CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	duide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR FIRST	MI	6Z
OFFICEHOLDER NAME	MR BILLY		Date Receipts To
	BEAVERS		() E
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		CITY; STATE; ZIP CODE CONROE TX 77305	JAN 13 2016 WI JAN 13 2016 WI
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (936) 524-1277	EXTENSION	Date Hand-delivered of Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	Wi	Receipt # Amount \$
TREASURER NAME	MRS SARAH	SUFFIX	Date Processed Date Imaged
ļ	BEAVERS		Date mageo
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	UITE #; CITY; STATE;	ZIP CODE
TREASURER ADDRESS	300 SCARBOROUGH DR	CONROE TX	77034
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 240-4791	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before elec	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 01 / 2015	Month 12 /	Day Year / 31 / 2015
11 ELECTION	Month Day Year Month Day Year General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
		MONTGOMERY C	OUNTY CONSTABLE PCT 2
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH **COVER SHEET PG 2**

14 C/OH NAME	4 C/OH NAME 15 F		5 Filer ID (Ethics Commission Filers)
BILLY T BEAVERS			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES OF POLITICAL EXPENDITURES MAY HAVE BEEN MADE WIT CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 26427.36
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 0
,	4. TOTAL	POLITICAL EXPENDITURES	\$ 24396.80
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$ 7495.44
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	S 3000.00
6 62 3	ANNA MARIE ME	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me
S COLUMN	Notary ID #1001 My Commission E December 12, 2	xpires # 51/2 cm	didate or Officeholder
APPIXNOTABY STAM	MP/SEALABOVE	Billy T Bassers	this the 13 ⁺ h
day of Linuuu	\ ()	to certify which, witness my hand and seal of office.	notary for Stude of
Signature of officer a	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	20 Filer ID (Ethics Commission Filers)
	BILLY T BEAVERS	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20,337.36
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6090.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ ₀
4.	SCHEDULE E: LOANS	\$ 3000.00
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ O
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	INTRIBUTIONS \$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	ions \$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 10 3 Filer ID (Ethics Commission Filers) 2 FILER NAME **BILLY T BEAVERS** 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAG (ID#:____ RAYMOND MCCREARY 07/10/15 \$50.00 6 Contributor address; City; State; Zip Code 16545 VINIARSKI RD **WILLIS TX 77318** 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:___ Date Amount of contribution (\$) JOSEPH SCARBOROUGH 07/10/15 \$3500.00 City; State; Zip Code Contributor address; **MONTGOMERY TX 77356** 318 MOONWALK ST Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) \$50.00 07/01/15 KARL MARTIN Contributor address: City; State; Zip Code 30 TRELLIS GATE ST THE WOODLANDS TX 77382 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date Amount of contribution (\$) out-of-state PAC (ID#:_ 08/31/15 . . SID ALEXANDER \$200.00 Contributor address: City; State; Zip Code 57 BLUSH HILL LN CONROE TX 77304 Employer (See Instructions) Principal occupation / Job title (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) BILLY T BEAVERS 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAG (ID#:__ DONNA SMITH \$50.00 08/31/15 6 Contributor address; City; State; Zip Code CONROE TX 77382 734 HOGAN DR 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) DON BUCKALEW JR 10/07/15 \$250.00 Contributor address; City; State; Zip Code **PO BOX 500** CONROE TX 77305 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) \$500.00 10/07/15 DON BUCKALEW Contributor address; City; State; Zip Code PO BOX 2627 CONROE TX 77305 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) 10/07/15 . . .LINDA SIMMONS. . . . \$500.00 Contributor address; City; State; Zip Code 148 BETTY LOU **LIVINGSTON TX 77351** Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **BILLY T BEAVERS** 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:____ **DENNIS BONNER** 10/13/15 \$250.00 City; State; Zip Code 6 Contributor address; CONROE TX 77304 342 MAPLE LN 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) TIM SEAY \$500.00 10/14/15 Contributor address; City; State; Zip Code THE WOODLANDS TX 77380 2614 S WILDWIND Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) \$500.00 10/20/15 JO ANN YANCEY Contributor address: City; State; Zip Code PO BOX 3159 **CONROE TX 77305** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:___ 10/20/15 . .JIMMIE GREEN. \$98.00 Contributor address; City; State; Zip Code 98 HIWON DR 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **BILLY T BEAVERS** 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:__ JACKIE FINLEY-WIEGHAT 10/21/15 \$2200.00 6 Contributor address; City; State; Zip Code CONROE TX 77303 17667 FM 1484 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) JIMMIE GREEN 10/20/15 \$300.00 Contributor address; City; State; Zip Code 98 HIWON DR CONROE TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) \$425.00 10/20/15 GREG LEA Contributor address; City; State; Zip Code 6619 KNOLLBRIDGE LN SPRING TX 77379 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ . . . HOWARD KRAVETZ . . . 10/20/15 \$20.00 City; State; Zip Code Contributor address; 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **BILLY T BEAVERS** 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:____ CHAD FUSSELL \$4630.00 10/20/15 6 Contributor address; City; State; Zip Code PO BOX 1113 **WILLIS TX 77378** 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:___ Amount of contribution (\$) ROBERT MACKEY 10/20/15 \$65.00 Contributor address; City; State; Zip Code 11173 FM 2432 CONROE TX 77303 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:__ Amount of contribution (\$) 10/20/15 LINDA JOHNSON \$310.00 Contributor address; City; State; Zip Code 14751 HIGHLAND RANCH MONTGOMERY TX 77316 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) .CRAIG DOYAL 10/20/15 \$200.00 Contributor address; City; State; Zip Code CONROE TX 77305 PO BOX 718 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **BILLY T BEAVERS** 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ DON FULLEN 10/20/15 \$110.00 6 Contributor address; City; State; Zip Code 13319 SOUTHSHORE CONROE TX 77304 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) RICHARD CURRIE 10/20/15 \$200.00 Contributor address; City; State; Zip Code PO BOX 84 OAKHURST TX 77359 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) \$45.00 10/20/15 MARQUE JOHNSON Contributor address; City; State; Zip Code 516 BOOKER T WASHINGTON CONROE TX 77301 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) ,GEORGE FEIST, 10/20/15 \$65.00 Contributor address; City; State; Zip Code **WILLIS TX 77378** PO BOX 1396 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **BILLY T BEAVERS** 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (!D#:__ **GREG ENGLISH** 10/20/15 \$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) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) JOHN WARREN 10/20/15 \$10.00 Contributor address; City; State; Zip Code CONROE TX 77304 291 SCARBOROUGH DR Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) \$25.00 10/20/15 TONYA SIMMONS City; State; Zip Code Contributor address; 15534 DEWBERRY LN CONROE TX 77302 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ 10/20/15 .KATHY STRICKER . . . \$95.00 City; State; Zip Code Contributor address; 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) BILLY T BEAVERS 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of contribution (\$) LOUIS WILLIAMS \$45.00 10/20/15 6 Contributor address; City; State; Zip Code CONROE TX 77301 400 AVE I 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:___ Date Amount of contribution (\$) JOE HALITI 10/20/15 \$50.00 Contributor address; City; State; Zip Code 1604 N FRAZIER CONROE TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:__ Amount of contribution (\$) **ROBBY ODELL** \$2175.00 10/20/15 Contributor address; City; State; Zip Code 123 BUSINESS PARK **WILLIS TX 77378** Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) 10/23/15 .STEWART.HIGHTOWER . \$155.00 Contributor address; City; State; Zip Code 2123 MCCALEB 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **BILLY T BEAVERS** 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#:____ JOEY SCHULTEA 10/23/15 \$1000.00 6 Contributor address: City; State; Zip Code PO BOX 310 **NEW WAVERLY TX 77358** 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) DARRIN COLEMAN 10/23/15 \$100.00 Contributor address; City; State; Zip Code **HOUSTON TX 77007** 146 WESTCOTT Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:__ Amount of contribution (\$) 10/23/15 ALBERT VAN HUFF \$250.00 Contributor address; City; State; Zip Code 1515 HYDE PARK BLVD #19 HOUSTON TX 77006 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) . . . RICHARD WILLS 10/23/15 \$200.00 Contributor address; City; State; Zip Code **BELLAIRE TX 77401** 4908 HOLT ST 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **BILLY T BEAVERS** 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:__ GERALD FRANKLIN 10/23/15 \$100.00 6 Contributor address; City; State; Zip Code **HOUSTON TX 77007** 146 WESTCOTT ST 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) LINDA MOCK 10/29/15 \$95.00 Contributor address; City; State; Zip Code PO BOX 161 **DOBBIN TX 77333** Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) \$500.00 10/30/15 FORREST YANCEY Contributor address; City; State; Zip Code PO BOX 2824 CONROE TX 77305 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) . . .T.ED.NICHOLS. . . . 12/08/15 \$100.00 Contributor address; City; State; Zip Code 329 ROLLING HILLS DR CONROE TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	E BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	3UTIONS	\$
5 Date	6 Full name of contributor)	8 Amount of 9 In-kind contribution Contribution 5 description
07/12/15	7 Contributor address; City; State; Zip Coo		\$200.00 · 1/2 DAY FISHING
	13988 CALVARY RD WILLIS TX 77318		TRIP Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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		Amount of . In-kind contribution Contribution \$. description
07/15/15	Contributor address; City; State; Zip Cod		\$300.00 · GUIDED DUCK HUNT
	PO BOX 812 HUNTSVILLE TX 773	320	Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
†f	ATTACH ADDITIONAL COPIES OF T		

