

# 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</b> Filer ID<br>(Ethics Commission Filers)<br>00081731 | <b>2</b> Total pages filed:<br>6  |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME   | MS / MRS / MR<br>The Honorable   | FIRST<br>Beverly Volkman                                    | MI<br>  | <b>OFFICE USE ONLY</b><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>07/14/2024 |
|  | NICKNAME   | LAST<br>Powell  | SUFFIX  |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input checked="" type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>4244 Oak Park Ct<br><br>Fort Worth, TX 76107   |   | ZIP CODE  | Date Hand-delivered or Date Postmarked   |
|  |  |   | Receipt #   | Amount   |
|  |  |   | Date Processed  |  |
|  |  |   | Date Imaged   |  |
| <b>5</b> CAMPAIGN TREASURER NAME   | MS / MRS / MR<br>Mrs.  | FIRST<br>Jennifer Giddings                                  | MI<br>  |  |
|  | NICKNAME   | LAST<br>Brooks  | SUFFIX  |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)   | STREET ADDRESS (NO PO BOX PLEASE);<br>5032 Highland Meadow Dr.<br><br>Ft. Worth, TX 76132  |   | APT / SUITE #;  | CITY; STATE; ZIP CODE  |
|  |  |   |   |  |
| <b>7</b> CAMPAIGN TREASURER PHONE  | AREA CODE<br>(817)   | PHONE NUMBER<br>996-5657                                    | EXTENSION   |  |
| <b>8</b> 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)   |   |   |  |
| <b>9</b> PERIOD COVERED  | Month    Day    Year<br>01/01/2024   | THROUGH   | Month    Day    Year<br>06/30/2024  |  |
| <b>10</b> ELECTION   | ELECTION DATE<br>Month    Day    Year  |   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |
|  |  |   |   |  |
| <b>11</b> OFFICE   | OFFICE HELD (if any)<br>None   |   | <b>12</b> OFFICE SOUGHT (if known)<br>None  |  |

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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**13 C / OH NAME** Powell, Beverly Volkman (The Honorable) **14 Filer ID** (Ethics Commission Filers)  
00081731

**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

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.

|  |   |
|--|---|
| <b>COMMITTEE TYPE</b><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | <b>COMMITTEE NAME</b>                       |
|  | <b>COMMITTEE ADDRESS</b>                    |
|  | <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)   | \$ | 0.00     |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00     |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ | 7,066.27 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 573.99   |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 0.00     |

**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.

\_\_\_\_\_  
 The Honorable Beverly Volkman Powell  
 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><br>Powell, Beverly Volkman (The Honorable) | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00081731 |
|---|---|

| <b>20 SCHEDULE SUBTOTALS</b>           |  | <b>SUBTOTAL AMOUNT</b> |
|--|--|------------------------|
| <b>NAME OF SCHEDULE</b>                |  |                        |
| 1. <input type="checkbox"/>            | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                     |
| 2. <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                     |
| 3. <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                     |
| 4. <input type="checkbox"/>            | SCHEDULE E: LOANS  | \$                     |
| 5. <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ 7,066.27            |
| 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 type="checkbox"/>           | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                     |

# 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:<br>Sch: 1/3 Rpt: 4/6       | <b>2</b> FILER NAME<br>Powell, Beverly Volkman (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081731   |
| <b>4</b> Date<br>04/09/2024                                  | <b>5</b> Payee name<br>Burluson Opportunity Fund  |  |
| <b>6</b> Amount (\$)<br>\$2,750.00                           | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 3097<br><br>Burluson, TX 76028  |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation             |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>04/08/2024   | Payee name<br>Colin Allred for Senate   |  |
| Amount (\$)<br>\$1,000.00                                    | Payee address; City; State; Zip Code<br>PO Box 601631<br><br>Dallas , TX 75360  |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation             |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>01/02/2024   | Payee name<br>Google  |  |
| Amount (\$)<br>\$165.21                                      | Payee address; City; State; Zip Code<br>1600 Amphitheatre Parkway<br><br>Mountain View, CA 94043  |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online Storage/Email |
| 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:<br>Sch: 2/3 Rpt: 5/6       | <b>2</b> FILER NAME<br>Powell, Beverly Volkman (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081731  |
| <b>4</b> Date<br>05/16/2024                                  | <b>5</b> Payee name<br>Lone Star Project Nonfederal   |   |
| <b>6</b> Amount (\$)<br>\$1,000.00                           | <b>7</b> Payee address; City; State; Zip Code<br>6 E St SE<br><br>Washington, DC 20003  |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation    |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>01/22/2024   | Payee name<br>Name Cheap  |   |
| Amount (\$)<br>\$16.06                                       | Payee address; City; State; Zip Code<br>4600 East Washington Street, Unit 305<br><br>Phoenix, AZ 85034  |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>URL Renewal |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>04/10/2024   | Payee name<br>Planned Parenthood of Greater Texas   |   |
| Amount (\$)<br>\$500.00                                      | Payee address; City; State; Zip Code<br>7424 Greenville Avenue<br>Suite 206<br>Dallas, TX 75231   |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation    |
| 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:<br>Sch: 3/3 Rpt: 6/6       | <b>2</b> FILER NAME<br>Powell, Beverly Volkman (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081731  |
| <b>4</b> Date<br>01/02/2024                                  | <b>5</b> Payee name<br>Southside Bank   |   |
| <b>6</b> Amount (\$)<br>\$135.00                             | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 1079<br><br>Tyler, TX 75710   |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Fees |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>03/05/2024   | Payee name<br>Texas Wesleyan University   |   |
| Amount (\$)<br>\$1,000.00                                    | Payee address; City; State; Zip Code<br>1201 Wesleyan St<br><br>Fort Worth, TX 76105  |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation  |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>03/06/2024   | Payee name<br>Texas Wesleyan University   |   |
| Amount (\$)<br>\$500.00                                      | Payee address; City; State; Zip Code<br>1201 Wesleyan St<br><br>Fort Worth, TX 76105  |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation  |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |