

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1 Filer ID (Ethics Commission Filers) 00085582		2 Total pages filed: 29		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Andrea	MI MI	Date Received ELECTRONICALLY FILED 07/14/2025	
	NICKNAME	LAST Beall	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit		Amount	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)		Date Imaged	
5 ORIGINAL PERIOD COVERED	Month Day Year 01/01/2025	THROUGH	Month Day Year 06/30/2025		

6 EXPLANATION OF CORRECTION

I entered my total as maintained by the last day of the prior reporting period as opposed to the current reporting period. I have now updated the total amount maintained by the last day of this current reporting period.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☒ **Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Andrea Beall

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00085582		2 Total pages filed: 29		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable		FIRST Andrea	MI		
	NICKNAME		LAST Beall	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE		
		REDACTED PER 254.0313, GOV'T CODE				
		Date Hand-delivered or Date Postmarked				
		Receipt #		Amount		
		Date Processed				
		Date Imaged				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.		FIRST Kathleen	MI		
	NICKNAME		LAST Flavin	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE	
	REDACTED PER 254.0313, GOV'T CODE					
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(713)	412-4640				
8 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)					
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year	
		01/01/2025			06/30/2025	
10 ELECTION	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		
				03/03/2026		
11 OFFICE	OFFICE HELD (if any) District Judge District 185 Harris			12 OFFICE SOUGHT (if known) District Judge District 185		

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Beall, Andrea (The Honorable)	14 Filer ID (Ethics Commission Filers) 00085582
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15 NOTICE FROM POLITICAL COMMITTEE(S) <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.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 35,985.09
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 1,535.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 36,366.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 8,200.00

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 Andrea Beall

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

FORM JC/OH
COVER SHEET PG 3

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18 FILER NAME Beall, Andrea (The Honorable)		19 Filer ID 00085582	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	34,355.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	1,630.09
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	\$	1,535.94
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	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/17 Rpt: 5/29
2 FILER NAME Beall, Andrea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085582
4 Date 06/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agosto, Ben <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$1,000.00</div>
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Abraham Watkins		11 Law firm of contributor's spouse (if any) Harris County District Attorney's Office
12 If contributor is a child, law firm of parent(s) (if any)		

Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ash, Brandon <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$100.00</div>
Contributor's Principal Occupation Engineer		Contributor's Job Title Director
Contributor's employer/law firm United Airlines		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azios, Aaron <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$5.00</div>
Contributor's Principal Occupation Canvasser		Contributor's Job Title Canvasser
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/17 Rpt: 6/29
2 FILER NAME Beall, Andrea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085582
4 Date 06/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bresler, Jessica <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm n/a		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Aaron <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Aaron Chapman Law PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chernoff, Edward <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Chernoff Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/17 Rpt: 7/29
2 FILER NAME Beall, Andrea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085582
4 Date 06/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contreras, Juan <hr/> 6 Contributor address; City; State; Zip Code Rosharon, TX 77583	7 Amount of Contribution (\$) \$300.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortes, Eddie <hr/> Contributor address; City; State; Zip Code Houston, TX 77076	Amount of Contribution (\$) \$1,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dupont II, Todd <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/17 Rpt: 8/29
2 FILER NAME Beall, Andrea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085582
4 Date 06/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, David <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77024	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilliam, Matt <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Gilliam Law PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Casey <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Casey Gonzalez Law, PLLC		Law firm of contributor's spouse (if any) EGJ Law, PLLC
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/17 Rpt: 9/29
2 FILER NAME Beall, Andrea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085582
4 Date 06/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Lance <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Partner
10 Contributor's employer/law firm Lance C. Hamm Lawyer Professional Corporation		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Cary <hr/> Contributor address; City; State; Zip Code Houston, TX 77011	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Cary H. Hart		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houthuijzen, Alexander <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any) Harris County Attorney's Office
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/17 Rpt: 10/29
2 FILER NAME Beall, Andrea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085582
4 Date 06/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irvin, Cheryl <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77003	7 Amount of Contribution (\$) <div style="text-align: right;">\$500.00</div>
8 Contributor's Principal Occupation Lawyer		9 Contributor's Job Title Lawyer
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivey, Shanae <hr/> Contributor address; City; State; Zip Code Houston, TX 77003	Amount of Contribution (\$) <div style="text-align: right;">\$50.00</div>
Contributor's Principal Occupation Physician's Assistant		Contributor's Job Title Physician's Assistant
Contributor's employer/law firm MD Anderson		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keiter, Justin <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) <div style="text-align: right;">\$1,500.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/17 Rpt: 11/29
2 FILER NAME Beall, Andrea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085582
4 Date 06/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krugh, Neil <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008	7 Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$2,000.00</div>
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Neil A Krugh PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaVine, Brian <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$1,500.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm LaVine Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logan, Carrie <hr/> Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$250.00</div>
Contributor's Principal Occupation Stenographer		Contributor's Job Title Court Reporter
Contributor's employer/law firm Harris County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/17 Rpt: 12/29
2 FILER NAME Beall, Andrea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085582
4 Date 05/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lunsford, Kayla <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75212	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Corporate Learning Advisor		9 Contributor's Job Title Corporate Learning Advisor
10 Contributor's employer/law firm Shell		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macerola, Gianpaolo <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$1,250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Macerola, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madrid, Mario <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Madrid Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/17 Rpt: 13/29
2 FILER NAME Beall, Andrea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085582
4 Date 06/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller IV, Walter <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77035	7 Amount of Contribution (\$) <div style="text-align: right;">\$500.00</div>
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muldrow, Adam <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) <div style="text-align: right;">\$500.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neyland, Dustan <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77339	Amount of Contribution (\$) <div style="text-align: right;">\$1,000.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Greco Neyland PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/17 Rpt: 14/29
2 FILER NAME Beall, Andrea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085582
4 Date 06/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nielsen, Hans <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77095	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any) Self
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novosad, Stephen <hr/> Contributor address; City; State; Zip Code Houston, TX 77477	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Novosad Law Group		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okorafor, Crystal <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Okorafor Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/17 Rpt: 15/29
2 FILER NAME Beall, Andrea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085582
4 Date 06/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Persaud, Kristina <hr/> 6 Contributor address; City; State; Zip Code Manvel, TX 77578	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Partner
10 Contributor's employer/law firm K+L Daily, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts Maryland LLP <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rojas, Nicole <hr/> Contributor address; City; State; Zip Code Houston, TX 77502	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Paralegal		Contributor's Job Title Paralegal
Contributor's employer/law firm Fort Bend District Attorney's Office		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/17 Rpt: 16/29
2 FILER NAME Beall, Andrea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085582
4 Date 06/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roque, Maria <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm The Roque Law Firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Alyssa <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Williams, Har, & Boundas LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Savoy, Bryan <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 13/17 Rpt: 17/29
2 FILER NAME Beall, Andrea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085582
4 Date 06/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz, Natalie <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77018	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any) Harris County Public Defender's Office
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stafford, James <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stryker, Kevin <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 14/17 Rpt: 18/29
2 FILER NAME Beall, Andrea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085582
4 Date 06/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swilley, Vivian <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75044	7 Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$250.00</div>
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabakman, Gary <hr/> Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$250.00</div>
Contributor's Principal Occupation Lawyer		Contributor's Job Title Partner
Contributor's employer/law firm Law Office of Gary Tabakman		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toledo, Dulce <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$100.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Law Office of Dulce Toledo		Law firm of contributor's spouse (if any) Harris County District Attorney's Office
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 15/17 Rpt: 19/29
2 FILER NAME Beall, Andrea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085582
4 Date 06/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Equator <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Partner
10 Contributor's employer/law firm Equator L. Turner, Professional Corporation		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, William <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viktorin, Kelly <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Armstrong Lee & Baker LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 16/17 Rpt: 20/29
2 FILER NAME Beall, Andrea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085582
4 Date 06/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Gilbert <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Twyanette <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Assistant District Attorney
Contributor's employer/law firm Harris County District Attorney's Office		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Chauntelle <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Drumheller Hollingsworth Monthly		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 17/17 Rpt: 21/29
2 FILER NAME Beall, Andrea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085582
4 Date 06/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis & Associates 6 Contributor address; City; State; Zip Code Houston, TX 77008	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Dianne Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 22/29	
2 FILER NAME Beall, Andrea (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085582	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 06/18/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akers, Cordt	8 Amount of contribution (\$) \$1,630.09	9 In-kind contribution description Event Sponsorship
7 Contributor address; City; State; Zip Code Houston, TX 77019		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Attorney		13 Contributor's job title (FOR JUDICIAL) (See instructions) Attorney	
14 Contributor's employer/law firm (FOR JUDICIAL) The Akers Firm PLLC		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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.

