CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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Th	e C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00088177	sion Filers)	2 Total pages f	iled: 14
3	CANDIDATE /	MS / MRS / MR	FIRST	-	MI	OFFICE	USE ONLY
l	OFFICEHOLDER	Ms.	Cheryl			OFFICE	USE UNLT
l	NAME	IVIS.	Cheryi			Date Received	
l						ELECTRONIC	ALLY FILED
l		NICKNAME	LAST		SUFFIX	01/15/2025	
l		NICKNAME			SUFFIX	01/10/2020	
			Bean				
4	CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked
l	OFFICEHOLDER	4737 Trail Bend Circle	•	•			
l	MAILING	Trail Bella Circle				Receipt #	Amount
l	ADDRESS						
	Change of Address	Fort Worth, TX 76109				Date Processed	
l						Date Processed	
l							
l						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI		
l	TREASURER	Mr.	John L.				
	NAME						
l		NICKNAME	LAST		SUFFIX		
l			Bean III				
l							
6	CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE):	ΔΡΤ	/ SUITE #; CITY;	ST	ATE; ZIP CODE
ľ	TREASURER		BOXT LLASE),	ALI	7 3011 E #, CITT,	31	ATE, ZII CODE
	ADDRESS	4737 Trail Bend Circle					
l	(Residence or Business)						
l	(Nocidentes of Edemoss)	Fort Worth, TX 76109					
l							
7	CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
ľ	TREASURER	(817) 944-4130					
	PHONE	(817) 944-4130					
ᆫ							
8	REPORT	I	_	_	_	-	
	TYPE	X January 15	30th day before	election	Runoff	15th day after ca appointment (of	ampaign treasurer
l			8th day before	alaction \square	Eveneded modified	-	
		July 15	sui day before	election	Exceeded modified reporting limit	Final Report (At	lacii C/OH-FR)
$ldsymbol{ld}}}}}}$					· •		
9	PERIOD	Month Day Year			Month Day	Year	
l	COVERED	07/01/2024	T⊦	IROUGH	12/31/202	4	
l							
10	ELECTION	ELECTION DATE			ELECTION TYPE		
ľ	LLLOTION	Month Day Year		rimary	Runoff	Other	
l		05/28/2024		iiiiaiy	Italion	Other	
l		03/28/2024	∏G	eneral	Special		
l					_		
11	OFFICE	OFFICE HELD (if any)			12 OFFICE COLICUT	(if known)	
	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
l		None Tarrant			State Representa	ative District 97	
l							
\vdash		I.			<u> </u>		
l							
l							
l			GO T	O PAGE 2			
I							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 14

13 C / OH NAME	Bean, Cheryl (Ms.)		14 Filer ID (00088177	Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a dofficeholders are required to report this information	the candidate's or office	holder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00					
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 150.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00					
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 64,495.18					
CONTRIBUTION BALANCE	REPORTING PE			\$ 11,287.01					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 133,994.17					
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.							
		M	s. Cheryl Bean						
			Candidate or Officeholo	der					
AFFIX NO	TARY STAMP / SEAL AB	OVE							
Sworn to and subs	cribed before me, by the s	aid	, this the	day					
		ertify which, witness my hand and seal of office.							
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath					

SUBTOTALS - C/OH

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

					3 of 14
	ER NAN	ME eryl (Ms.)	19 Filer ID 00088177	(Eth	nics Commission Filers)
20 SCI	HEDUL	E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	150.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	Х	SCHEDULE E: LOANS		\$	53,844.17
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	;	\$	50,107.39
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	Х	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$	14,387.79
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$	
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	30.00

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/14	
2	FILER NAME Bean, Chery	l (Ms.)			3	Filer ID (Ethics Commission 00088177	ı Filers)
4	Date 12/30/2024	Johnson, BK (Ms.)	ıt-of-state PAC (ID#: p Code)	7	Amount of Contribution (\$)	\$25.00
8	Dringinal occu	Ft Worth, TX 76109 pation / Job title (See Instructions)	اه	Employer (See Instructions			
•	retired	pation / Job title (See Instructions)		retired	')		
	Date 11/27/2024	Full name of contributor ou Johnson, BK (Ms.) Contributor address; City; State; Zi				Amount of Contribution (\$)	\$25.00
	Principal occu	Ft Worth, TX 76109 pation / Job title (See Instructions)		Employer (See Instructions	:)		
	retired	,		retired	,		
	Date 10/29/2024	Full name of contributor	p Code)		Amount of Contribution (\$)	\$25.00
		Ft Worth, TX 76109					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	i)		
	Date 09/27/2024	Full name of contributor ou Johnson, BK (Ms.) Contributor address; City; State; Zi Ft Worth, TX 76109	nt-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$25.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 08/28/2024	Johnson, BK (Ms.)	p Code			Amount of Contribution (\$)	\$25.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	<u>.</u>		
			•				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDU	LE A1	
	The Instru	ction Guide explains how to complete this f		Total pages Schedule A1: Sch: 2/2 Rpt: 5/14		
2	FILER NAME Bean, Chery				Filer ID (Ethics Commissi	on Filers)
4	Date 07/29/2024	5 Full name of contributor out-of-state PAC (ID#: Johnson, BK (Ms.) 6 Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$25.00	
8	Principal occu	Ft Worth, TX 76109 spation / Job title (See Instructions)	9 Employer (See Instructions	ıs)		
	retired	,	retired	-,		

