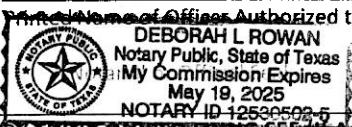


Rec. 8.01 AM  
4/18/23

### APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL<sup>1</sup> Failure to provide required information may result in rejection of application.

<b>APPLICATION FOR A PLACE ON THE <u>Keller ISD Board of Trustees</u> GENERAL ELECTION BALLOT</b>					
TO: City Secretary/Secretary of Board (name of election)					
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.					
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) Trustee, Place 5				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) Beverly Thrower Dixon			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* Bev Dixon		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) 808 Forest Lakes Ct			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)		
CITY Keller	STATE TX	ZIP 76248	CITY	STATE	ZIP
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) bdixon4kisd@gmail.com		OCCUPATION (Do not leave blank) President/CEO (Interim)	DATE OF BIRTH [REDACTED]	VOTER REGISTRATION VOID NUMBER <sup>2</sup> (Optional) 1185278993	
TELEPHONE CONTACT INFORMATION (Optional) Home: Office: Cell: (760) 458-1458					
FELONY CONVICTION STATUS (You MUST check one)			LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN		
<input checked="" type="checkbox"/> I have not been finally convicted of a felony.			IN THE STATE OF TEXAS		IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED
<input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. <sup>3</sup>			11 year(s)		11 year(s)
			7 month(s)		7 month(s)
*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.					
Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>Beverly T Dixon</u> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>Beverly T Dixon</u> of <u>Tarrant</u> County, Texas, being a candidate for the office of <u>KISD Board of Trustees, Place 5</u> , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."					
<u>X Beverly T Dixon</u> SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me this the <u>18</u> day of <u>January</u> , <u>2023</u> , by <u>Beverly Dixon</u> (day) (month) (year) (name of candidate)					
<u>Deborah L Rowan</u> Signature of Officer Authorized to Administer Oath <sup>4</sup>			<u>Deborah L. Rowan</u> Printed Name of Officer Authorized to Administer Oath		
<u>Admin. Assist to CEO</u> Title of Officer Authorized to Administer Oath					
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE.					
This document and \$ _____ filing fee or a nominating petition of _____ pages received. <input checked="" type="checkbox"/> Voter Registration Status Verified					
<u>1/18/2023</u> Date Received		<u>1/18/2023</u> Date Accepted		<u>Mr. Mowatt</u> Signature of Filing Officer or Designee	

# AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM ACTA  
PG 1

1 CANDIDATE NAME Beverly T Dixon	2 FILER ID # lixon4kisdkids@gmail.com	3 Total pages filed. 2
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See ACTA Instruction Guide for detailed instructions.  
Use this form for changes to existing information *only*. Do not provide information previously disclosed.

4 CANDIDATE NAME	NEW	MS MRS / MR	FIRST	MI	OFFICE USE ONLY		
			Beverly	T	Date Received		
		NICKNAME	LAST	SUFFIX			
		Bev	Dixon				
5 CANDIDATE MAILING ADDRESS	NEW	ADDRESS	PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
		808 Forest Lakes Ct., Keller, TX 76248					
6 CANDIDATE PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #	Amount \$	
		( 817 )	562-2680			Date Processed	
						Date Imaged	

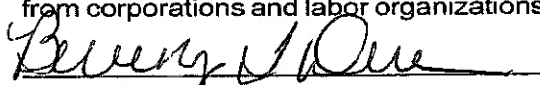
7 OFFICE HELD (if any)	NEW	Keller ISD Board of Trustees, Place 5					
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8 OFFICE SOUGHT (if known)	NEW	Keller ISD Board of Trustees, Place 5					
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9 CAMPAIGN TREASURER NAME	NEW	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX
			John	D		Dixon	

10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	NEW	STREET ADDRESS	APT / SUITE #:	CITY:	STATE:	ZIP CODE
		808 Forest Lakes Ct., Keller, TX 76248				

11 CAMPAIGN TREASURER PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION
		( 817 )	562-2860	

12 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p>					
	 Signature of Candidate			19 Dec 2023 Date Signed		

GO TO PAGE 2

**AMENDMENT:  
CANDIDATE MODIFIED REPORTING DECLARATION**

**FORM ACTA  
PG 2**

13 CANDIDATE  
NAME

Beverly T Dixon

14 MODIFIED  
REPORTING  
DECLARATION

NEW

**COMPLETE THIS SECTION ONLY IF YOU ARE  
CHOOSING MODIFIED REPORTING**

**\*\* This declaration must be filed no later than the 30th day before  
the first election to which the declaration applies. \*\***

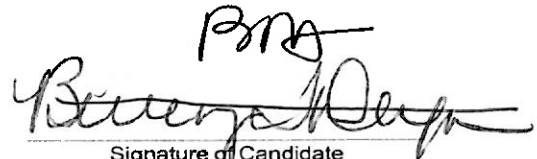
**\*\* The modified reporting option is valid for one election cycle only. \*\***  
(An election cycle includes a primary election, a general election, and any related runoffs.)