Tì	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	E BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 _{Date} 07/15/15	6 Full name of contributor		8 Amount of 9 In-kind contribution description : \$500.00 · COUSHATTA GOLF TRIP Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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		Amount of . In-kind contribution Contribution \$. description . \$55.00 . CANNED GOODS
			BASKET X 2 Check if travel outside of Texas. Complete Schedule T.
Principal occ	7597 MT ZION RD NEW WAVERLY TX rupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n 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 T	THIS SCHEDU	JLE AS NEEDED
If	contributor is out-of-state PAC, please see instruction		

Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:
2 FILER NAMI	BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of . 9 In-kind contribution Contribution \$. description
09/22/15	7 Contributor address; City; State; Zip Coc		\$225.00 · PROTIEN FEEDER
	PO BOX 84 OAKHURST TX 773	359	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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)	Amount of . In-kind contribution Contribution \$. description
09/22/15	Contributor address; City; State; Zip Coo	ie	\$50,00 - METAL STAR WALL
	PO BOX 882 CONROE TX 77305		ART Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	o of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
lf	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction		

The Instruction Guide explains how to complete this for	rm. 1 Total pages Schedule A2:
2 FILER NAME BILLY T BEAVERS	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	IBUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	BASKET Check if travel outside of Texas. Complete Schedule T.
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 out-of-state PAC (ID#:	ART Check if travel outside of Texas. Complete Schedule T.
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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAMI	E BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 _{Date} 09/22/15	6 Full name of contributor		8 Amount of . 9 In-kind contribution description . \$150.00 • MASSAGE / FACIAL BASKET Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor'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 out-of-state PAC (ID#:	,	Amount of In-kind contribution description \$100.00 SPOIL ME BASKET Check if travel outside of Texas. Complete Schedule T.
Principal occ	8019 ROLLING OAKS DR SPRING TX 77389 upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor'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)		
		10-14-14-10-10-1-10-1-1-1-1-1-1-1-1-1-1-	
l f	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction		· · · · · · · · · · · · · · · · · · ·

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAMI	BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 09/28/15	6 Full name of contributor out-of-state PAC (ID#:	TX 77356	8 Amount of . 9 In-kind contribution Contribution \$. description \$. \$250.00 · POLICE FRAMED FLAG
io Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	(FOR NON-SODICIAL) (See Histactions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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		Amount of . In-kind contribution Contribution \$. description \$ 15.00 . KIDS PLASTIC TRACTOR
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor'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)		
lf	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction		

Th	e Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:
2 FILER NAMI	BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 09/28/15	6 Full name of contributor □ out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution description \$. \$250.00 POW FRAMED FLAG Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor'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		Amount of . In-kind contribution Contribution \$. description \$100.00 . STREAMLIGHT PROTAC
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		or (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor'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)		
I f	ATTACH ADDITIONAL COPIES OF T		

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAMI	E BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 09/28/15 10 Principal occ	6 Full name of contributor out-of-state PAC (ID#:	TX 77356	8 Amount of 9 In-kind contribution description \$. \$75.00 CEDAR CROSS Check if travel outside of Texas. Complete Schedule T. or (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	stor'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 Principal occ	Full name of contributor	77316	Amount of In-kind contribution Contribution \$. description \$25.00 HARLEY LIGHTER Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor'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 T	HIC COLIED	II E AQ NEEDED
14	contributor is out-of-state PAC, please see instruction		

SCHEDULE A2

Total pages Schedule A2:
3 Filer ID (Ethics Commission Filers)
RIBUTIONS \$
8 Amount of 9 In-kind contribution description \$25.00 CROSS WALL ART Check if travel outside of Texas. Complete Schedule
11 Employer (FOR NON-JUDICIAL) (See Instructions)
13 Contributor's job title (FOR JUDICIAL) (See Instructions)
15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
Amount of In-kind contribution Contribution \$. description \$100.00 3 IN 1 COOKING CENTER Code Code Check if travel outside of Texas. Complete Schedule Texas.
Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's job title (FOR JUDICIAL) (See Instructions)
Law firm of contributor's spouse (if any) (FOR JUDICIAL)
THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
2 FILER NAMI	E BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 09/28/15	6 Full name of contributor	8 Amount of . 9 In-kind contribution Contribution \$. description . \$10.00 . LANTERN		
	17419 WATERVIEW DR MONTGOMERY	TX 77356	Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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	STEWART HIGHTOWER 09/28/15		Amount of In-kind contribution Contribution \$ description \$25.00 HARLEY PHONE CASE	
	Contributor address; City; State; Zip Cod			
	2123 MCCALEB RD MONTGOMERY TX	77316	Check if travel outside of Texas. Complete Schedule T.	
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor'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 T		·	
l f	contributor is out-of-state PAC, please see instruction	t duide for a	aditional reporting requirements.	

