02/07/2024	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) \$2.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boost facebook ad
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2024	Payee name Facebook	
Amount (\$) \$2.00	Payee address; City; State; Zip Code 1 Hacker Way  California, TX 94025	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense facebook ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2024	Payee name Facebook	
Amount (\$) \$2.00	Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, TX 94025	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense facebook ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/9 Rpt: 19/22	<b>2</b> FILER NAME Bean, Cheryl (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088177
<b>4</b> Date 02/07/2024	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) \$2.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, TX 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense facebook ad
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2024	Payee name Hopper, Chris	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 129 Coronado Trail  Weatherford, TX 76087	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense block walking & campaigning
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/15/2024	Payee name Remington Research Group	
Amount (\$) \$5,700.00	Payee address; City; State; Zip Code 800 W 47th St, STE 200  Kansas City, MT 64112	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense polling
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/9 Rpt: 20/22	<b>2</b> FILER NAME Bean, Cheryl (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088177
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<b>4</b> Date 02/05/2024	<b>5</b> Payee name Simmons Bank
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<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code 2601 S Hulen St  Fort Worth, TX 76109
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service charge
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/22/2024	Payee name Staples
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Amount (\$) \$43.28	Payee address; City; State; Zip Code 1660 S University  Fort Worth, TX 76107
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense paper for printing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/30/2024	Payee name The What's Up Radio Program
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Amount (\$) \$8,000.00	Payee address; City; State; Zip Code 10924 Grant Road, #133  Houston, TX 77070
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LINKletter advertisement
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/9 Rpt: 21/22	<b>2</b> FILER NAME Bean, Cheryl (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088177
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<b>4</b> Date 02/23/2024	<b>5</b> Payee name marketing doctors website
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<b>6</b> Amount (\$) \$3,000.00	<b>7</b> Payee address; City; State; Zip Code 1309 Cofeen Ave, #1200  Sheridan, WY 82801
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website development
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/01/2024	Payee name marketing doctors website
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Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 1309 Cofeen Ave, #1200  Sheridan, WY 82801
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website work
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 22/22
<b>2</b> FILER NAME Bean, Cheryl (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088177
<b>4</b> Date 01/26/2024	<b>5</b> Name of person from whom amount is received Simmons Bank	<b>8</b> Amount (\$) \$5.00
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Fort Worth, TX 76109	
	<b>7</b> Purpose for which amount is received interest on check acct	<input type="checkbox"/> Check if political contribution returned to filer