**\*\* Candidates for the office of state chair of a political party  
may NOT choose modified reporting. \*\***

I do not intend to accept more than \$940 in political contributions or make more than \$940 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.



Year of election(s) or election cycle to  
which declaration applies



Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us)  
or mail to

Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority  
DO NOT SEND TO TEC

For more information about where to file go to:  
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <b>34</b>																		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px dotted black;">MS / MRS / MR Mrs.</td> <td style="width:30%; border-bottom: 1px dotted black;">FIRST Beverly</td> <td style="width:40%; border-bottom: 1px dotted black;">MI Thrower</td> </tr> <tr> <td style="border-bottom: 1px dotted black;">NICKNAME Bev</td> <td style="border-bottom: 1px dotted black;">LAST Dixon</td> <td style="border-bottom: 1px dotted black;">SUFFIX</td> </tr> </table>	MS / MRS / MR Mrs.	FIRST Beverly	MI Thrower	NICKNAME Bev	LAST Dixon	SUFFIX	<b>OFFICE USE ONLY</b>													
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NICKNAME Bev	LAST Dixon	SUFFIX																			
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ADDRESS / PO BOX; 808 Forest Lakes Ct</td> <td style="width:10%;">APT / SUITE #;</td> <td style="width:10%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:30%;">ZIP CODE Keller, Texas 76248</td> </tr> </table>	ADDRESS / PO BOX; 808 Forest Lakes Ct	APT / SUITE #;	CITY;	STATE;	ZIP CODE Keller, Texas 76248	Date Received														
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<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">AREA CODE ( 817 )</td> <td style="width:40%;">PHONE NUMBER 562-2680</td> <td style="width:40%;">EXTENSION</td> </tr> </table>	AREA CODE ( 817 )	PHONE NUMBER 562-2680	EXTENSION	Date Hand-delivered or Date Postmarked																
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NICKNAME	LAST Dixon	SUFFIX																			
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<b>9</b> REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
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<b>10</b> PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Month</td> <td style="width:5%;">Day</td> <td style="width:15%;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:5%;">Month</td> <td style="width:5%;">Day</td> <td style="width:15%;">Year</td> </tr> <tr> <td style="text-align: center;">12</td> <td style="text-align: center;">/</td> <td style="text-align: center;">19</td> <td></td> <td style="text-align: center;">04</td> <td style="text-align: center;">/</td> <td style="text-align: center;">05 / 2023</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	12	/	19		04	/	05 / 2023				
Month	Day	Year	THROUGH	Month	Day	Year															
12	/	19		04	/	05 / 2023															
<b>11</b> ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">ELECTION DATE</td> <td colspan="3" style="text-align: center;">ELECTION TYPE</td> </tr> <tr> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td style="text-align: center;">05</td> <td style="text-align: center;">/</td> <td style="text-align: center;">06 / 2023</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	ELECTION DATE			ELECTION TYPE			Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	05	/	06 / 2023	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special			
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<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known)																			
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	<p style="font-size: small;">THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">COMMITTEE TYPE</td> <td style="border-bottom: 1px solid black;">COMMITTEE NAME</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> GENERAL</td> <td style="border-bottom: 1px solid black;">N/A</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> SPECIFIC</td> <td style="border-bottom: 1px solid black;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	N/A	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS								
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<input type="checkbox"/> GENERAL	N/A																				
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**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

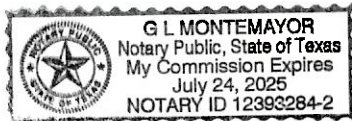
15 C/OH NAME Beverly (Bev) Dixon		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 125.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 27,725.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 64.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,569.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,156.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Beverly Dixon  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Beverly Dixon this the 6 day of April 2023, to certify which, witness my hand and seal of office.

