

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

|   |   |   |   |  |
|---|---|---|---|--|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                              |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00088025 | <b>2</b> Total pages filed:<br><br>7  |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>Ms.  | FIRST<br>Elizabeth  | MI  | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>01/08/2025 |
|   | NICKNAME  | LAST<br>Beyer   | SUFFIX  |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>707 Lexington Rd<br><br>Elgin, TX 78621   |   | ZIP CODE  | Date Hand-delivered or Date Postmarked   |
|   |   |   |   | Receipt #      Amount  |
|   |   |   |   | Date Processed   |
|   |   |   |   | Date Imaged  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Ms.  | FIRST<br>Dianna   | MI  |  |
|   | NICKNAME  | LAST<br>Greenwood   | SUFFIX  |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);<br>906 Main Street<br><br>Bastrop, TX 78602  |   | APT / SUITE #;  | CITY; STATE; ZIP CODE  |
|   |   |   |   |  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE<br>(330)  | PHONE NUMBER<br>418-9164                                    | EXTENSION   |  |
| <b>8</b> REPORT TYPE  | <input checked="" 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 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>07/01/2024  | THROUGH   | Month    Day    Year<br>12/31/2024  |  |
| <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>District Judge District 465 Bastrop   |   | <b>12</b> OFFICE SOUGHT (if known)  |  |

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 7

|  |   |
|--|---|
| <b>13 C / OH NAME</b> Beyer, Elizabeth (Ms.) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00088025 |
|--|---|

|  |  |                          |                                  |                          |                                   |  |  |   |  |  |  |
|--|--|--------------------------|----------------------------------|--------------------------|-----------------------------------|--|--|---|--|--|--|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><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 style="width:100%"> <tr> <td style="width:30%"><b>COMMITTEE TYPE</b></td> <td><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><br>(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>   | \$ 802.47   |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 1,045.28 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ 2,500.00 |

**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. Elizabeth Beyer  
 \_\_\_\_\_  
 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 oath | Printed name of officer administering oath | Title of officer administering oath |
|---|--|-------------------------------------|

**SUBTOTALS - JC/OH**

|  |   |                                |                            |
|--|---|--------------------------------|----------------------------|
| <b>18 FILER NAME</b><br>Beyer, Elizabeth (Ms.)   |   | <b>19 Filer ID</b><br>00088025 | (Ethics Commission Filers) |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   |                                | SUBTOTAL AMOUNT            |
| 1.   | <input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                        | \$                             |                            |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                             |                            |
| 3.   | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                    | \$                             |                            |
| 4.   | <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)  | \$                             |                            |
| 5.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$                             | 790.59                     |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$                             | 11.88                      |
| 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                        | 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:<br>Sch: 1/1 Rpt: 4/7 | <b>2</b> FILER NAME<br>Beyer, Elizabeth (Ms.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088025 |
|--|---|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>08/19/2024 | <b>5</b> Payee name<br>Bastrop County Republican Party |
|-----------------------------|--|

|                                  |  |
|----------------------------------|--|
| <b>6</b> Amount (\$)<br>\$750.00 | <b>7</b> Payee address; City; State; Zip Code<br>443 State Hwy 71<br><br>Bastrop, TX 78602 |
|----------------------------------|--|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event 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>Purchase of table at party fundraiser |
|---------------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                |
|--------------------|--------------------------------|
| Date<br>08/20/2024 | Payee name<br>Southside Market |
|--------------------|--------------------------------|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$40.59 | Payee address; City; State; Zip Code<br>1212 US Hwy 290<br><br>Elgin, TX 78621 |
|------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage 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>Food at political event (BCC) |
|-------------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G:<br>Sch: 1/2 Rpt: 5/7  | <b>2</b> FILER NAME<br>Beyer, Elizabeth (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088025   |
| <b>4</b> Date<br>07/09/2024  | <b>5</b> Payee name<br>GoDaddy   |  |
| <b>6</b> Amount (\$)<br>\$2.97<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>2155 E GoDaddy Way<br><br>Tempe, AZ 85284                                   |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                               | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website maintenance |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held |  |
| Date<br>08/09/2024   | Payee name<br>GoDaddy  |  |
| Amount (\$)<br>\$2.97<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>2155 E GoDaddy Way<br><br>Tempe, AZ 85284  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website maintenance            |
|  | <b>Complete ONLY if direct expenditure to benefit C/OH</b><br>Candidate/Officeholder name Office sought Office held          |  |
| Date<br>09/09/2024   | Payee name<br>GoDaddy  |  |
| Amount (\$)<br>\$2.97<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>2155 E GoDaddy Way<br><br>Tempe, AZ 85284  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website maintenance            |
|  | <b>Complete ONLY if direct expenditure to benefit C/OH</b><br>Candidate/Officeholder name Office sought Office held          |  |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G:<br>Sch: 2/2 Rpt: 6/7   | <b>2</b> FILER NAME<br>Beyer, Elizabeth (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088025   |             |
| <b>4</b> Date<br>10/09/2024   | <b>5</b> Payee name<br>GoDaddy   |  |             |
| <b>6</b> Amount (\$) \$2.97<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>2155 E GoDaddy Way<br><br>Tempe, AZ 85284     |  |             |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website maintenance |             |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought  | Office held |

# OUTSTANDING LOANS

## SCHEDULE L

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule L:<br>Sch: 1/1 Rpt: 7/7    |
| <b>2</b> FILER NAME<br>Beyer, Elizabeth (Ms.)                    |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088025 |
| LENDER INFORMATION   | <b>4</b> Name of lender<br>Beyer, Elizabeth  |  |
|  | <b>5</b> Lender address; City; State; Zip Code<br><br>Elgin, TX 78621                                |  |
| GUARANTOR INFORMATION  | <b>6</b> Name of guarantor   |  |
|  | <input checked="" type="checkbox"/> not applicable <b>7</b> Guarantor address; City; State; Zip Code |  |