1 Total pages Schedule F1: Sch: 1/6 Rpt: 23/29	2 FILER NAME Beall, Andrea (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085582
4 Date 05/13/2025	5 Payee name Raise The Money	
6 Amount (\$) \$7.85	7 Payee address; City; State; Zip Code PO Box 26466 Little Rock, AR 72221	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/27/2025	Candidate/Officeholder name Payee name Raise The Money	
Amount (\$) \$73.75	Payee address; City; State; Zip Code PO Box 26466 Little Rock, AR 72221	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/03/2025	Candidate/Officeholder name Payee name Raise the Money	
Amount (\$) \$25.24	Payee address; City; State; Zip Code PO Box 26466 Little Rock, AR 26466	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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.

1 Total pages Schedule F1: Sch: 2/6 Rpt: 24/29	2 FILER NAME Beall, Andrea (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085582
4 Date 06/06/2025	5 Payee name Raise the Money	
6 Amount (\$) \$245.25	7 Payee address; City; State; Zip Code PO Box 26466 Little Rock, AR 26466	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/08/2025	Candidate/Officeholder name Payee name Raise the Money	
Amount (\$) \$24.75	Payee address; City; State; Zip Code PO Box 26466 Little Rock, AR 26466	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/09/2025	Candidate/Officeholder name Payee name Raise the Money	
Amount (\$) \$29.90	Payee address; City; State; Zip Code PO Box 26466 Little Rock, AR 26466	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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.

1 Total pages Schedule F1: Sch: 3/6 Rpt: 25/29	2 FILER NAME Beall, Andrea (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085582
4 Date 06/10/2025	5 Payee name Raise the Money	
6 Amount (\$) \$24.75	7 Payee address; City; State; Zip Code PO Box 26466 Little Rock, AR 26466	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/11/2025	Candidate/Officeholder name Payee name Raise the Money	
Amount (\$) \$12.50	Payee address; City; State; Zip Code PO Box 26466 Little Rock, AR 26466	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/12/2025	Candidate/Officeholder name Payee name Raise the Money	
Amount (\$) \$17.65	Payee address; City; State; Zip Code PO Box 26466 Little Rock, AR 26466	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online donation platform fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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.

1 Total pages Schedule F1: Sch: 4/6 Rpt: 26/29	2 FILER NAME Beall, Andrea (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085582
4 Date 06/16/2025	5 Payee name Raise the Money	
6 Amount (\$) \$122.75	7 Payee address; City; State; Zip Code PO Box 26466 Little Rock, AR 26466	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/18/2025	Candidate/Officeholder name Payee name Raise the Money	
Amount (\$) \$426.15	Payee address; City; State; Zip Code PO Box 26466 Little Rock, AR 26466	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/19/2025	Candidate/Officeholder name Payee name Raise the Money	
Amount (\$) \$74.25	Payee address; City; State; Zip Code PO Box 26466 Little Rock, AR 26466	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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.

1 Total pages Schedule F1: Sch: 5/6 Rpt: 27/29	2 FILER NAME Beall, Andrea (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085582
4 Date 06/20/2025	5 Payee name Raise the Money	
6 Amount (\$) \$5.15	7 Payee address; City; State; Zip Code PO Box 26466 Little Rock, AR 26466	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online donation processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/22/2025	Candidate/Officeholder name Payee name Raise the Money	
Amount (\$) \$25.00	Payee address; City; State; Zip Code PO Box 26466 Little Rock, AR 26466	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online donation processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/25/2025	Candidate/Officeholder name Payee name Raise the Money	
Amount (\$) \$49.25	Payee address; City; State; Zip Code PO Box 26466 Little Rock, AR 26466	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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.

1 Total pages Schedule F1: Sch: 6/6 Rpt: 28/29	2 FILER NAME Beall, Andrea (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085582
4 Date 06/30/2025	5 Payee name Raise the Money	
6 Amount (\$) \$51.95	7 Payee address; City; State; Zip Code PO Box 26466 Little Rock, AR 26466	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/09/2025	Payee name WP Engine	
Amount (\$) \$319.80	Payee address; City; State; Zip Code 504 Lavaca St Ste 1000 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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 Maintenance Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:
Sch: 1/1 Rpt: 29/29

2 FILER NAME

Beall, Andrea (The Honorable)

3 Filer ID (Ethics Commission Filers)
00085582

LENDER
INFORMATION

4 Name of lender
Beall, Andrea

5 Lender address; City; State; Zip Code

Houston, TX 77002

GUARANTOR
INFORMATION

6 Name of guarantor

☒ not applicable

7 Guarantor address; City; State; Zip Code