Tř	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	E BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor		8 Amount of 9 In-kind contribution Contribution \$ description
10/01/15	7 Contributor address; City; State; Zip Cod		\$50.00 · HANDMADE NECKLACE
	27 GREENTREE CONROE TX 7730	4	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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)	Amount of . In-kind contribution Contribution \$. description
09/28/15	Contributor address; City; State; Zip Coc	de	\$25.00 CAMO HUNTING KIT
1	2123 MCCALEB RD MONTGOMERY TX 7	77316	Check if travel outside of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL) (See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
lf	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction		

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME	E BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 10/01/15	6 Full name of contributor		8 Amount of . 9 In-kind contribution description . \$30.00 HANDMADE BRACELET
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		r (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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		Amount of In-kind contribution Contribution \$ description \$50.00 SCHRADE KNIFE SET Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n 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 T		

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:	
2 FILER NAMI	E BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 10/01/15	6 Full name of contributor	8 Amount of . 9 In-kind contribution Contribution \$. description \$. \$25.00 · HANDMADE BRACELET		
	27 GREENTREE CONROE TX 7730	Λ	Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	ntor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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	STEWART HIGHTOWER		Amount of In-kind contribution Contribution \$. description \$50.00 . 1820 MARINE KNIFE Check if travel outside of Texas. Complete Schedule T.	
Principal occi	2123 MCCALEB RD MONTGOMERY TX 2 upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
11	ATTACH ADDITIONAL COPIES OF T		· · · · · · · · · · · · · · · · · · ·	

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
2 FILER NAMI	■ BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 10/01/15	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of . 9 In-kind contribution Contribution \$. description \$ 120.00 . ROUND OF GOLF FOR 4			
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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 out-of-state PAC (ID#:	de	Amount of In-kind contribution Contribution \$ description \$50.00 BUTLER CHAIR Check if travel outside of Texas. Complete Schedule T.		
Principal occi	291 SCARBOROUGH DR CONROE TX 77304 upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	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 T	'HIS SCHEDI	JLE AS NEEDED		
lf.	ATTACH ADDITIONAL COPIES OF T				

Th	ne Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:	
2 FILER NAM	E BILLY T BEAVERS	;	3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	SUTIONS	\$	
5 Date 10/01/15 10 Principal occ	Contributor address; City; State; Zip Code 1114 APPLEFORD DR SEABROOK TX 77586		Amount of . 9 In-kind contribution description \$40.00	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribute	or'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	BRANDI BEAVERS		Amount of In-kind contribution description \$125.00 LADIES JUSTIN BOOTS Check if travel outside of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		(FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributo	iontributor'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 T	HIS SCHEDUL	E AS NEEDED	

Th	ne Instruction Guide explains how to complete this form	n.	1 Total page	es Sched	dule A2:
2 FILER NAMI	E BILLY T BEAVERS		3 Filer ID (I	Ethics Co	commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor		8 Amount o Contribut	tion \$.	9 In-kind contribution description
10/01/15	7 Contributor address; City; State; Zip Cod	e	\$25.00) .	FUNNEL CAKE PAN & MIX
	1114 APPLEFORD DR SEABROOK TX 77	7586	Check if tr	ravel outs	side of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	FOR NON	NOIGI	IAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title ((FOR JU	UDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributo	ır's spou	use (if any) (FOR JUDICIAL)
16 if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 40/04/45	Full name of contributor		Amount of Contribut	tion \$.	In-kind contribution description
10/01/15	Contributor address; City; State; Zip Con		\$25.00		SCOTCH BUCKET
	291 SCARBOROUGH DR CONROE TX 77304	<u> </u>	Check if tra	avel outs	side of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-	-JUDICI	IAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tors job title (FOR JL	UDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributo	r's spou	use (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

1+	ATTACH ADDITIONAL COPIES OF T		=		requirements.

he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
1E BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)
F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
1114 APPLEFORD DR SEABROOK TX 77	7586	8 Amount of . 9 In-kind contribution Contribution \$. description \$. \$20.00 FENTON VASE
cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
, , , , , , , , , , , , , , , , , , , ,		Amount of In-kind contribution Contribution \$. description \$50.00 . SCHOOL DESK. Check if travel outside of Texas. Complete Schedule T.
cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF T	'HIS SCHEDI	II F AS NEEDED
	BILLY T BEAVERS OF UNITEMIZED IN-KIND POLITICAL CONTRIB AREA ENGLISH 7 Contributor address; City; State; Zip Cocc 1114 APPLEFORD DR SEABROOK TX 77 Supation / Job title (FOR NON-JUDICIAL) (See Instructions) OF Principal occupation (FOR JUDICIAL) Full name of contributor	6 Full name of contributor out-of-state PAC (ID#:

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAMI	E BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 10/01/15	6 Full name of contributor		8 Amount of 9 In-kind contribution Contribution \$ description \$ \$20.00 WALL CROSS Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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	de	Amount of In-kind contribution Contribution \$ description \$25.00 MARY KAY BASKET Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL) (See Instructions)
	TOP (IDICIAL)	Danish.	CONTRACTOR HISTORY (Contractory)
Contributoi s	principal occupation (FOR JUDICIAL)	Contriou	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
l f	ATTACH ADDITIONAL COPIES OF To contributor is out-of-state PAC, please see instruction		

Th	ne Instruction Guide explains how to complete this forn	n.	1 Total pages Schedule A2:
2 FILER NAMI	E BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 6 Full name of contributor out-of-state PAC (ID#:) TIFFANY FUSSELL			8 Amount of . 9 In-kind contribution Contribution \$. description
10/10/15	7 Contributor address; City; State; Zip Cod	ie	\$40.00 · WONDERLAND CAKE
	PO BOX 1113 WILLIS TX 77378		Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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)	Amount of In-kind contribution Contribution \$ description
10/10/15	Contributor address; City; State; Zip Coo		\$15.00 SILVER TALON KNIFE
	PO BOX 1355 NEW WAVERLY TX	77358	Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
lf	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction		

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
2 FILER NAM	E BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date 10/20/15	6 Full name of contributor	8 Amount of . 9 In-kind contribution Contribution \$. description \$25.00 DATE NIGHT BUCKET Check if travel outside of Texas. Complete Schedule T.			
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	FOR NON-JUDICIAL) (See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	rtor'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		Amount of . In-kind contribution Contribution \$, description \$ 15.00 . REBEL FLAG KNIFE		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL) (See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	,			
1 f	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction				

Tr	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:	
2 FILER NAM	E BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor		8 Amount of . 9 In-kind contribution Contribution \$ description	
10/20/15	7 Contributor address; City; State; Zip Coo	<i>.</i> le	\$50.00 - COOKING TOOLS BASKET	
	6619 KNOLLBRIDGE LN SPRING TX 773	79	Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor'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)	Amount of . In-kind contribution Contribution \$. description	
10/10/15	Contributor address; City; State; Zip Code		\$25.00 . ZAP STICK 	
	PO BOX 1355 NEW WAVERLY TX	77358	Check if travel outside of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (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)			
-				
lf	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction			

The Instruction Guide explains how to complete this form.			1 Total pages Sche	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		8 Amount of Contribution \$	9 In-kind contribution description BEER BUCKET		
	7 Contributor address; City; State; Zip Code					
	6619 KNOLLBRIDGE LN SPRING TX 773	/9	Check if travel out	side of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 E			nployer (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	Date Full name of contributor		Amount of Contribution \$. In-kind contribution description		
10/20/15	Contributor address; City; State; Zip Code		\$10.00	. TEXAN WOOD SIGN		
	6619 KNOLLBRIDGE LN SPRING TX 77379		Check if travel outs	side 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.						