G L. Montemayor Gaye Lynne Montemayor Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

<b>19 FILER NAME</b> Beverly (Bev) Dixon		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 25,365.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2235.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 13,349.68
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 542.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 613.93
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.78

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>18</b>
2 FILER NAME Beverly (Bev) Dixon		3 Filer ID (Ethics Commission Filers)
4 Date 12/21/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kathryn King</b> ..... 6 Contributor address; City; State; Zip Code <b>8608 Olympiz Trace Circle Ft Worth Texas 76244</b>	7 Amount of contribution (\$) <b>\$2000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/30/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lesley Haas</b> ..... Contributor address; City; State; Zip Code <b>1614 Meadow Park Ln Keller TX 76248</b>	Amount of contribution (\$) <b>\$300.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Brittainy Fink</b> ..... Contributor address; City; State; Zip Code <b>532 Bristol Hill Keller TX 76248</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/4/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Susan &amp; Rodney Eiland</b> ..... Contributor address; City; State; Zip Code <b>408 Monarch Hill Rd Keller TX 76248</b>	Amount of contribution (\$) <b>\$250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>18</b>
2 FILER NAME Beverly (Bev) Dixon		3 Filer ID (Ethics Commission Filers)
4 Date 1/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lin &amp; Ron Jencopale</b> ..... 6 Contributor address; City; State; Zip Code <b>933 Post Oak Road Keller Texas 76248</b>	7 Amount of contribution (\$)  <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Melody &amp; Peter Sullivan</b> ..... Contributor address; City; State; Zip Code <b>512 Woodland Trail Keller TX 76248</b>	Amount of contribution (\$)  <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/6/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susan Hunter</b> ..... Contributor address; City; State; Zip Code <b>1008 Lark Haven Ln Keller TX 76248</b>	Amount of contribution (\$)  <b>\$1000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Julie Schock</b> ..... Contributor address; City; State; Zip Code <b>1901 Silkwood Ct Keller TX 76248</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>18</b>
2 FILER NAME Beverly (Bev) Dixon		3 Filer ID (Ethics Commission Filers)
4 Date 2/9/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amanda Calongne</b> ..... 6 Contributor address; City; State; Zip Code <b>1459 Lockwood Ct Keller Texas 76248</b>	7 Amount of contribution (\$) <b>\$200.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Julie Fry</b> ..... Contributor address; City; State; Zip Code <b>9912 Lamberton Tar Ft Worth TX 76244</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ashley Ball</b> ..... Contributor address; City; State; Zip Code <b>1008 Silverwood Keller TX 76248</b>	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Danielle Bobe</b> ..... Contributor address; City; State; Zip Code <b>1456 Lockwood Ct Keller TX 76248</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME  <b>Beverly (Bev) Dixon</b>		3 Filer ID (Ethics Commission Filers)
4 Date  2/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>George Cozens</b> ..... 6 Contributor address; City; State; Zip Code  <b>989 Meadow Circle N Keller TX 76248</b>	7 Amount of contribution (\$)  <b>\$50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date  2/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Elizabeth Cumbie</b> ..... Contributor address; City; State; Zip Code <b>5021 Bomford Dr Ft Worth TX 76244</b>	Amount of contribution (\$)  <b>\$25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  2/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kathi Glasscock</b> ..... Contributor address; City; State; Zip Code <b>8613 Amhurst Ct North Richland Hills, TX 76182</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  2/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kristi Burleson</b> ..... Contributor address; City; State; Zip Code <b>1421 Lizzy Ct Keller TX 76248</b>	Amount of contribution (\$)  <b>\$ 150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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2 FILER NAME Beverly (Bev) Dixon		3 Filer ID (Ethics Commission Filers)
4 Date 2/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary Cox</b> ..... 6 Contributor address; City; State; Zip Code <b>1134 Misty Oak Lane Keller Texas 76248</b>	7 Amount of contribution (\$)  <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nadine Hutcheson</b> ..... Contributor address; City; State; Zip Code <b>2001 Yosemite Ln Keller TX 76248</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sarah Dykes</b> ..... Contributor address; City; State; Zip Code <b>2811 Flint Trail Keller TX 76182</b>	Amount of contribution (\$)  <b>\$40.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Angela Souther</b> ..... Contributor address; City; State; Zip Code <b>973 Ottinger Road Keller TX 76248</b>	Amount of contribution (\$)  <b>\$25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Beverly (Bev) Dixon		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Julie Hagen</b> ..... 6 Contributor address; City; State; Zip Code 5133 Comstock Circle Ft Worth Texas 76244	7 Amount of contribution (\$)  \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Belen Chee</b> ..... Contributor address; City; State; Zip Code 1706 Buckingham Dr Keller TX 76248	Amount of contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John &amp; Susan Cooper</b> ..... Contributor address; City; State; Zip Code 809 Forest Lakes Ct Keller TX 76182	Amount of contribution (\$)  \$180.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Aprel Dobson</b> ..... Contributor address; City; State; Zip Code 9000 Thornberry Drive. North Richland Hills, TX 76182	Amount of contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Beverly (Bev) Dixon</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/16/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Angela Starr</b> ..... 6 Contributor address; City; State; Zip Code <b>945 Bluebonnet Dr Keller Texas 76248</b>	7 Amount of contribution (\$) <b>\$150.