

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 1.2em;">62</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI .MR BILLY. T. NICKNAME LAST SUFFIX <div style="text-align: center; font-weight: bold; margin-top: 10px;">BEAVERS</div>	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; width: 150px; margin: auto;"> <p style="text-align: center; font-weight: bold; margin: 0;">OFFICE USE ONLY</p> <p style="text-align: center; font-weight: bold; margin: 0;">RECEIVED</p> <p style="text-align: center; font-weight: bold; margin: 0;">JAN 13 2016</p> <p style="text-align: center; font-weight: bold; margin: 0;">62 pgs WI</p> <p style="text-align: center; font-weight: bold; margin: 0;">MONTGOMERY COUNTY ELECTIONS ADMINISTRATOR</p> </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 3633 CONROE TX 77305										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 524-1277										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI .MRS SARAH J. NICKNAME LAST SUFFIX <div style="text-align: center; font-weight: bold; margin-top: 10px;">BEAVERS</div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 300 SCARBOROUGH DR CONROE TX 77034										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 240-4791										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">07 / 01 / 2015</td> <td></td> <td style="text-align: center;">12 / 31 / 2015</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	07 / 01 / 2015		12 / 31 / 2015		
Month Day Year	THROUGH	Month Day Year									
07 / 01 / 2015		12 / 31 / 2015									
11 ELECTION	ELECTION DATE Month Day Year 03 / 01 / 2016	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) MONTGOMERY COUNTY CONSTABLE PCT 2									

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

BILLY T BEAVERS

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 321.36

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 26427.36

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 24396.80

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 7495.44

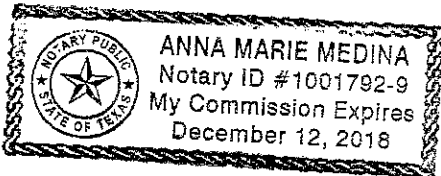
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 3000.00

18 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.



B T Beavers

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Billy T. Beavers, this the 13th day of January, 2016, 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 - C/OH

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

19 FILER NAME

BILLY T BEAVERS

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20,337.36
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6090.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 3000.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 24,396.80
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 214.90
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)
4 Date 07/10/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAYMOND MCCREARY 6 Contributor address; City; State; Zip Code 16545 VINIARSKI RD WILLIS TX 77318	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/10/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSEPH SCARBOROUGH Contributor address; City; State; Zip Code 318 MOONWALK ST MONTGOMERY TX 77356	Amount of contribution (\$) \$3500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KARL MARTIN Contributor address; City; State; Zip Code 30 TRELIS GATE ST THE WOODLANDS TX 77382	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SID ALEXANDER Contributor address; City; State; Zip Code 57 BLUSH HILL LN CONROE TX 77304	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

BILLY T BEAVERS

3 Filer ID (Ethics Commission Filers)

4 Date

08/31/15

5 Full name of contributor

DONNA SMITH

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City; State; Zip Code

734 HOGAN DR

CONROE TX 77382

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/07/15

Full name of contributor

DON BUCKALEW JR

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

PO BOX 500

CONROE TX 77305

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/07/15

Full name of contributor

DON BUCKALEW

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

PO BOX 2627

CONROE TX 77305

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/07/15

Full name of contributor

LINDA SIMMONS

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

148 BETTY LOU

LIVINGSTON TX 77351

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <p style="text-align: center;">BILLY T BEAVERS</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align: center;">10/13/15</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">DENNIS BONNER</p> 6 Contributor address; City; State; Zip Code <p style="text-align: center;">342 MAPLE LN CONROE TX 77304</p>	7 Amount of contribution (\$) <p style="text-align: center;">\$250.00</p>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p style="text-align: center;">10/14/15</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">TIM SEAY</p> Contributor address; City; State; Zip Code <p style="text-align: center;">2614 S WILDWIND THE WOODLANDS TX 77380</p>	Amount of contribution (\$) <p style="text-align: center;">\$500.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="text-align: center;">10/20/15</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">JO ANN YANCEY</p> Contributor address; City; State; Zip Code <p style="text-align: center;">PO BOX 3159 CONROE TX 77305</p>	Amount of contribution (\$) <p style="text-align: center;">\$500.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="text-align: center;">10/20/15</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">JIMMIE GREEN</p> Contributor address; City; State; Zip Code <p style="text-align: center;">98 HIWON DR CONROE TX 77304</p>	Amount of contribution (\$) <p style="text-align: center;">\$98.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

BILLY T BEAVERS

3 Filer ID (Ethics Commission Filers)

4 Date

10/21/15

5 Full name of contributor out-of-state PAC (ID#: _____)
 JACKIE FINLEY-WIEGHAT

7 Amount of contribution (\$)

\$2200.00

6 Contributor address; City; State; Zip Code

17667 FM 1484 CONROE TX 77303

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/20/15

Full name of contributor out-of-state PAC (ID#: _____)
 JIMMIE GREEN

Amount of contribution (\$)