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		<u> </u>	In-kind contribution description BLOODY MARY BUCKET side of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDIC	IAL)(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		Amount of Contribution \$ \$10.00	In-kind contribution description FIREFIGHTER WOOD SIGN ide 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						

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
2 FILER NAMI	E BILLY T BEAVERS	3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 10/20/15	6 Full name of contributor	79	8 Amount of 9 In-kind contribution description \$30.00 METAL HORSE Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL) (See Instructions)		
10 Findipar occi	space (1 Or Nor-Socional) (366 instituctions)	11 Employe			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor'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 out-of-state PAC (ID#:	de	Amount of In-kind contribution description \$40.00 COOKING TOOLS BASKET Check if travel outside of Texas. Complete Schedule T.		
Principal occu	6619 KNOLLBRIDGE LN SPRING TX 77379 upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
lf -	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAMI	E BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor		8 Amount of . 9 In-kind contribution Contribution \$. description
10/20/15	7 Contributor address; City; State; Zip Coo	le	\$30.00 · FRAMED PRINT · · ·
	6619 KNOLLBRIDGE LN SPRING TX 773	79	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n 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)	Amount of . In-kind contribution Contribution \$. description
10/20/15	Contributor address; City; State; Zip Contributor	de	\$10.00 POW/MIA WOOD SIGN
	6619 KNOLLBRIDGE LN SPRING TX 77379		Check if travel outside of Texas. Complete Schedule T.
Principal occi	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor'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 T	HIS SCHEDII	II E AS NEEDED
If	contributor is out-of-state PAC, please see instruction		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

00 111			
Tł	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	E BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 10/20/15	6 Full name of contributor	X 77316	8 Amount of . 9 In-kind contribution Contribution \$. description . \$2500.00 · EVENT VENUE
10 Filisupai oco	upanon/ soo line (FOR NON-SODIOINE) (See Institucions)	II Employ	i (i On Noivederland)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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 🗍 out-of-state PAC (ID#:			Amount of . In-kind contribution Contribution \$. description .
	Contributor address; City; State; Zip Cod	de	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL) (See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ntor'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 T	THIS SCHEDU	II F AS NEEDED
I f	contributor is out-of-state PAC, please see instruction		•

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Consulting Expense Contributions/Donations Made B	Food/Beverage Expe y Gift/Awards/Memoris	nse Polling Exp		i ransponation Equipment & Related Expense Travel In District Travel Out Of District
Candidate/Officeholder/Politica			/ages/Contract Labor	Other (enter a category not listed above)
Gredit Card Payment	The Instruction	Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME BILLY TE	REAVERS		3 Filer ID (Ethics Commission Filers)
21		LAVE 100		·
4 Date 07/03/15	5 Payee name MELANIE THIBODE	FALIX		
6 Amount (\$)		y; State; Zip Code		
\$1100.00	•	INTSVILLE TX 77340		
\$1100.00	, o box of the	INTOVILLE IX 17540		
8	(a) Category (See Categories listed	at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	CONSULTING EXPENSE			tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder r	name	Office sought	Office held
Date	Payee name			
07/04/15	NEW WAVERLY VOLUNT	EER FIRE DEPARTMEN	т	
Amount (\$)	Payee address; Cit	y; State; Zip Code		
\$370.00	411 FM 1375 E NE	WAVERLY TX 77358		
PURPOSE OF EXPENDITURE	Category (See Categories listed	at the top of this schedule)		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder r	ame	Office sought	Office held
Date	Payee name			
07/10/15	RIVER PLANTATION COUN	ITRY CLUB		
Amount (\$)	Payee address; City	y; State; Zip Code		
\$250	550 COUNTRY CLUB DRIV	E CONROE TX 77	304	
PURPOSE	Category (See Categories listed	at the top of this schedule)	Description Check if travel outs	side of Texas. Complete Schedule T.
OF EXPENDITURE	EVENT EXPENSE		 	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Office sought	Office held
	ATTACH ADDITION.	AL COPIES OF THIS S	SCHEDULE AS NEE	DED
Forms provided by Texas Eth	cs Commission	www.ethics.state.tx.us	s	Revised 9/8/2015