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to complet	te this f	orm.	1	ages Schedule E: /1 Rpt: 6/14
2	FILER NAME Bean, Cheryl (M	1s.)			3 Filer ID 00088	(Ethics Commission Filers)
4	TOTAL OF UN	NITEMIZED LOANS			1	\$
5	Date of loan 07/16/2024	7 Name of lender out-	of-state PA	C (ID#:		9 Loan Amount (\$) \$53,844.17
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
	No	Fort Worth, TX 76109				11 Maturity Date
12	Principal occupati Business Owne	on / Job title (See Instructions) r		13 Employer (See Instructions Air Center Helicopters	S)	
14	Description of Col	lateral		15 Check if personal funds we	ere deposite	ed into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupati	on		21 Employer (See Instructions	s)	
_						

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this for	rm.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 1/5 Rpt: 7/14	Bean, Cheryl (Ms.)		0008817	77
4 Date	5 Payee name		· ·	
09/23/2024	Bean, cheryl			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$10,000.00	4737 Trail Bend Cir			
	FORT WORTH, TX 76109			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descript	ion	
OF EXPENDITURE	Loan Repayment/Reimbursement	Check	if travel outside of Texas.	
EXI ENDITORE			if Austin, TX, officeholder	living expense
		Керау	Candidate loan	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office	e held
expenditure to benefit C/O		agni	Offic	e neiu
	Г			
Date	Payee name			
10/03/2024	Enchilada Ole			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$539.81	6473 Camp Bowie Blvd.			
	Fort Worth, TX 76116			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descript		
EXPENDITURE	Event Expense	. —	if travel outside of Texas. if Austin, TX, officeholder	
		event fo		3 - 1
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Offic	e held
expenditure to benefit C/O	Н			
Date	Payee name			
07/23/2024	Hanes, Eva			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$14,000.00	5218 Loch Lomond Dr			
	Waco, TX 76710			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descript	ion	
OF	Advertising Expense		if travel outside of Texas.	Complete Schedule T.
EXPENDITURE	, tavertiening Experies		if Austin, TX, officeholder	
		political	social media con	sultant
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught	Office	e held
experialities to beliefft C/O				

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Cabadula F1:	· · · · · · · · · · · · · · · · · · ·	-)
	Total pages Schedule F1:		')
	Sch: 2/5 Rpt: 8/14	Bean, Cheryl (Ms.) 00088177	
4	Date	5 Payee name	
	07/18/2024	MFT Strategies	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$17,500.00	121163 Coyote Call Way	
	, ,		
		Austin TV 7072F	
		Austin, TX 78725	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Campaign Consulting services	
		Campaign Consulting Services	
Ļ	0 1. 5		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to benefit of or	"	
	Date	Payee name	
	12/19/2024	McDonalds	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$32.09	3300 Hulen St	
	Ψ02.00		
		F W TV 70407	
		Fort Worth, TX 76107	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense lunch for volunteers	
		iditation voidingers	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to benefit 6/61		
	Date	Payee name	
	09/25/2024	Mulholand Printing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,598.00	1200 W Berry St	
	+=,555100		
		Fort worth TV 76110	
		Fort worth, TX 76110	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		signs	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	onpenditure to beliefft C/OI	••	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this forn	n.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 3/5 Rpt: 9/14	Bean, Cheryl (Ms.)			00088177	
4	Date	5 Payee name		·		
	10/15/2024	Mullholand Printing				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$5,196.00	1200 W Berry St				
		Fort worth, TX 76110				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Printing Expense	=		de of Texas. Com officeholder living	plete Schedule T.
			signs	Austill, 1A,	officerolder living	у ехрепзе
			3			
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	t		Office he	eld
	expenditure to benefit C/OI	1				
F	Date	Payee name				
	11/27/2024	Office Depot				
	Amount (\$)	Payee address; City; State; Zip Code	!			
	\$28.99	2601 S Hulen St				
		Fort Worth, TX 76109				
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n		
	OF EXPENDITURE	Printing Expense			de of Texas. Com	
			D Check if paper su		officeholder living	g expense
			ραρεί 3α	ipplies		
┝	Complete ONLY if direct	Candidate/Officeholder name Office sough	t		Office he	eld .
	expenditure to benefit C/OI	•				
F	Date	Payee name				
	12/05/2024	Simmons bank				
┝	Amount (\$)	Payee address; City; State; Zip Code				
	\$10.00	2601 S. Hulen Street				
		Fort Worth, TX 76109				
H	PURPOSE) Description	n		
	OF	Accounting/Banking			de of Texas. Com	plete Schedule T.
	EXPENDITURE				officeholder living	j expense
			bank acc	count re	е	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	t		Office he	ald
	expenditure to benefit C/OI		ι		Office He	ราน -