\$300.00

Contributor address; City; State; Zip Code

98 HIWON DR CONROE TX 77304

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/15

Full name of contributor out-of-state PAC (ID#: _____)
 GREG LEA

Amount of contribution (\$)

\$425.00

Contributor address; City; State; Zip Code

6619 KNOLLBRIDGE LN SPRING TX 77379

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/15

Full name of contributor out-of-state PAC (ID#: _____)
 HOWARD KRAVETZ

Amount of contribution (\$)

\$20.00

Contributor address; City; State; Zip Code

27 GREENTREE CONROE TX 77304

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <p style="text-align: center;">BILLY T BEAVERS</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align: center;">10/20/15</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">CHAD FUSSELL</p> 6 Contributor address; City; State; Zip Code <p style="text-align: center;">PO BOX 1113 WILLIS TX 77378</p>	7 Amount of contribution (\$) <p style="text-align: center;">\$4630.00</p>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p style="text-align: center;">10/20/15</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">ROBERT MACKEY</p> Contributor address; City; State; Zip Code <p style="text-align: center;">11173 FM 2432 CONROE TX 77303</p>	Amount of contribution (\$) <p style="text-align: center;">\$65.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="text-align: center;">10/20/15</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">LINDA JOHNSON</p> Contributor address; City; State; Zip Code <p style="text-align: center;">14751 HIGHLAND RANCH MONTGOMERY TX 77316</p>	Amount of contribution (\$) <p style="text-align: center;">\$310.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="text-align: center;">10/20/15</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">CRAIG DOYAL</p> Contributor address; City; State; Zip Code <p style="text-align: center;">PO BOX 718 CONROE TX 77305</p>	Amount of contribution (\$) <p style="text-align: center;">\$200.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <p style="text-align: center;">BILLY T BEAVERS</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align: center;">10/20/15</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DON FULLEN <hr style="border-top: 1px dashed black;"/> 6 Contributor address; City; State; Zip Code 13319 SOUTHSORE CONROE TX 77304	7 Amount of contribution (\$) \$110.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p style="text-align: center;">10/20/15</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD CURRIE <hr style="border-top: 1px dashed black;"/> Contributor address; City; State; Zip Code PO BOX 84 OAKHURST TX 77359	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="text-align: center;">10/20/15</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARQUE JOHNSON <hr style="border-top: 1px dashed black;"/> Contributor address; City; State; Zip Code 516 BOOKER T WASHINGTON CONROE TX 77301	Amount of contribution (\$) \$45.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="text-align: center;">10/20/15</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE FEIST <hr style="border-top: 1px dashed black;"/> Contributor address; City; State; Zip Code PO BOX 1396 WILLIS TX 77378	Amount of contribution (\$) \$65.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