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	y Gift/Awards/Memorials Expense	Polling Expense	Transportation Equipment & Related Expense Travel In District Travel Out Of District
Candidate/Onticendider/Politica Credit Card Payment	al Committee Legal Services The Instruction Guide explains	Salaries/Wages/Contract Labor how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
i lotar pages ochedule Fi.	BILLY T BEAVERS		O THE TO (Editios Commission Friets)
4 Date	5 Payee name		<u></u>
07/10/15	VINCE ROSS		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$450.00	210 SPRINGS EDGE DR MONTGOMERY	TX 77356	
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	
PURPOSE OF EXPENDITURE	CONSULTING EXPENSE		outside of Texas. Complete Schedule T. In, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
07/10/15	LAKE CONROE AREA REPUBLICAN WO	MEN	
Amount (\$)	Payee address; City; State; Zip	Code	
\$250.00	PO BOX 737 MONTGOMERY T.	X 77356	
PURPOSE	Category (See Categories listed at the top of this sch	 	utside of Texas. Complete Schedule T.
OF EXPENDITURE	DONATION	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
07/01/15	PIRYX INC		
Amount (\$)	Payee address; City; State; Zip	Code	
\$4.25	580 HOWARD ST #402 SAN FRANCISCO	CA 94105	
	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE	BANKING FEE	L Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	FTHIS SCHEDULE AS NEI	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	/ Gift/Awards I Committee Legal Serv		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		truction Guide explain	is now to co	implete this form.	
1 Total pages Schedule F1:		LLY T BEAVERS			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name				
08/01/15	MONTGON	IERY COUNTY REPU	BLICAN WO	MEN	
6 Amount (\$)	7 Payee address;	City; State; Zi	ip Code		
\$400.00	PO BOX 1766	CONROE TX 77	305		
8	(a) Category (See Category	ries listed at the top of this s	schedule)	(b) Description	
PURPOSE				Check if travel ou	tside of Texas. Complete Schedule T.
OF EXPENDITURE	DONATION			Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	holder name	J	Office sought	Office held
Date	Payee name				
08/01/15	MELANIE THIBOD	EAUX			
Amount (\$)	Payee address;	City; State; Zi	ip Code		
\$1000.00	PO BOX 8112	HUNTSVILLE TX	77340		
	Category (See Catego	ries listed at the top of this so	chedule)	Description	
PURPOSE				Check if travel out	side of Texas, Complete Schedule T.
OF EXPENDITURE	CONSULTING			Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	holder name	I	Office sought	Office held
Date	Payee name				
08/01/15	CONROE POST OF	FICE			
Amount (\$)	Payee address;	City; State; Zi	ip Code		
\$49.00	809 W DALLAS	CONROE TX 773	301		
	Category (See Catego	ries listed at the top of this so	chedule)	Description	e material and the second section of the second section of the second section of the second section section second section sec
PURPOSE				$\overline{}$	side of Texas. Complete Schedule T.
OF EXPENDITURE	ADVERTISING			L Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	holder name	1	Office sought	Office held
	ATTACH ADI	DITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Award:	rage Expense s/Memorials Expense ices	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Ins	ruction Guide explai	ns how to co	mplete this form.		
1 Total pages Schedule F1:		ILLY T BEAVERS			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name					
08/12/15	CONROE POST O	FFICE				
6 Amount (\$)	7 Payee address;	City; State; 2	Zip Code			
\$306.71	809 W DALLAS	CONROE TX 77	7301			
8	(a) Category (See Catego	ries listed at the top of this	schedule)	(b) Description		
PURPOSE			[Check if travel ou	stside of Texas, Complete Schedule T.	
OF EXPENDITURE	ADVERTISING			Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Office	holder name		Office sought	Office held	
Date	Payee name					
08/17/15	CONROE TIGER I	BOOSTER CLUB				
Amount (\$)	Payee address;	City; State; Z	Zip Code		:	
\$500.00	PO BOX 2753	CONROE TX 7	7305			
	Category (See Catego	ries listed at the top of this	schedule)	Description		
PURPOSE OF			ļ	 1	side of Texas. Complete Schedule T.	
EXPENDITURE	ADVERTISING			E Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	holder name	1	Office sought	Office held	
Date	Payee name				-	
08/20/15	MELANIE THIBODE	AUX				
Amount (\$)	Payee address;	City; State; Z	Zip Code			
\$405.00	PO BOX 8112	HUNTSVILLE T	X 77340			
	Category (See Catego	ries listed at the top of this	schedule)	Description		
PURPOSE				$\overline{\Box}$	side of Texas. Complete Schedule T.	
OF EXPENDITURE	PRINTING EXPEN	SE		L Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	holder name	1	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Poining Expense I ravel In District Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Show to complete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
. Total pages contoacte : 1.	BILLY T BEAVERS	C Final ID (Editor Commission Finally)
4 Date	5 Payee name	
08/20/15	RIVER PLANTATION COUNTRY CLUB	
6 Amount (\$)	7 Payee address; City; State; Z	p Code
\$554.35	550 COUNTRY CLUB DR CONROE TX 7	7304
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	EVENT EXPENSE	Check if Austin, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
09/03/15	WILL METCALF CAMPAIGN	
Amount (\$)	Payee address; City; State; Z	p Code
\$100.00	PO BOX 454 CONROE TX 773	105
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH	i	
	WILL METERLE	STATE REPRESENTATIVE
Date	Payee name	
09/02/15	FRIENDS OF CONROE	
Amount (\$)	Payee address; City; State; Zi	p Code
\$400.00	101 S MAIN CONROE TX 77	301
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this se	chedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES	DF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME BILLY T BEAVERS	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·
09/04/15	MELANIE THIBODEAUX	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1000.00	PO BOX 8112 HUNTSVILLE TX 77340	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought Office held
Date	Рауее патте	
08/26/15	BRAUNS TROPHY SHOP	
Amount (\$)	Payee address; City; State; Zip Code	
\$67.66	810 W DAVIS ST CONROE TX 77301	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
09/12/15	BUDS GUN SHOP	
Amount (\$)	Payee address; City; State; Zip Code	
\$2769.89	1105 INDUSTRY RD LEXINGTON KY 40505	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	EVENT EXPENSE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B	/ Gift/Award	rage Expense s/Memorials Expense	Polling Expens Printing Expens	se	Travel In District Travel Out Of Distri	c t
Candidate/Officeholder/Politica Credit Card Payment	5	-		nges/Contract Labor Other (enter a category not listed above)		
	The Ins	truction Guide explain	is how to comp	olete this form.		
1 Total pages Schedule F1:		ILLY T BEAVERS			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			1		
09/30/15	LYNCH SIGNS					
6 Amount (\$)	7 Payee address;	City; State; Z	ip Code			
\$294.84	1801 N LOOP 336 E	CONROE TX 77	301			
8	(a) Category (See Category	ories listed at the top of this s	schedule) (b) Description		
PURPOSE OF EXPENDITURE	PRINTING				tside of Texas. Complete s	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Office	eholder name	ı	Office sought		Office held
Date	Payee name					
09/30/15	KROGER					
Amount (\$)	Payee address;	City; State; Z	ip Code			
\$69.09	220 S LOOP 336	CONROE TX 77	304			
PURPOSE OF EXPENDITURE	Category (See Category	ories listed at the top of this s	ichedule)		side of Texas. Complete S	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	pholder name		Office sought		Office held
Date	Payee name					
09/26/15	MONTGOMERY CO	DUNTY SEARCH AND	RESCUE			
Amount (\$)	Payee address;	City; State; Zi	ip Code			
\$605.00	PO BOX 75	MAGNOLIA TX 7	7353			
	Category (See Catego	ries listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	DONATION			$\overline{}$	side of Texas. Complete S	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	eholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	у С	Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai		nse es/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAM	ME BILLY T BEAVERS			3 Filer ID (Ethics Commission Fi	lers)
4 Date	5 Payee nam	e				
10/01/15	-	THIBODEAUX				
6 Amount (\$)	7 Payee addi	ress; City; State; 2	Zip Code			
\$1000.00	PO BOX8112	2 HUNTSVILLE T.	X 77340			
8 PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the top of this	schedule) (I		tside of Texas. Complete Schedule T. . TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF		e / Officeholder name		Office sought	Office held	
Date	Payee nam	е				
10/03/15	HOME DE	POT				
Amount (\$)	Payee addr	ress; City; State; Z	Zip Code			
\$93.47	1341 W DA	VIS CONROE TX 77	7305			
PURPOSE OF EXPENDITURE	Category (S	See Categories listed at the top of this:	schedule)		side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name	ı	Office sought	Office held	
Date	Payee nam	e				
10/06/15	•	THIBODEAUX				
Amount (\$)	Payee addr	ess; City; State; Z	ip Code			
\$362.64	PO BOX 81	HUNTSVILLE TO	X 77340			
PURPOSE OF EXPENDITURE	Category (S	Gee Categories listed at the top of this s	schedule)		side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought	Office held	
	ATTA	CH ADDITIONAL COPIES	OF THIS SCI	HEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Consulting Expense Contributions/Donations Made B	r-ees Food/Beverage Expense y Gift/Awards/Memorials Expense	Polling Expense Printing Expense	Travel In District Travel Out Of District
Candidate/Officeholder/Politica		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/06/15	ADVANTAGE SPECIALTIES		
6 Amount (\$)	7 Payee address; City; State; Zi	p Code	
\$329.85	PO BOX 6429 HUNTSVILLE TX	(77342	
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Рауее лате		
10/06/15	MONTGOMERY COUNTY POLICE REPO	ORTER	
Amount (\$)	Payee address; City; State; Zi	p Code	
\$200.00	PO BOX 8116 CONROE TX 773	05	
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE	ADVERTISING	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/09/15	DOLLAR GENERAL		
Amount (\$)	Payee address; City; State; Zip	Code	
\$7.52	733 W DAVIS CONROE TX 773	301	
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE	EVENT EXPENSE	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NEI	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Consulting Expense Contributions/Donations Made By		Food/Beverage Expense Pol Gift/Awards/Memorials Expense Prin		Polling Exp Printing Exp	ense	Travel In District Travel Out Of Dis	uipment & Reizied Expense trict			
Candidate/Officeholder/Politica Credit Card Payment	Legal Service			eges/Contract Labor	Other (enter a cat	egory not listed above)				
_	r		ection Guide explai	ns now to co	emplete this form.	T				
1 Total pages Schedule F1:	2 FILER N.		LY T BEAVERS			3 Filer ID (Eth	ics Commission Filers)			
4 Date	5 Payee na									
10/09/15		 S PARTY FA	CTORY							
6 Amount (\$)	7 Payee ac	ldress:	City; State; 2	Zip Code						
\$6.40	705 W DAV		CONROE TX 7							
ψ0.40	100 11 251	VIC	OOMAGE 1X1	,,,,,						
8	(a) Category	(See Categorie	s listed at the top of this	schedule)	(b) Description					
PURPOSE OF EXPENDITURE	EVENT	EXPENSE				utside of Texas. Complet	i			
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeh	older name		Office sought		Office held			
Date Payee name										
09/24/15	LONE S	STAR SIGNS								
Amount (\$)	Payee ad	ldress;	City; State; 2	Zip Code						
\$433.00	21973 E\	/A ST	MONTGOMERY	TX 77356						
1012-4001-1-01-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Category	(See Categorie	s listed at the top of this	schedule)	Description					
PURPOSE				ļ	Check if travel ou	tside of Texas. Complete	Schedule T.			
OF EXPENDITURE	PRINTII	NG			Check if Austin	, TX, officeholder livir	g expense			
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeho	older name		Office sought		Office held			
Date	Payee na	ıme								
10/09/15	HOUSTO	N COMMUN	ITY NEWSPAPER							
Amount (\$)	Payee ad	dress;	City; State; Z	ip Code						
\$810.00	PO BOX	609	CONROE TX 77	7305						
	Category	(See Categorie	s listed at the top of this	schedule)	Description					
PURPOSE			•		Check if travel ou	tside of Texas. Complete	Schedule T,			
OF EXPENDITURE	ADVER	TISING .			Check if Austin	, TX, officeholder livir	g expense			
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeh	older name	<u>l</u>	Office sought		Office held			
	ΑП	ACH ADDI	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Food/Beverage Expense Polli y Gift/Awards/Memorials Expense Print	Transportation Equipment & Related Expense ng Expense Travel In District ting Expense Travel Out Of District tries/Wages/Contract Labor Other (enter a category not listed above)				
Credit Card Payment	The Instruction Guide explains how	•				
1 Total pages Schedule F1:	2 FILER NAME BILLY T BEAVERS	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name					
10/09/15	FED EX OFFICE					
6 Amount (\$)	7 Payee address; City; State; Zip Cod					
\$31.93	1304 W DAVIS CONROE TX 77305					
8	(a) Category (See Categories listed at the top of this schedule					
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
10/14/15	FED EX OFFICE					
Amount (\$)	Payee address; City; State; Zip Coo	de				
\$3.19	1304 W DAVIS CONROE TX 77305					
	Category (See Categories listed at the top of this schedule	e) Description				
PURPOSE		Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE	PRINTING	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
10/14/15	JOES PIZZA & PASTA					
Amount (\$)	Payee address; City; State; Zip Coo	de				
\$25.00	1604 N FRAZIER CONROE TX 77301					
	Category (See Categories listed at the top of this schedula	e) Description				
PURPOSE		Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE	FOOD & BEVERAGE	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense 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