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/21/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cassiopeia Van Dyke</b> ..... Contributor address; City; State; Zip Code <b>1424 Chase Oaks Keller TX 76248</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/21/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michelle Cline</b> ..... Contributor address; City; State; Zip Code <b>836 Keller Smithfield Keller TX 76248</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/25/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shelly Hye</b> ..... Contributor address; City; State; Zip Code <b>1228 Westwood Dr Keller TX 76262</b>	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Beverly (Bev) Dixon</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/5/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Julie Tandy</b> ..... 6 Contributor address; City; State; Zip Code <b>1125 Wales Keller TX 76248</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/8/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kristen Lents</b> ..... Contributor address; City; State; Zip Code <b>1913 Wellington Ct Keller TX 76248</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/21/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Dennis Serratt</b> ..... Contributor address; City; State; Zip Code <b>5553 Murton Place Ft Worth TX 76137</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/17/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John Dixon</b> ..... Contributor address; City; State; Zip Code <b>808 Forest Lakes Ct Keller 76248</b>	Amount of contribution (\$)  <b>\$890.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Beverly (Bev) Dixon</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/28/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Raymond Peters</b> 6 Contributor address; City; State; Zip Code <b>720 Fostery King Pl Keller TX 76248</b>	7 Amount of contribution (\$) <b>\$500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/4/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Daniel Hawes</b> Contributor address; City; State; Zip Code <b>5121 Merced Dr Ft Worth TX 76137</b>	Amount of contribution (\$) <b>\$150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/27/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John Baker</b> Contributor address; City; State; Zip Code <b>PO Box 2047 Keller TX 76248</b>	Amount of contribution (\$) <b>\$300.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/13/23</b> <i>for</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Glenn Farkas</b> Contributor address; City; State; Zip Code <b>1916 Stonecastle Dr Keller TX 76262</b>	Amount of contribution (\$) <b>\$ 2500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Beverly (Bev) Dixon</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/27/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kyberly Sims</b> 6 Contributor address; City; State; Zip Code <b>820 Forest Lakes Dr Keller Texas 76248</b>	7 Amount of contribution (\$) <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/3/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Joseph Austin</b> Contributor address; City; State; Zip Code <b>6933 Black Wing Dr Ft Worth TX 76137</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/3/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mary Evans</b> Contributor address; City; State; Zip Code <b>441 E Vine St Keller TX 76248</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/3/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Randy Campbell</b> Contributor address; City; State; Zip Code <b>49 Stage Coach Rd Ft Worth TX 76244</b>	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Beverly (Bev) Dixon</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/3/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ann Potts</b> 6 Contributor address; City; State; Zip Code <b>535 Big Bend Drive Keller Texas 76248</b>	7 Amount of contribution (\$) <b>\$1000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/3/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dawn Lydick</b> Contributor address; City; State; Zip Code <b>PO Box 2647 Ft Worth TX 76113</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/4/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Don &amp; Melissa Reid</b> Contributor address; City; State; Zip Code <b>2000 Brookhill Ct Keller TX 76248</b>	Amount of contribution (\$) <b>\$5000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/4/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Elaine Wagstaff</b> Contributor address; City; State; Zip Code <b>428 Moonlight Lane Keller TX 76248</b>	Amount of contribution (\$) <b>\$320.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Beverly (Bev) Dixon</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/4/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>George Cozens</b> ..... 6 Contributor address; City; State; Zip Code <b>989 Meadow Circle Keller TX 76248</b>	7 Amount of contribution (\$) <b>30.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/4/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Melody Sullivan</b> ..... Contributor address; City; State; Zip Code <b>512 Woodland Trail Keller TX 76248</b>	Amount of contribution (\$) <b>\$475.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/4/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary Weathered</b> ..... Contributor address; City; State; Zip Code <b>12308 Water Oak Ft Worth Texas 76244</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/4/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Janet Schoulda</b> ..... Contributor address; City; State; Zip Code <b>8613 Amhurst Ct North Richland Hills TX 76182</b>	Amount of contribution (\$) <b>\$75.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Beverly (Bev) Dixon</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/4/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>Annette Cox</b> ..... 6 Contributor address; City; State; Zip Code <b>1134 Misty Oak Lane Keller TX 76248</b>	7 Amount of contribution (\$) <b>\$160.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/4/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>Courtney Herman</b> ..... Contributor address; City; State; Zip Code <b>1500 Hudnall Farm Rd Keller TX 76248</b>	Amount of contribution (\$) <b>\$75.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/4/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>Amanda Calongne</b> ..... Contributor address; City; State; Zip Code <b>1459 Lockwood Dr Keller TX 76248</b>	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/4/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>Kathi Glasscock</b> ..... Contributor address; City; State; Zip Code <b>8613 Amhurst Ct NRH TX 76182</b>	Amount of contribution (\$) <b>\$125.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Beverly (Bev) Dixon</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/4/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Moira Jones</b> ..... 