BILLY T BEAVERS

3 Filer ID (Ethics Commission Filers)

4 Date

10/20/15

5 Full name of contributor

GREG ENGLISH

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$98.00

6 Contributor address; City; State; Zip Code

1114 APPLEFORD DR SEABROOK TX 77586

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/20/15

Full name of contributor

JOHN WARREN

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$10.00

Contributor address; City; State; Zip Code

291 SCARBOROUGH DR CONROE TX 77304

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/15

Full name of contributor

TONYA SIMMONS

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

15534 DEWBERRY LN CONROE TX 77302

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/15

Full name of contributor

KATHY STRICKER

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$95.00

Contributor address; City; State; Zip Code

518 PARADISE LN MONTGOMERY TX 77316

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOUIS WILLIAMS <hr/> 6 Contributor address; City; State; Zip Code 400 AVE I CONROE TX 77301	7 Amount of contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/20/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE HALITI <hr/> Contributor address; City; State; Zip Code 1604 N FRAZIER CONROE TX 77301	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBBY ODELL <hr/> Contributor address; City; State; Zip Code 123 BUSINESS PARK WILLIS TX 77378	Amount of contribution (\$) \$2175.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEWART HIGHTOWER <hr/> Contributor address; City; State; Zip Code 2123 MCCALED MONTGOMERY TX 77316	Amount of contribution (\$) \$155.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <p style="text-align: center;">BILLY T BEAVERS</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align: center;">10/23/15</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">JOEY SCHULTEA</p> 6 Contributor address; City; State; Zip Code <p style="text-align: center;">PO BOX 310 NEW WAVERLY TX 77358</p>	7 Amount of contribution (\$) <p style="text-align: center;">\$1000.00</p>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p style="text-align: center;">10/23/15</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">DARRIN COLEMAN</p> Contributor address; City; State; Zip Code <p style="text-align: center;">146 WESTCOTT HOUSTON TX 77007</p>	Amount of contribution (\$) <p style="text-align: center;">\$100.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="text-align: center;">10/23/15</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">ALBERT VAN HUFF</p> Contributor address; City; State; Zip Code <p style="text-align: center;">1515 HYDE PARK BLVD #19 HOUSTON TX 77006</p>	Amount of contribution (\$) <p style="text-align: center;">\$250.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="text-align: center;">10/23/15</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">RICHARD WILLS</p> Contributor address; City; State; Zip Code <p style="text-align: center;">4908 HOLT ST BELLAIRE TX 77401</p>	Amount of contribution (\$) <p style="text-align: center;">\$200.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <p style="text-align: center;">BILLY T BEAVERS</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align: center;">10/23/15</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">GERALD FRANKLIN</p> 6 Contributor address; City; State; Zip Code <p style="text-align: center;">146 WESTCOTT ST HOUSTON TX 77007</p>	7 Amount of contribution (\$) <p style="text-align: center;">\$100.00</p>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p style="text-align: center;">10/29/15</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">LINDA MOCK</p> Contributor address; City; State; Zip Code <p style="text-align: center;">PO BOX 161 DOBBIN TX 77333</p>	Amount of contribution (\$) <p style="text-align: center;">\$95.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="text-align: center;">10/30/15</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">FORREST YANCEY</p> Contributor address; City; State; Zip Code <p style="text-align: center;">PO BOX 2824 CONROE TX 77305</p>	Amount of contribution (\$) <p style="text-align: center;">\$500.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="text-align: center;">12/08/15</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">TED NICHOLS</p> Contributor address; City; State; Zip Code <p style="text-align: center;">329 ROLLING HILLS DR CONROE TX 77304</p>	Amount of contribution (\$) <p style="text-align: center;">\$100.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 26	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 07/12/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD TATSCH 7 Contributor address; City; State; Zip Code 13988 CALVARY RD WILLIS TX 77318	8 Amount of Contribution \$ \$200.00	9 In-kind contribution description TRIP 1/2 DAY FISHING <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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			
Date 07/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JASON KELLEY Contributor address; City; State; Zip Code PO BOX 812 HUNTSVILLE TX 77320	Amount of Contribution \$ \$300.00	In-kind contribution description GUIDED DUCK HUNT <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 07/15/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN HENDERSON 7 Contributor address; City; State; Zip Code PO BOX 418 CONROE TX 77305	8 Amount of Contribution \$ \$500.00	9 In-kind contribution description COUSHATTA GOLF TRIP <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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			
Date 08/18/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHERYL GEHOVAK Contributor address; City; State; Zip Code 7597 MT ZION RD NEW WAVERLY TX 77358	Amount of Contribution \$ \$55.00	In-kind contribution description CANNED GOODS BASKET X 2 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/22/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD CURRIE 7 Contributor address; City; State; Zip Code PO BOX 84 OAKHURST TX 77359	8 Amount of Contribution \$ \$225.00	9 In-kind contribution description PROTIEN FEEDER <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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			
Date 09/22/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEITH JONES Contributor address; City; State; Zip Code PO BOX 882 CONROE TX 77305	Amount of Contribution \$ \$50.00	In-kind contribution description METAL STAR WALL ART <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/22/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELANIE HOLLINGSHEAD 7 Contributor address; City; State; Zip Code 504 MEDICAL CENTER CONROE TX 77304	8 Amount of Contribution \$ \$25.00	9 In-kind contribution description ROLLER DERBY BASKET <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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			
Date 09/22/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN WARREN Contributor address; City; State; Zip Code 291 SCARBOROUGH DR CONROE TX 77304	Amount of Contribution \$ \$25.00	In-kind contribution description POLICE CROSS ART <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/22/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATHY STRICKER 7 Contributor address; City; State; Zip Code 518 PARADISE LN MONTGOMERY TX 77356	8 Amount of Contribution \$ \$150.00	9 In-kind contribution description MASSAGE / FACIAL BASKET <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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			

Date 09/22/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NANCY PAGE Contributor address; City; State; Zip Code 8019 ROLLING OAKS DR SPRING TX 77389	Amount of Contribution \$ \$100.00	In-kind contribution description SPOIL ME BASKET <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/28/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLEN BARRETT 7 Contributor address; City; State; Zip Code 17419 WATERVIEW DR MONTGOMERY TX 77356	8 Amount of Contribution \$ \$250.00	9 In-kind contribution description POLICE FRAMED FLAG <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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			