Gift/Awards/Memorials Expense Travel Out Of District Other (enter a category not listed above) Legal Services Gredit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME **BILLY T BEAVERS** 4 Date 5 Payee name 10/14/15 WILKES BADASS PITS 6 Amount (\$) 7 Payee address; City; State; Zip Code 98 AVE A CONROE TX 77301 \$487.13 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) ☐ Check if travel outside of Texas. Complete Schedule T. PURPOSE **EVENT EXPENSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name **BRETT LIGON CAMPAIGN** 10/13/15 Amount (\$) Payee address; City; State; Zip Code PO BOX 805 MONTGOMERY TX 77356 \$130.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense DONATION **EXPENDITURE** Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH DISTRICT ATTORNEY BRETT LIBON Payee name Date 10/19/15 PARTY CITY Amount (\$) Payee address; City; State; Zip Code \$110.03 19189 I45 S SHENANDOAH TX 77385 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** EVENT EXPENSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Food/Beverage Expense Poll y Gift/Awards/Memorials Expense Prin	ce Overnead/Hental Expense ing Expense ting Expense aries/Wages/Contract Labor	Travel of District Travel Out Of District Charles of the control		
Credit Card Payment	The Instruction Guide explains ho	_	Other (enter a category not listed above)		
1 Total pages Schedule F1:	<u> </u>	·	3 Filer ID (Ethics Commission Filers)		
· total pages consedito / 1.	BILLY T BEAVERS		(2000 000000000000000000000000000000000		
4 Date	5 Payee name				
10/15/15	SUPER BLUE SIGNS				
6 Amount (\$)	7 Payee address; City; State; Zip Co	de			
\$194.69	1112 N FRAZIER CONROE TX 77301				
8	(a) Category (See Categories listed at the top of this schedul				
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
10/19/15	LYNCH SIGNS				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$31.88	1801 N LOOP 336 E CONROE TX 77301				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
10/20/15	VINCE ROSS				
Amount (\$) \$500.00	Payee address; City; State; Zip Co. 210 SPRINGS EDGE DR MONTGOMERY TX				
	Category (See Categories listed at the top of this scheduli		itside of Texas. Complete Schedule T.		
PURPOSE OF EXPENDITURE	EVENT EXPENSE		nside of Texas. Complete Schedule 1.		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEE	EDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Relat