6 Contributor address; City; State; Zip Code <b>3809 Gladney Ln Ft Worth TX 76244</b>	7 Amount of contribution (\$) <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/4/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Andrew Sterneke</b> ..... Contributor address; City; State; Zip Code <b>506 Rawhide Path Keller TX 76248</b>	Amount of contribution (\$) <b>\$320.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/4/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ruthie Keyes</b> ..... Contributor address; City; State; Zip Code <b>5008 Spanish River Trail Ft Worth TX 76137</b>	Amount of contribution (\$) <b>\$150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/4/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Eileen Meskill</b> ..... Contributor address; City; State; Zip Code <b>1500 Forest Bend Rd Keller TX 76248</b>	Amount of contribution (\$) <b>\$ 75.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Beverly (Bev) Dixon</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/4/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Shauna &amp; Bryan Wright</b> 6 Contributor address; City; State; Zip Code <b>814 Victoria Lane Keller Texas 76248</b>	7 Amount of contribution (\$) <b>\$1000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/7/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Scott &amp; Ashlee Hickman</b> Contributor address; City; State; Zip Code <b>505 Holly Court Keller TX 76248</b>	Amount of contribution (\$) <b>\$250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/8/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Matthew Wilkens</b> Contributor address; City; State; Zip Code <b>1703 Rolling Bend Keller TX 76248</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/8/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Sherry Shelton</b> Contributor address; City; State; Zip Code <b>321 College Keller TX 76248</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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2 FILER NAME <b>Beverly (Bev) Dixon</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/9/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Didi Zubricki</b> 6 Contributor address; City; State; Zip Code <b>428 Durrand Oak Dr Keller Texas 76248</b>	7 Amount of contribution (\$) <b>\$50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/14/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Phillip Chaffins</b> Contributor address; City; State; Zip Code <b>925 Glenhurst Rd Keller TX 76248</b>	Amount of contribution (\$) <b>\$300.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/20/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nomi Burns</b> Contributor address; City; State; Zip Code <b>613 Monterey Dr Keller TX 76248</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/20/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steven Graff</b> Contributor address; City; State; Zip Code <b>2832 Cotswold Ct Keller TX 76248</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18
2 FILER NAME Beverly (Bev) Dixon		3 Filer ID (Ethics Commission Filers)
4 Date 3/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John & Nancy Sullivan 6 Contributor address; City; State; Zip Code 130 Oregon Road Cheshire CT 06410	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ashley Clark Contributor address; City; State; Zip Code 2037 Yosemite Keller TX 76248	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicole Cobb Contributor address; City; State; Zip Code 5505 Milford Ft Worth TX 76137	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Hassell Contributor address; City; State; Zip Code 602 LaSalle Dr Keller TX 76248	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>18</b>
2 FILER NAME <b>Beverly (Bev) Dixon</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/25/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ashley Ram Gosnell</b> ..... 6 Contributor address; City; State; Zip Code <b>380 La Quinta S Keller TX 76248</b>	7 Amount of contribution (\$) <b>200.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/25/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kathryn Metcalf</b> ..... Contributor address; City; State; Zip Code <b>425 Durrand Oak Keller TX 76248</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/25/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sharon Stillinger</b> ..... Contributor address; City; State; Zip Code <b>1090 Misty Oak Lane Keller TX 76248</b>	Amount of contribution (\$) <b>\$150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/26/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bruce Fields</b> ..... Contributor address; City; State; Zip Code <b>2803 Watts Ct Southlake TX 76092</b>	Amount of contribution (\$) <b>\$2300.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>8</b>	
2 FILER NAME <b>Beverly (Bev) Dixon</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 3/4/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John Dixon</b>	8 Amount of Contribution \$ \$125.00	9 In-kind contribution description Whiskey /raffle
7 Contributor address; City; State; Zip Code <b>808 Forest Lakes Ct Keller TX 76248</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 3/4/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Charcoopie (Chelsea Cooper)</b>	Amount of Contribution \$ \$150.00	In-kind contribution description Charcuterie Board/ Raffle
Contributor address; City; State; Zip Code <b>4952 Happy Trail, Ft Worth, TX 76244</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <span style="float: right; font-size: 1.5em;">8</span>
2 FILER NAME Beverly (Bev) Dixon		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00
5 Date 3/4/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amanda Moore ..... 7 Contributor address; City; State; Zip Code 6048 Hilltop Dr Watauga TX 76148	8 Amount of Contribution \$ \$ 500.00  9 In-kind contribution description Mavs experience /raffle <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 3/4/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elaine Wagstaff ..... Contributor address; City; State; Zip Code 420 Moonlight Keller TX 76248	Amount of Contribution \$ \$160.00 Jewelry/ Raffle Kendra Scott <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <span style="font-size: 1.5em;">8</span>
2 FILER NAME Beverly (Bev) Dixon		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00
5 Date 3/4/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sky Creek ..... 7 Contributor address; City; State; Zip Code 600 Promontory Dr Keller TX 76248	8 Amount of Contribution \$ \$ 225.00  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. 9 In-kind contribution description Round of golf /raffle