Date 09/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLY HIGHTOWER Contributor address; City; State; Zip Code 2123 MCCAEB RD MONTGOMERY TX 77316	Amount of Contribution \$ \$15.00	In-kind contribution description KIDS PLASTIC TRACTOR <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/28/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLEN BARRETT 7 Contributor address; City; State; Zip Code 17419 WATERVIEW DR MONTGOMERY TX 77356	8 Amount of Contribution \$ \$250.00	9 In-kind contribution description POW FRAMED FLAG <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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			
Date 09/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLY HIGHTOWER Contributor address; City; State; Zip Code 2123 MCCALED RD MONTGOMERY TX 77316	Amount of Contribution \$ \$100.00	In-kind contribution description STREAMLIGHT PROTAC <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/28/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLEN BARRETT 7 Contributor address; City; State; Zip Code 17419 WATERVIEW DR MONTGOMERY TX 77356	8 Amount of Contribution \$ \$75.00	9 In-kind contribution description CEDAR CROSS <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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			

Date 09/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLY HIGHTOWER Contributor address; City; State; Zip Code 2123 MCCALED RD MONTGOMERY TX 77316	Amount of Contribution \$ \$25.00	In-kind contribution description HARLEY LIGHTER <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/28/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLEN BARRETT 7 Contributor address; City; State; Zip Code 17419 WATERVIEW DR MONTGOMERY TX 77356	8 Amount of Contribution \$ \$25.00	9 In-kind contribution description CROSS WALL ART <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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			
Date 09/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEWART HIGHTOWER Contributor address; City; State; Zip Code 2123 MCCALED RD MONTGOMERY TX 77316	Amount of Contribution \$ \$100.00	In-kind contribution description 3 IN 1 COOKING CENTER <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/28/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEIGH CHEATUM 7 Contributor address; City; State; Zip Code 17419 WATERVIEW DR MONTGOMERY TX 77356	8 Amount of Contribution \$ \$10.00	9 In-kind contribution description LANTERN <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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			

Date 09/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEWART HIGHTOWER Contributor address; City; State; Zip Code 2123 MCCALED RD MONTGOMERY TX 77316	Amount of Contribution \$ \$25.00	In-kind contribution description HARLEY PHONE CASE <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/01/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEANN KRAVETZ 7 Contributor address; City; State; Zip Code 27 GREENTREE CONROE TX 77304	8 Amount of Contribution \$ \$50.00	9 In-kind contribution description HANDMADE NECKLACE <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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			
Date 09/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEWART HIGHTOWER Contributor address; City; State; Zip Code 2123 MCCALED RD MONTGOMERY TX 77316	Amount of Contribution \$ \$25.00	In-kind contribution description CAMO HUNTING KIT <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/01/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEANN KRAVETZ 7 Contributor address; City; State; Zip Code 27 GREENTREE CONROE TX 77304	8 Amount of Contribution \$ \$30.00	9 In-kind contribution description HANDMADE BRACELET <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)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			
Date 09/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEWART HIGHTOWER Contributor address; City; State; Zip Code 2123 MCCALED RD MONTGOMERY TX 77316	Amount of Contribution \$ \$50.00	In-kind contribution description SCHRADE KNIFE SET <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/01/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEANN KRAVETZ 7 Contributor address; City; State; Zip Code 27 GREENTREE CONROE TX 77304	8 Amount of Contribution \$ \$25.00	9 In-kind contribution description HANDMADE BRACELET <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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			
Date 09/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEWART HIGHTOWER Contributor address; City; State; Zip Code 2123 MCCALED RD MONTGOMERY TX 77316	Amount of Contribution \$ \$50.00	In-kind contribution description 1820 MARINE KNIFE <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/01/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOWARD KRAVETZ	8 Amount of Contribution \$ \$120.00	9 In-kind contribution description ROUND OF GOLF FOR 4
7 Contributor address; City; State; Zip Code 27 GREENTREE CONROE TX 77304		<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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			
Date 10/01/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRANDI BEAVERS	Amount of Contribution \$ \$50.00	In-kind contribution description BUTLER CHAIR
Contributor address; City; State; Zip Code 291 SCARBOROUGH DR CONROE TX 77304		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/01/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAREN ENGLISH	8 Amount of Contribution \$ \$40.00	9 In-kind contribution description METAL TEXAS FLAG
7 Contributor address; City; State; Zip Code 1114 APPLEFORD DR SEABROOK TX 77586		<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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			