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)				
Credit Card Payment	-	plains how to complete this form.	Outer (enter a calegory not isseed accove)				
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)				
Florar pages ochedile i i.	BILLY T BEAVERS		2 / Not 12 (Elitab Solitimosoli (Note)				
4 Date	5 Payee name		_ \				
10/16/15	TEXAS ARCHERY						
6 Amount (\$)	7 Payee address; City; State	; Zip Code					
\$595.38	5833 TRESCHWIG SPRING TX	77373					
+							
8	(a) Category (See Categories listed at the top of	this schedule) (b) Description					
PURPOSE			el outside of Texas. Complete Schedule T.				
OF	EVENT EXPENSE	Check if Au	stin, TX, officeholder living expense				
EXPENDITURE							
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/OF							
Date	Payee name	**					
10/22/15	ADVANTAGE SPECIALTIES						
Amount (\$)	Payee address; City; State;	•					
\$416.18	PO BOX 6429 HUNTSVILL	E TX 77342					
	Category (See Categories listed at the top of	this schedule) Description					
PURPOSE		Check if trave	outside of Texas. Complete Schedule T.				
OF EXPENDITURE	PRINTING EXPENSE	Check if Au	Check if Austin, TX, officeholder living expense				
On and the ONLY if disease	Candidate / Officeholder name	Office sought	Office held				
Complete ONLY if direct expenditure to benefit C/OH		Onice sought	Onice rield				
Date	Payee name						
09/13/15	NATHAN ARAZATE / 100 CLUB FUN	DRAISER					
Amount (\$)	Payee address: City; State;	•					
\$300.00	5555 SAN FELIPE SUITE 1750 HOU	JOIN IX (/UDB					
	Category (See Categories listed at the top of						
PURPOSE OF	DONATION	! —	l outside of Texas. Complete Schedule T.				
EXPENDITURE	DONATION	Check if Aus	stin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/OH		55 55 25 .11					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Food/Beverage Expense Polling Ex By Gift/Awards/Memorials Expense Printing Ex		Polling Expe Printing Exp		Travel In District Travel Out Of District Other (enter a category not listed above	
Credit Card Payment	The Instru	ction Guide explain	s how to co	mplete this form.		
1 Total pages Schedule F1:	i e	Y T BEAVERS			3 Filer ID (Ethics Commission Fil	lers)
4 Date	5 Payee name					
10/20/15	DON MARTINEZ					
6 Amount (\$)	7 Payee address;	City; State; Zi	ip Code			
\$300.00	1707 HWY 30 E	HUNT\$VILLE TX	77320			
8	(a) Category (See Categorie	s listed at the top of this so	cheđule)	(b) Description	toide efference Commission Colonida	
PURPOSE OF EXPENDITURE	EVENT EXPENSE				tside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeho	older name	-	Office sought	Office held	
Date	Payee name					
10/20/15	SAMS CLUB					:
Amount (\$)	Payee address;	City; State; Zi	p Code			
\$102.72	2000 WESTVIEW DR	CONROE TX 773	301			
PURPOSE OF EXPENDITURE	Category (See Categorie	s listed at the top of this so	chedule)		side of Texas. Complete Schedule T. TX, officeholder living expense	:
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeho	lder name		Office sought	Office held	
Date	Payee name					
10/20/15	LONE STAR SIGNS					
Amount (\$)	Payee address;	City; State; Zi	p Code			
\$270.63	21973 EVA ST	MONTGOMERY	TX 77356			
	Category (See Categories	s listed at the top of this so	chedule)	Description	••	
PURPOSE OF EXPENDITURE	EVENT EXPENSE				side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeho	older name		Office sought	Office held	
	ATTACH ADDI	TIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Gift/Awards/Memorials Expense P		Polling Exp Printing Exp		Travel In District Travel Out Of Distric	
Credit Card Payment	a Communice	_	:s ıction Guide explai		_	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1:	2 ELED N		John Galde explai			3 Filor ID (Ethics	Commission Filers)
1 lotal pages Solledule I-1.	Z FILER IV		LY T BEAVERS			J Her ID (Lines	Commission incis/
4 Date	5 Payee na	me				<u>l</u>	
10/20/15	SQUAR	E					
6 Amount (\$)	7 Payee ad	ldress;	City; State; 2	Zip Code			
\$34.20	1455 MARI	KET ST	SAN FRANCIS	CO CA 9410	3		
8	(a) Category	(See Categorie	es listed at the top of this	schedule)	(b) Description		
PURPOSE					_	itside of Texas. Complete S	
OF EXPENDITURE	FEE/B	ANKING			Check if Austir	n, TX, officeholder living	expense
Church Church	Condid	ate / Officeh	older name		Office sought		Office held
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeri	older flame		Office sought		Office field
~ -+-	Payee na						
Date	-						
10/29/15	ÇRAIG I	DOYAL CAM	IPAIGN				
Amount (\$)	Payee ad	dress;	City; State; 2	ip Code			
\$40.00	PO BOX	718	CONROE TX 77	305			
	Category	(See Categorie	es listed at the top of this	schedule)	Description		
PURPOSE	DONATION				Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE				Check if Austin,	, TX, officeholder living e	expense	
Complete ONLY if direct	Candida	ate / Officeho	older name		Office sought		Office held
expenditure to benefit C/OH							
	CRAIG DOYAL				: "	COUNTY	JUDGE
Date	Payee na	me					ļ
10/30/15	NATIONA	AL PEN COM	IPANY				***************************************
Amount (\$)	Pavee ad	dress:	City; State; Z	ip Code			
\$189.40	PO BOX		DALLAS TX 752	-			
	Category	(See Categorie	s listed at the top of this	schedule)	Description		
PURPOSE		,		/		side of Texas. Complete Sci	hedule T.
OF	ADVERT	TISING EXPE	ENSE		Check if Austin,	, TX, officeholder living e	expense
EXPENDITURE							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeh	older name		Office sought		Office held
expenditure to benefit ofort							
	ATT	ACH ADDI	TIONAL COPIES	OFTHISS	CHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	y Gift/Awards/Memorials	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Travel In District Travel Out Of District Other (enter a category not listed above)			
Gredit Card Payment	The Instruction G	uide explains how to c	omplete this form.				
1 Total pages Schedule F1:	2 FILER NAME BILLY T BE	AVERS		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name		,				
11/02/15	MELANIE THIBODEAUX						
6 Amount (\$)	7 Payee address; City;	State; Zip Code					
\$1000.00	PO BOX 8112 HUN	TSVILLE TX 77340					
8	(a) Category (See Categories listed at	the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	CONSULTING		l ,—	tside of Texas. Complete Schedule T. , TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder na	me	Office sought	Office held			
Date Payee name							
11/16/15	GSP GRAPHIC SCREENPR	INTING					
Amount (\$)	Payee address; City;	State; Zip Code					
\$2018.87	1804 AFTON ST HOU	STON TX 77055					
	Category (See Categories listed at	the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	PRINTING			side of Texas. Complete Schedule T. TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder na	me	f Office sought	Office held			
Date	Payee name						
11/21/15	KIWANIS CLUB						
Amount (\$) \$25.00	•	State; Zip Code ROE TX 77305					
PURPOSE OF EXPENDITURE	Category (See Categories listed at	the top of this schedule)		side of Texas. Complete Schedule T. TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder na	ame	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services	Printing Expense Printing Expense Travel Cut Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)				
	The Instruction Guide explain					
1 Total pages Schedule F1:	2 FILER NAME BILLY T BEAVERS	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name					
11/28/15	ARTISTA RESTURANT					
6 Amount (\$)	7 Payee address; City; State; Z	p Code				
\$147.11	800 BAGBY SUITE 400 HOUSTON TX	77055				