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 3/4/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Selfie World ..... Contributor address; City; State; Zip Code 9409 Sage Meadow Tr #165 Ft Worth TX 76177	Amount of Contribution \$ \$75.00 Gift C/ Raffle  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <span style="font-size: 1.5em;">8</span>
2 FILER NAME Beverly (Bev) Dixon		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00
5 Date 3/4/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Debbie Lee ..... 7 Contributor address; City; State; Zip Code 1016 Brahms Colleyville TX 76034	8 Amount of Contribution \$ \$ 50.00  9 In-kind contribution description Macaroons /raffle Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 3/4/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Becky Icken ..... Contributor address; City; State; Zip Code 2202 Bayou Court Keller TX 76248	Amount of Contribution \$ \$75.00 Raffle In-kind contribution description Cake/ Raffle Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/>
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)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <span style="float: right;">8</span>
2 FILER NAME Beverly (Bev) Dixon		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00
5 Date 3/4/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carla's Creations ..... 7 Contributor address; City; State; Zip Code 420 Johnson Road Suite 104 Keller TX 76248	8 Amount of Contribution \$ \$ 50.00  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. 9 In-kind contribution description Dog basket /raffle
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 3/4/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DeVivo Bros. ..... Contributor address; City; State; Zip Code 750 S Main #165 Keller TX 76248	Amount of Contribution \$ \$25.00 Gift Card/ Raffle  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2	8
2 FILER NAME Beverly (Bev) Dixon		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 3/4/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly Fabian	8 Amount of Contribution \$ \$30 .00	9 In-kind contribution description Scarf /raffle
7 Contributor address; City; State; Zip Code 1709 Ranger Keller TX 76248		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 3/4/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anna Wollscheid	Amount of Contribution \$ \$225.00	In-kind contribution description Basket/ Raffle
Contributor address; City; State; Zip Code 402 Charrington Ct Keller TX 76248		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <span style="float: right;">8</span>
2 FILER NAME Beverly (Bev) Dixon		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00
5 Date 3/4/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Empire Toys ..... 7 Contributor address; City; State; Zip Code 790 S Main #417 Keller TX 76248	8 Amount of Contribution \$ \$200.00  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. 9 In-kind contribution description Basket /raffle
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 3/4/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tracy Sones ..... Contributor address; City; State; Zip Code 1460 Lockwood Keller TX 76248	Amount of Contribution \$ \$75.00 Wreaths/ Raffle  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <span style="float: right;">8</span>	
2 FILER NAME Beverly (Bev) Dixon		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 3/4/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tara Golden Photography ..... 7 Contributor address; City; State; Zip Code 810 Forest Lakes Ct Keller TX 76248	8 Amount of Contribution \$ \$150.00	9 In-kind contribution description Photo package /raffle  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 3/4/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Annette Cox ..... Contributor address; City; State; Zip Code 1134 Misty Oak Lane Keller TX 76248	Amount of Contribution \$ \$120.00	In-kind contribution description Pamper Basket/ Raffle  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1 <b>3</b>	<b>2</b> FILER NAME Beverly (Bev) Dixon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/7/2023	<b>5</b> Payee name Keller Embroidery and Printing	
<b>6</b> Amount (\$) \$2300.31	<b>7</b> Payee address; 1103 Keller Parkway Ste 106	City; State; Zip Code Keller TX 76248
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 3/26/2023	Payee name KC Strategies	
Amount (\$) \$1092.00	Payee address; 3571 Far West Blvd #196	City; State; Zip Code Austin TX 78731
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Door Hangers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 3/1/2023	Payee name KC Strategies	
Amount (\$) \$2000.00	Payee address; 3571 Far West Blvd #196	City; State; Zip Code Austin TX 78731
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1 <b>3</b>	<b>2</b> FILER NAME <b>Beverly (Bev) Dixon</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/31/2023</b>	<b>5</b> Payee name <b>Main Street Depot</b>	
<b>6</b> Amount (\$) <b>\$650.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>204 S Main Street Keller TX 76248</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	<b>(b)</b> Description <b>Rental of space</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>2/7/2023</b>	Payee name <b>Keller Embroidery and Printing</b>	
Amount (\$) <b>\$2300.31</b>	Payee address; City; State; Zip Code <b>1103 Keller Parkway Ste 106 Keller TX 76248</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Campaign Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>2/1/2023</b>	Payee name <b>KC Strategies</b>	
Amount (\$) <b>\$2000.00</b>	Payee address; City; State; Zip Code <b>3571 Far West Blvd #196 Austin TX 78731</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Campaign Consulting</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1 <b>3</b>	<b>2</b> FILER NAME <b>Beverly (Bev) Dixon</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/26/2023</b>	<b>5</b> Payee name <b>Keller Masonic Lodge</b>	
<b>6</b> Amount (\$) <b>\$225.00</b>	<b>7</b> Payee address; <b>424 N Main Street</b>	City; State; Zip Code <b>Keller TX 76248</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event expense	<b>(b)</b> Description Rental
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>4/1/2023</b>	Payee name <b>KC Strategies</b>	
Amount (\$) <b>\$2000.00</b>	Payee address; <b>3571 Far West Blvd #196</b>	City; State; Zip Code <b>Austin TX 78731</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>3/1/2023</b>	Payee name <b>KC Strategies</b>	
Amount (\$) <b>\$782.06</b>	Payee address; <b>3571 Far West Blvd #196</b>	City; State; Zip Code <b>Austin TX 78731</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing	Description Door Hangers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# UNPAID INCURRED OBLIGATIONS