Date 10/01/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRANDI BEAVERS	Amount of Contribution \$ \$125.00	In-kind contribution description LADIES JUSTIN BOOTS
Contributor address; City; State; Zip Code 291 SCARBOROUGH DR CONROE TX 77304		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/01/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAREN ENGLISH 7 Contributor address; City; State; Zip Code 1114 APPLEFORD DR SEABROOK TX 77586	8 Amount of Contribution \$ \$25.00	9 In-kind contribution description FUNNEL CAKE PAN & MIX <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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			
Date 10/01/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRANDI BEAVERS Contributor address; City; State; Zip Code 291 SCARBOROUGH DR CONROE TX 77304	Amount of Contribution \$ \$25.00	In-kind contribution description SCOTCH BUCKET <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/01/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAREN ENGLISH 7 Contributor address; City; State; Zip Code 1114 APPLEFORD DR SEABROOK TX 77586	8 Amount of Contribution \$ \$20.00	9 In-kind contribution description FENTON VASE <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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			
Date 10/01/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRANDI BEAVERS Contributor address; City; State; Zip Code 291 SCARBOROUGH DR CONROE TX 77304	Amount of Contribution \$ \$50.00	In-kind contribution description SCHOOL DESK <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/01/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAREN ENGLISH 7 Contributor address; City; State; Zip Code 1114 APPLEFORD DR SEABROOK TX 77586	8 Amount of Contribution \$ \$20.00	9 In-kind contribution description WALL CROSS <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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			
Date 10/10/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUE BEAVERS Contributor address; City; State; Zip Code PO BOX 2121 WILLIS TX 77378	Amount of Contribution \$ \$25.00	In-kind contribution description MARY KAY BASKET <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/10/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIFFANY FUSSELL 7 Contributor address; City; State; Zip Code PO BOX 1113 WILLIS TX 77378	8 Amount of Contribution \$ \$40.00	9 In-kind contribution description WONDERLAND CAKE
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			

Date 10/10/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAIG WIEGHAT Contributor address; City; State; Zip Code PO BOX 1355 NEW WAVERLY TX 77358	Amount of Contribution \$ \$15.00	In-kind contribution description SILVER TALON KNIFE
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/20/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JODI LEA 7 Contributor address; City; State; Zip Code 6619 KNOLLBRIDGE LN SPRING TX 77379	8 Amount of Contribution \$ \$25.00	9 In-kind contribution description DATE NIGHT BUCKET <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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			
Date 10/10/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAIG WIEGHAT Contributor address; City; State; Zip Code PO BOX 1355 NEW WAVERLY TX 77358	Amount of Contribution \$ \$15.00	In-kind contribution description REBEL FLAG KNIFE <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/20/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JODI LEA 7 Contributor address; City; State; Zip Code 6619 KNOLLBRIDGE LN SPRING TX 77379	8 Amount of Contribution \$ \$50.00	9 In-kind contribution description COOKING TOOLS BASKET <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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			
Date 10/10/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAIG WIEGHAT Contributor address; City; State; Zip Code PO BOX 1355 NEW WAVERLY TX 77358	Amount of Contribution \$ \$25.00	In-kind contribution description ZAP STICK <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/20/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JODI LEA 7 Contributor address; City; State; Zip Code 6619 KNOLLBRIDGE LN SPRING TX 77379	8 Amount of Contribution \$ \$30.00	9 In-kind contribution description BEER BUCKET <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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			
Date 10/20/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREG LEA Contributor address; City; State; Zip Code 6619 KNOLLBRIDGE LN SPRING TX 77379	Amount of Contribution \$ \$10.00	In-kind contribution description TEXAN WOOD SIGN <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/20/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JODI LEA 7 Contributor address; City; State; Zip Code 6619 KNOLLBRIDGE LN SPRING TX 77379	8 Amount of Contribution \$ \$25.00	9 In-kind contribution description BLOODY MARY BUCKET <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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			
Date 10/20/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREG LEA Contributor address; City; State; Zip Code 6619 KNOLLBRIDGE LN SPRING TX 77379	Amount of Contribution \$ \$10.00	In-kind contribution description FIREFIGHTER WOOD SIGN <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/20/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JODI LEA 7 Contributor address; City; State; Zip Code 6619 KNOLLBRIDGE LN SPRING TX 77379	8 Amount of Contribution \$ \$30.00	9 In-kind contribution description METAL HORSE <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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			

Date 10/20/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREG LEA Contributor address; City; State; Zip Code 6619 KNOLLBRIDGE LN SPRING TX 77379	Amount of Contribution \$ \$40.00	In-kind contribution description COOKING TOOLS BASKET <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/20/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JODI LEA 7 Contributor address; City; State; Zip Code 6619 KNOLLBRIDGE LN SPRING TX 77379	8 Amount of Contribution \$ \$30.00	9 In-kind contribution description FRAMED PRINT <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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			
Date 10/20/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREG LEA Contributor address; City; State; Zip Code 6619 KNOLLBRIDGE LN SPRING TX 77379	Amount of Contribution \$ \$10.00	In-kind contribution description POW/MIA WOOD SIGN <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/20/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMBER SPRINGS EVENT CENTER 7 Contributor address; City; State; Zip Code 14135 LARAMIE TRAIL MONTGOMERY TX 77316	8 Amount of Contribution \$ \$2500.00	9 In-kind contribution description EVENT VENUE <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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 10/06/15	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) BILLY T BEAVERS	9 Loan Amount (\$) \$3000.00
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code 300 SCARBOROUGH DR CONROE TX 77304	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1: 21		2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 Date 07/03/15		5 Payee name MELANIE THIBODEAUX			
6 Amount (\$) \$1100.00		7 Payee address; City; State; Zip Code PO BOX 8112 HUNTSVILLE TX 77340			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 07/04/15		Payee name NEW WAVERLY VOLUNTEER FIRE DEPARTMENT			
Amount (\$) \$370.00		Payee address; City; State; Zip Code 411 FM 1375 E NEW WAVERLY TX 77358			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) DONATION		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 07/10/15		Payee name RIVER PLANTATION COUNTRY CLUB			
Amount (\$) \$250		Payee address; City; State; Zip Code 550 COUNTRY CLUB DRIVE CONROE TX 77304			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:	2 FILER NAME BILLY T BEAVERS	3 Filer ID (Ethics Commission Filers)
4 Date 07/10/15	5 Payee name VINCE ROSS	
6 Amount (\$) \$450.00	7 Payee address; City; State; Zip Code 210 SPRINGS EDGE DR MONTGOMERY TX 77356	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 07/10/15	Candidate / Officeholder name LAKE CONROE AREA REPUBLICAN WOMEN	
Amount (\$) \$250.00	Payee address; City; State; Zip Code PO BOX 737 MONTGOMERY TX 77356	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 07/01/15	Candidate / Officeholder name PIRYX INC	
Amount (\$) \$4.25	Payee address; City; State; Zip Code 580 HOWARD ST #402 SAN FRANCISCO CA 94105	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING FEE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