8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description				
PURPOSE		Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE	FOOD / BEVERAGE	Check if Austin, TX, officeholder living expense				
Dit Enditone						
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
12/05/15	WHISTLE STOP CAFE					
Amount (\$)	Payee address; City; State; Zi	p Code				
\$150.89	11133 I45 S SUITE 250 CONROETX 7	77302				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this se	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
12/06/15	BUBBAS GROCERY					
Amount (\$)	Payee address; City; State; Zi	p Code				
\$72.06	2211 HWY 190 HUNTSVILLE, T.	X 77340				
	Category (See Categories listed at the top of this se					
PURPOSE		Check if traval outside of Texas. Complete Schedule T.				
OF EXPENDITURE	TRAVEL IN DISTRICT	Check if Austin, TX, officeholder living expense				
LAFERDITORE						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	y Gift/Awards/Memorials Expense P	oiling Expense Travel In District rinting Expense Travel Out Of District alaries/Wages/Contract Labor Other (enter a category not listed above)				
Candidate/Oniceriolder/Political Credit Card Payment	al Committee Legal Services S The Instruction Guide explains h					
1 Total magaz Cabadula Tri	T	3 Filer ID (Ethics Commission Filers)				
1 Total pages Schedule F1:	BILLY T BEAVERS	3 Filer 10 (Editos Contrinssion Filers)				
4 Date	5 Payee name					
12/07/15	MELANIE THIBODEAUX					
6 Amount (\$)	7 Payee address; City; State; Zip C	Code				
\$970.00	PO BOX 8112 HUNTSVILLE TX 7	7340				
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description				
PURPOSE		Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE	CONSULTING	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
12/11/15	LONE STAR SIGNS					
Amount (\$)	Payee address; City; State; Zip (Code				
\$433.00	21973 EVA ST MONTGOMERY TX	77356				
	Category (See Categories listed at the top of this sched	dule) Description				
PURPOSE		Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE	ADVERTISING	Check if Austin, TX, officeholder living expense				
EXPENDITURE						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
11/26/15	ROBIN JOHNSON					
Amount (\$)	Payee address; City; State; Zip C	code				
\$55.00	12176 CLINT PARKER RD CONROE TX 7	7303				
	Category (See Categories listed at the top of this sched	dule) Description				
PURPOSE		Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE	FOOD / BEVERAGE	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)					
Credit Card Payment	The Instruction Guide expla	ains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)					
4 Date	5 Payee name							
12/05/15	KACIE SCHOETTLE							
6 Amount (\$)	7 Payee address; City; State;	Zip Code						
\$50.00	PO BOX 8112 HUNTSVILLE	TX 77304						
8	(a) Category (See Categories listed at the top of the	is schedule) (b) Description						
PURPOSE OF EXPENDITURE	CONTRACT LABOR		outside of Texas. Complete Schedule T. tin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held					
Date	Date Payee name							
12/05/15	MICAH HURST							
Amount (\$)	Payee address; City; State;	Zip Code						
\$50.00	10858 SUNFLOWER DR WILLIS TX	77318						
	Category (See Categories listed at the top of thi	s schedule) Description						
PURPOSE		Check if travel o	utside of Texas. Complete Schedule T.					
OF EXPENDITURE	CONTRACT LABOR	Check if Austi	n, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name							
12/02/15	MELANIE THIBODEAUX							
Amount (\$)	Payee address; City; State;	Zip Code						
\$443.83	PO BOX 8112 HUNTSVILLE	TX 77340						
	Category (See Categories listed at the top of thi	s schedule) Description	,					
PURPOSE			utside of Texas. Complete Schedule T,					
OF EXPENDITURE	CONSULTING	Check if Austi	n, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide exp	plains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME BILLY T BEAVERS		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
12/01/15	MONTGOMERY COUNTY REPUBLI	CAN PARTY		
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
\$1000.00	PO BOX 45 CONROE TX	C77305		
8	(a) Category (See Categories listed at the top of	this schedule) (b) Description		
PURPOSE OF EXPENDITURE	FILING FEE		outside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/OI-	Candidate / Officeholder name	Office sought	Office held	
Date	Рауее пате			
Amount (\$)	Payee address; City; State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of t	Check if travel o	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of t	Check if travel o	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NE	EDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
0	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Gredit Card Payment	F By C	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services		Office C Polling Printing Salarie	epayment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
			The Instri	action Guide expla	ins now t	o complete this form.		
1	Total pages Schedule G:	2 FILER NAM		T BEAVER\$			3 Filer ID (Ethica	s Commission Filers)
4	Date	5 Payee name						
	10/03/15	RED LOBS	TER 6372					
6	Amount (\$)	7 Payee addre	ess;	City; State; 2	Zip Code			
	160.00 Reimbursement from political contributions intended	2944 l45 N		CONROE TX 77	7303			
8	DUBBOOF	(a) Category (Se	e Categories	listed at the top of this s	schedule)	(b) Description		
	PURPOSE OF					Check if travel outsid	e of Texas. Complete Scheo	fule T.
	EXPENDITURE	FOOD / BE\	'ERAGE			Check if Austin, To	X, officeholder living exp	ense
9	Complete ONLY if direct expenditure to benefit C/C	Candidate		older name		Office sought		Office held
	Date	Payee name						
	09/30/15	PAYPAL						
	Amount (\$)	Payee addre	ss;	City; State; Z	Zip Code			
	14.87 Reimbursement from political contributions intended	2211 N FIRS	T ST	SAN JOSE CA 95	5131			
		Category (Se	e Categories	listed at the top of this s	schedule)	(b) Description		
	PURPOSE OF					Check if travel outside	e of Texas. Complete Sched	ule T.
	EXPENDITURE	ADVERTIŞIN	G EXPENS	E		Check if Austin, T	K, officeholder living expe	ense
	Complete ONLY if direct expenditure to benefit C/C		/ Officeh	older name		Office sought		Office held
	Data	Stever						
	Date	Payee name						
	13-31-15	PAYPAL						
	Amount (\$)	Payee addre	ss;	City; State; Z	Zip Code			
	46.03 Reimbursement from political contributions intended	2211 N FIRST	ST	SAN JOSE CA 95	5131			
		Category (Se	e Categories	listed at the top of this s	schedule)	(b) Description		
	PURPOSE OF					Check if travel outside	e of Texas. Complete Sched	ule T.
	EXPENDITURE	ADVERTISI	NG EXPEN	SE		Check if Austin, TX	K, officeholder living expe	ense
	Complete ONLY if direct expenditure to benefit C/C	Candidate		older name		Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							