SCHEDULE **F2**

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: 1	<b>2</b> FILER NAME Beverly (Bev) Dixon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
<b>5</b> Date 3/24/2023	<b>6</b> Payee name Keller Embroidery and Printing	
<b>8</b> Amount (\$) \$542.00	<b>8</b> Payee address; 1103 Keller Parkway #106	City; State; Zip Code Keller TX 76248
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(c)</b> Description Signs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address;</b>	<b>City; State; Zip Code</b>
<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

If the requested information is not applicable, **DO NOT include this page in the report.**

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 1	<b>2</b> FILER NAME Beverly (Bev) Dixon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date 1/9/2023	<b>6</b> Payee name Tina Caron Photography	
<b>7</b> Amount (\$) \$422.18	<b>8</b> Payee address: 4952 Cliburn Dr                      Keller                      TX 76248 City;                      State;                      Zip Code	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Head Shots
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 1/21/2023	Payee name GoDaddy	
Amount (\$) 191.75	Payee address: 2150 E Warner Rd                      Tempe                      AZ 85284 City;                      State;                      Zip Code	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Website
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <u>9</u>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>Mrs.</b>	FIRST <b>Beverly</b>	MI <b>Throuwer</b>
	NICKNAME <b>Bev</b>	LAST <b>Dixon</b>	SUFFIX
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>808 Forest Lakes Ct Keller, Texas 76248</b>		
<input type="checkbox"/> Change of Address			
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <b>( 817 )</b>	PHONE NUMBER <b>562-2680</b>	EXTENSION
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <b>Mr.</b>	FIRST <b>John</b>	MI <b>D</b>
	NICKNAME	LAST <b>Dixon</b>	SUFFIX
<b>7 CAMPAIGN TREASURER ADDRESS</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>808 Forest Lakes Ct Keller, Texas 76248</b> <small>(Residence or Business)</small>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <b>(817 )</b>	PHONE NUMBER <b>562-2680</b>	EXTENSION
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <b>04      06      2022      THROUGH      04      28      2023</b>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <b>05      06      2023</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <b>N/A</b>	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Beverly (Bev) Dixon		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7176.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 116.92
	4. TOTAL POLITICAL EXPENDITURES	\$ 18958.36
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1373.81
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

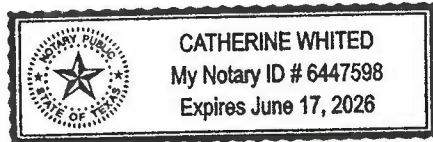
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Beverly Dixon*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Beverly Dixon this the 28<sup>th</sup> day of April, 2023, to certify which, witness my hand and seal of office.