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POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:	2 FILER NAME BILLY T BEAVERS	3 Filer ID (Ethics Commission Filers)
4 Date 08/01/15	5 Payee name MONTGOMERY COUNTY REPUBLICAN WOMEN	
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code PO BOX 1766 CONROE TX 77305	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought Office held
Date 08/01/15	Payee name MELANIE THIBODEAUX	
Amount (\$) \$1000.00	Payee address; City; State; Zip Code PO BOX 8112 HUNTSVILLE TX 77340	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought Office held
Date 08/01/15	Payee name CONROE POST OFFICE	
Amount (\$) \$49.00	Payee address; City; State; Zip Code 809 W DALLAS CONROE TX 77301	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:	2 FILER NAME BILLY T BEAVERS	3 Filer ID (Ethics Commission Filers)			
4 Date 08/12/15	5 Payee name CONROE POST OFFICE				
6 Amount (\$) \$306.71	7 Payee address; City; State; Zip Code 809 W DALLAS CONROE TX 77301				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 08/17/15	Payee name CONROE TIGER BOOSTER CLUB				
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 2753 CONROE TX 77305				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 08/20/15	Payee name MELANIE THIBODEAUX				
Amount (\$) \$405.00	Payee address; City; State; Zip Code PO BOX 8112 HUNTSVILLE TX 77340				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:	2 FILER NAME BILLY T BEAVERS	3 Filer ID (Ethics Commission Filers)
4 Date 08/20/15	5 Payee name RIVER PLANTATION COUNTRY CLUB	
6 Amount (\$) \$554.35	7 Payee address; City; State; Zip Code 550 COUNTRY CLUB DR CONROE TX 77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought Office held
Date 09/03/15	Payee name WILL METCALF CAMPAIGN	
Amount (\$) \$100.00	Payee address; City; State; Zip Code PO BOX 454 CONROE TX 77305	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name WILL METCALF	Office sought Office held STATE REPRESENTATIVE
Date 09/02/15	Payee name FRIENDS OF CONROE	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 101 S MAIN CONROE TX 77301	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:	2 FILER NAME BILLY T BEAVERS	3 Filer ID (Ethics Commission Filers)
4 Date 09/04/15	5 Payee name MELANIE THIBODEAUX	
6 Amount (\$) \$1000.00	7 Payee address; City; State; Zip Code PO BOX 8112 HUNTSVILLE TX 77340	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/26/15	Payee name BRAUNS TROPHY SHOP	Office sought Office held
Amount (\$) \$67.66	Payee address; City; State; Zip Code 810 W DAVIS ST CONROE TX 77301	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Date 09/12/15	Payee name BUDS GUN SHOP	Office sought Office held
Amount (\$) \$2769.89	Payee address; City; State; Zip Code 1105 INDUSTRY RD LEXINGTON KY 40505	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		

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POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:	2 FILER NAME BILLY T BEAVERS	3 Filer ID (Ethics Commission Filers)
4 Date 09/30/15	5 Payee name LYNCH SIGNS	
6 Amount (\$) \$294.84	7 Payee address; City; State; Zip Code 1801 N LOOP 336 E CONROE TX 77301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 09/30/15	Payee name KROGER	
Amount (\$) \$69.09	Payee address; City; State; Zip Code 220 S LOOP 336 CONROE TX 77304	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 09/26/15	Payee name MONTGOMERY COUNTY SEARCH AND RESCUE	
Amount (\$) \$605.00	Payee address; City; State; Zip Code PO BOX 75 MAGNOLIA TX 77353	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:		2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 Date 10/01/15		5 Payee name MELANIE THIBODEAUX			
6 Amount (\$) \$1000.00		7 Payee address; City; State; Zip Code PO BOX8112 HUNTSVILLE TX 77340			
8 PURPOSE OF EXPENDITURE PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CONSULTING		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10/03/15		Payee name HOME DEPOT			
Amount (\$) \$93.47		Payee address; City; State; Zip Code 1341 W DAVIS CONROE TX 77305			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10/06/15		Payee name MELANIE THIBODEAUX			
Amount (\$) \$362.64		Payee address; City; State; Zip Code PO BOX 8112 HUNTSVILLE TX 77340			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PRINTING		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:		2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 Date 10/06/15		5 Payee name ADVANTAGE SPECIALTIES			
6 Amount (\$) \$329.85		7 Payee address; City; State; Zip Code PO BOX 6429 HUNTSVILLE TX 77342			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/06/15		Payee name MONTGOMERY COUNTY POLICE REPORTER			
Amount (\$) \$200.00		Payee address; City; State; Zip Code PO BOX 8116 CONROE TX 77305			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/09/15		Payee name DOLLAR GENERAL			
Amount (\$) \$7.52		Payee address; City; State; Zip Code 733 W DAVIS CONROE TX 77301			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:	2 FILER NAME BILLY T BEAVERS	3 Filer ID (Ethics Commission Filers)			
4 Date 10/09/15	5 Payee name WALLYS PARTY FACTORY				
6 Amount (\$) \$6.40	7 Payee address; City; State; Zip Code 705 W DAVIS CONROE TX 77301				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 09/24/15	Payee name LONE STAR SIGNS				
Amount (\$) \$433.00	Payee address; City; State; Zip Code 21973 EVA ST MONTGOMERY TX 77356				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10/09/15	Payee name HOUSTON COMMUNITY NEWSPAPER				
Amount (\$) \$810.00	Payee address; City; State; Zip Code PO BOX 609 CONROE TX 77305				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:		2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 Date 10/09/15		5 Payee name FED EX OFFICE			
6 Amount (\$) \$31.93		7 Payee address; City; State; Zip Code 1304 W DAVIS CONROE TX 77305			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10/14/15		Payee name FED EX OFFICE			
Amount (\$) \$3.19		Payee address; City; State; Zip Code 1304 W DAVIS CONROE TX 77305			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PRINTING		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10/14/15		Payee name JOES PIZZA & PASTA			
Amount (\$) \$25.00		Payee address; City; State; Zip Code 1604 N FRAZIER CONROE TX 77301			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:	2 FILER NAME BILLY T BEAVERS	3 Filer ID (Ethics Commission Filers)
4 Date 10/14/15	5 Payee name WILKES BADASS PITS	
6 Amount (\$) \$487.13	7 Payee address; City; State; Zip Code 98 AVE A CONROE TX 77301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/13/15	Payee name BRETT LIGON CAMPAIGN	
Amount (\$) \$130.00	Payee address; City; State; Zip Code PO BOX 805 MONTGOMERY TX 77356	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name BRETT LIGON	Office sought Office held DISTRICT ATTORNEY
Date 10/19/15	Payee name PARTY CITY	
Amount (\$) \$110.03	Payee address; City; State; Zip Code 19189 I45 S SHENANDOAH TX 77385	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:	2 FILER NAME BILLY T BEAVERS	3 Filer ID (Ethics Commission Filers)
4 Date 10/15/15	5 Payee name SUPER BLUE SIGNS	
6 Amount (\$) \$194.69	7 Payee address; City; State; Zip Code 1112 N FRAZIER CONROE TX 77301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/19/15	Payee name LYNCH SIGNS	
Amount (\$) \$31.88	Payee address; City; State; Zip Code 1801 N LOOP 336 E CONROE TX 77301	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/20/15	Payee name VINCE ROSS	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 210 SPRINGS EDGE DR MONTGOMERY TX 77366	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:	2 FILER NAME BILLY T BEAVERS	3 Filer ID (Ethics Commission Filers)			
4 Date 10/16/15	5 Payee name TEXAS ARCHERY				
6 Amount (\$) \$595.38	7 Payee address; City; State; Zip Code 5833 TRESCHWIG SPRING TX 77373				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10/22/15	Payee name ADVANTAGE SPECIALTIES				
Amount (\$) \$416.18	Payee address; City; State; Zip Code PO BOX 6429 HUNTSVILLE TX 77342				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 09/13/15	Payee name NATHAN ARAZATE / 100 CLUB FUNDRAISER				
Amount (\$) \$300.00	Payee address; City; State; Zip Code 5555 SAN FELIPE SUITE 1750 HOUSTON TX 77056				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:	2 FILER NAME BILLY T BEAVERS	3 Filer ID (Ethics Commission Filers)			
4 Date 10/20/15	5 Payee name DON MARTINEZ				
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 1707 HWY 30 E HUNTSVILLE TX 77320				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10/20/15	Payee name SAMS CLUB				
Amount (\$) \$102.72	Payee address; City; State; Zip Code 2000 WESTVIEW DR CONROE TX 77301				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10/20/15	Payee name LONE STAR SIGNS				
Amount (\$) \$270.63	Payee address; City; State; Zip Code 21973 EVA ST MONTGOMERY TX 77356				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:	2 FILER NAME BILLY T BEAVERS	3 Filer ID (Ethics Commission Filers)
4 Date 10/20/15	5 Payee name SQUARE	
6 Amount (\$) \$34.20	7 Payee address; City; State; Zip Code 1455 MARKET ST SAN FRANCISCO CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEE / BANKING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10/29/15	Payee name CRAIG DOYAL CAMPAIGN	
Amount (\$) \$40.00	Payee address; City; State; Zip Code PO BOX 718 CONROE TX 77305	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held CRAIG DOYAL COUNTY JUDGE	
Date 10/30/15	Payee name NATIONAL PEN COMPANY	
Amount (\$) \$189.40	Payee address; City; State; Zip Code PO BOX 847203 DALLAS TX 75284	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:	2 FILER NAME BILLY T BEAVERS	3 Filer ID (Ethics Commission Filers)
4 Date 11/02/15	5 Payee name MELANIE THIBODEAUX	
6 Amount (\$) \$1000.00	7 Payee address; City; State; Zip Code PO BOX 8112 HUNTSVILLE TX 77340	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 11/16/15	Payee name GSP GRAPHIC SCREENPRINTING	
Amount (\$) \$2018.87	Payee address; City; State; Zip Code 1804 AFTON ST HOUSTON TX 77055	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 11/21/15	Payee name KIWANIS CLUB	
Amount (\$) \$25.00	Payee address; City; State; Zip Code PO BOX 2503 CONROE TX 77305	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:	2 FILER NAME BILLY T BEAVERS	3 Filer ID (Ethics Commission Filers)			
4 Date 11/28/15	5 Payee name ARTISTA RESTURANT				
6 Amount (\$) \$147.11	7 Payee address; City; State; Zip Code 800 BAGBY SUITE 400 HOUSTON TX 77055				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 12/05/15	Payee name WHISTLE STOP CAFE				
Amount (\$) \$150.89	Payee address; City; State; Zip Code 11133 I45 S SUITE 250 CONROE TX 77302				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 12/06/15	Payee name BUBBAS GROCERY				
Amount (\$) \$72.06	Payee address; City; State; Zip Code 2211 HWY 190 HUNTSVILLE, TX 77340				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:		2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 Date 12/07/15		5 Payee name MELANIE THIBODEAUX			
6 Amount (\$) \$970.00		7 Payee address; City; State; Zip Code PO BOX 8112 HUNTSVILLE TX 77340			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CONSULTING		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/11/15		Payee name LONE STAR SIGNS			
Amount (\$) \$433.00		Payee address; City; State; Zip Code 21973 EVA ST MONTGOMERY TX 77356			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/26/15		Payee name ROBIN JOHNSON			
Amount (\$) \$55.00		Payee address; City; State; Zip Code 12176 CLINT PARKER RD CONROE TX 77303			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:		2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 Date 12/05/15		5 Payee name KACIE SCHOETTLE			
6 Amount (\$) \$50.00		7 Payee address; City; State; Zip Code PO BOX 8112 HUNTSVILLE TX 77304			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/05/15		Payee name MICAH HURST			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 10858 SUNFLOWER DR WILLIS TX 77318			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONTRACT LABOR		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/02/15		Payee name MELANIE THIBODEAUX			
Amount (\$) \$443.83		Payee address; City; State; Zip Code PO BOX 8112 HUNTSVILLE TX 77340			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONSULTING		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:	2 FILER NAME BILLY T BEAVERS	3 Filer ID (Ethics Commission Filers)
4 Date 12/01/15	5 Payee name MONTGOMERY COUNTY REPUBLICAN PARTY	
6 Amount (\$) \$1000.00	7 Payee address; City; State; Zip Code PO BOX 45 CONROE TX 77305	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FILING FEE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	Office sought Office held
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Date	Payee name	Office sought Office held
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Date	Payee name	Office sought Office held
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule G: 1	2 FILER NAME BILLY T BEAVERS	3 Filer ID (Ethics Commission Filers)
4 Date 10/03/15	5 Payee name RED LOBSTER 6372	
6 Amount (\$) 160.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2944 145 N CONROE TX 77303	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/30/15	Payee name PAYPAL	
Amount (\$) 14.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2211 N FIRST ST SAN JOSE CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 13-31-15	Payee name PAYPAL	
Amount (\$) 40.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2211 N FIRST ST SAN JOSE CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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