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officenoider/Politica 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: 4/5 Rpt: 10/14	Bean, Cheryl (Ms.) 00088177
4	Date	5 Payee name
	11/05/2024	Simmons bank
6	Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 2601 S. Hulen Street
		Fort Worth, TX 76109
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense bank account fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/07/2024	Simmons bank
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 2601 S. Hulen Street
		Fort Worth, TX 76109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense bank account fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/05/2024	Payee name Simmons bank
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 2601 S. Hulen Street
		Fort Worth, TX 76109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense bank account fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to con	nplete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 5/5 Rpt: 11/14	Bean, Cheryl (Ms.)	00088177
4 Date	5 Payee name	
08/05/2024	Simmons bank	
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Coo 2601 S. Hulen Street	le
	Fort Worth, TX 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense bank account fee
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office soug	ht Office held
Date	Payee name	
10/28/2024	mullholand Printing	
Amount (\$) \$162.50	Payee address; City; State; Zip Coo 1200 W Berry St Fort worth, TX 76110	de
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office soug	ht Office held

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - d -	Committee	Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services	e Expense	Polling Exp Printing Ex	nead/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Di		
	Credit Card Payment			The Instruction Gui	de explains h						
1	Total pages Schedule H:	2	FILER NAME	E				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 1/1 Rpt: 12/14		Bean, Cher	ryl (Ms.)					00088177		
4	Date	5	Business na	me							
	07/26/2024		B Smart Bu	uilders, LLC							
6	Amount (\$)	7	Business add	dress; City;	State;	Zip Cod	de				
	\$14,387.79		5148 E Vicl			·					
			Benbrook,	TX 76116							
8	PURPOSE	(a					(b) Description	По	theck if travel outs	ide of Texas. Complete S	Schedule T
Ū	OF	```	Advertising	See Categories listed at the	e top of this sche	aule)	(b) Beschpaen	_		, officeholder living expen	
	EXPENDITURE		, la vortioning	LAPONOO			signage sup	— port	t		
							_				
9	Complete ONLY if direct		Candidate/Off	ficeholder name	O	ffice souç	jht		Office h	eld	
	expenditure to benefit C/OI	Н									

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCH	FD	ш	F	k
эсп	ᄆ	UL	. =	•

	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K: /2 Rpt: 13/14	
2	FILER NAME		3	Fil	er ID	(Ethics Commission Fi	lers)
	Bean, Cheryl (Ms.)			00	0088	177	
4	Date	5 Name of person from whom amount is received	<u> </u>			8 Amount (\$)	
	12/27/2024	Simmons Bank					\$5.00
							40.00
		6 Address of person from whom amount is received; City; State; Zip Code					
		Fort Worth, TX 76109					
			1111	_			
	<u> </u>		Oliti	cal contribution returned to filer			
		bank interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	11/26/2024	Simmons Bank					\$5.00
		Address of person from whom amount is received; City; State; Zip Code	•••••				
		Fort Worth, TX 76109					
		Purpose for which amount is received Check if p	oliti	cal	contri	ibution returned to filer	
		bank interest					
	Data					Δ (Φ)	
	Date	Name of person from whom amount is received				Amount (\$)	ΦΕ 00
	10/28/2024	Simmons Bank					\$5.00
		Address of person from whom amount is received; City; State; Zip Code					
		Fart Marth, TV 70400					
		Fort Worth, TX 76109					
			oliti	cal	contri	ibution returned to filer	
		bank interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	09/26/2024	09/26/2024 Simmons Bank				\$5.00	
		Address of person from whom amount is received; City; State; Zip Code	•••••	•••••			
		Fort Worth, TX 76109					
		Purpose for which amount is received Check if p	oliti	cal	contri	ibution returned to filer	
		bank interest					
	Data	Name of parson from whom amount is received				Amount (\$)	
	Date 08/27/2024	Name of person from whom amount is received Simmons Bank				Amount (\$)	\$5.00
	00/2//2024						Φ5.00
		Address of person from whom amount is received; City; State; Zip Code					
		Fout Mouth, TV 7C100					
		Fort Worth, TX 76109					
			oliti	cal	contri	ibution returned to filer	
		bank interest					

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 14/14 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Bean, Cheryl (Ms.) 00088177 8 Amount (\$) Date 5 Name of person from whom amount is received 07/06/2024 \$5.00 Simmons Bank 6 Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76109 Purpose for which amount is received Check if political contribution returned to filer bank interest