Catherine Whited Catherine Whited NOTARY PUBLIC  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

<b>19 FILER NAME</b> Beverly (Bev) Dixon		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7176.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 18841.44
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1.36



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Beverly (Bev) Dixon</b>		3 Filer ID (Ethics Commission Filers)
4 Date  4/7/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Loeffler</b> ..... 6 Contributor address; City; State; Zip Code <b>1621 Cat Mountain Trail Keller TX 76248</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date  4/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patricia Chishlom</b> ..... Contributor address; City; State; Zip Code <b>8355 Denali Ft Worth TX 76137</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  4/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robyn Birkenfeld</b> ..... Contributor address; City; State; Zip Code <b>1717 Broadmoor Dr Keller TX 76262</b>	Amount of contribution (\$)  <b>\$200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  4/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Annette Cox</b> ..... Contributor address; City; State; Zip Code <b>1134 Misty Oak Lane Keller TX 76248</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Beverly (Bev) Dixon</b>		3 Filer ID (Ethics Commission Filers)
4 Date  4/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Courtney Giles</b> ..... 6 Contributor address; City; State; Zip Code <b>1000 Vista Trail Keller TX 76262</b>	7 Amount of contribution (\$)  <b>20.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date  4/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leslie Kalina</b> ..... Contributor address; City; State; Zip Code <b>700 Muirfield Keller TX 76248</b>	Amount of contribution (\$)  <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  4/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jason Fond</b> ..... Contributor address; City; State; Zip Code <b>547 Big Bend Dr Keller TX 76248</b>	Amount of contribution (\$)  <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  4/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gabrielle Gordon</b> ..... Contributor address; City; State; Zip Code <b>76 Corral Dr N Keller TX 76244</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME  Beverly (Bev) Dixon		3 Filer ID (Ethics Commission Filers)
4 Date  4/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Afton Koonce ..... 6 Contributor address; City; State; Zip Code 1729 Grand Meadows Dr Keller TX 76248	7 Amount of contribution (\$)  25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date  4/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sean Maxwell ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  4/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Washam ..... Contributor address; City; State; Zip Code 9310 Avery Ranch Way Justin TX 76247	Amount of contribution (\$)  \$451.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
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**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Beverly (Bev) Dixon</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/26/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tierra Marshall</b> <hr/> 6 Contributor address; City; State; Zip Code <b>5908 Kary Lynn Dr Watauga TX 76148</b>	7 Amount of contribution (\$)  <b>150.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/26/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Zach Fusilier</b> <hr/> Contributor address; City; State; Zip Code <b>1632 Wicklow Lane Keller TX 76272</b>	Amount of contribution (\$)  <b>\$5000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/27/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Juri Marsh Roberts</b> <hr/> Contributor address; City; State; Zip Code <b>405 Shumard Oak Trail Keller TX 76248</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/27/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Elaine Wagstaff</b> <hr/> Contributor address; City; State; Zip Code <b>428 Moonlight Keller TX 76248</b>	Amount of contribution (\$)  <b>\$700.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1 2	<b>2</b> FILER NAME Beverly (Bev) Dixon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/10/23	<b>5</b> Payee name Keller Embroidery	
<b>6</b> Amount (\$) \$530.44	<b>7</b> Payee address; City; State; Zip Code 1103 Keller Parkway Keller TX 76248	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Design program
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/20/2023	Payee name KC Strategies	
Amount (\$) \$6409.68	Payee address; City; State; Zip Code 3571 Far West Blvd #196 Austin TX 78731	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/22/2023	Payee name KC Strategies	
Amount (\$) \$7138.33	Payee address; City; State; Zip Code 3571 Far West Blvd #196 Austin TX 78731	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailers and Text
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 2	2 FILER NAME <b>Beverly (Bev) Dixon</b>	3 Filer ID (Ethics Commission Filers)
4 Date 4/12/2023	5 Payee name <b>Canva</b>	
6 Amount (\$) \$12.99	7 Payee address; City; State; Zip Code <a href="http://www.canva.com">www.canva.com</a> (paid through bank account)	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Design program
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/26/2023	Payee name <b>Facebook</b>	
Amount (\$) \$250.00	Payee address; City; State; Zip Code <a href="http://www.facebook.com">www.facebook.com</a> (paid through bank account)	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Ads
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/24/2023	Payee name <b>KC Strategies</b>	
Amount (\$) \$4500.00	Payee address; City; State; Zip Code 3571 Far West Blvd #196 Austin TX 78731	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Digital Ad
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED