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: 6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. | FIRST: PATRICK | MI: M
NICKNAME | LAST: BEECHER | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: P.O. Box 181 | APT / SUITE #: | CITY: TOMBALL | STATE: TX | ZIP CODE: 77377

☐ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER [redacted] | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR. | FIRST: PATRICK | MI: M
NICKNAME | LAST: BEECHER | SUFFIX

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE) [redacted] | APT / SUITE # | CITY | STATE | ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER [redacted] | EXTENSION

9 REPORT TYPE

☐ January 15
☐ July 15
☐ 30th day before election
☑ 8th day before election
☐ Runoff
☐ Exceeded Modified Reporting Limit
☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 10 / 5 / 26 THROUGH 10 / 26 / 26

11 ELECTION

ELECTION DATE: Month / Day / Year: 11 / 3 / 26

ELECTION TYPE:
☐ Primary ☐ Runoff ☐ Other Description
☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any): TOMBALL ISD BOARD - POSITION 1

13 OFFICE SOUGHT (if known): TOMBALL ISD BOARD - POSITION 1

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

☐ Additional Pages

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received
TOMBALL ISD
OCT 26 2026
RECEIVED

Date Hand-delivered or Date Postmarked
Receipt # | Amount $
Date Processed
Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
PATRICK M BEECHER	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ -0-
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ -0-
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 2,225.45
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 2,225.45
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ -0-
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

LINDA STOLL
Notary Public, State of Texas
Comm. Expires 03-26-2029
Notary ID 133002409

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Patrick Beecher this the 21e day of October, 20 21e to certify which, witness my hand and seal of office.

Linda Stoll | Linda Stoll | 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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
PATRICK M BEECHER	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E: LOANS	$
5.	☒	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 1,916.94
6.	☒	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 308.51
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☒	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 2,225.45
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1

2 FILER NAME: PATRICK M. BEECHER

3 Filer ID (Ethics Commission Filers):

4 Date: 10/13/26

5 Payee name: CAPITAL ONE

6 Amount ($): $741.08

7 Payee address; City; State; Zip Code: P.O. BOX 60519 | CITY OF INDUSTRY | CA | 91716-0519

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): PRINTING EXPENSE

(b) Description: 18" x 24" YARD SIGNS

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: PATRICK M BEECHER | Office sought: TOMBALL ISD BOARD - POSITION 1 | Office held: SAME

Date: 10/13/26

Payee name: CAPITAL ONE

Amount ($): $1,175.86

Payee address; City; State; Zip Code: P.O. BOX 60519 | CITY OF INDUSTRY | CA | 91716-0519

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): PRINTING EXPENSE

Description: 4' x 8' SIGNS

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: PATRICK M BEECHER | Office sought: TOMBALL ISD BOARD-POSITION 1 | Office held: SAME

Date:

Payee name:

Amount ($):

Payee address; City; State; Zip Code:

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule):

Description:

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1		

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	$ 308.51

5 Date	6 Payee name
10/12/26	CAPITAL ONE

7 Amount ($)	8 Payee address;	City;	State;	Zip Code
$308.51	P.O. BOX 60519	CITY OF INDUSTRY	CA	91716-0519

☐ Check if individual's residence address.

9 TYPE OF EXPENDITURE

☑ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
PRINTING EXPENSE	5" x 3" PUSH CARDS

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
PATRICK M BEECHER	TOMBALL ISD BOARD - POSITION 1	SAME

Date	Payee name

Amount ($)	Payee address;	City;	State;	Zip Code

☐ Check if individual's residence address.

TYPE OF EXPENDITURE

☐ Political ☐ Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. **USE A NEW PAGE FOR EACH CREDIT CARD ISSUER**

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME: PATRICK M. BEECHER	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$

5 CREDIT CARD ISSUER — Name of financial institution: CAPITAL ONE

6 PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$ 741.08	9/22/26	10/13/26 (SEE SCHEDULE F1)

7 PAYEE

(a) Payee name: SIGNS ON THE CHEAP

(b) Payee address; City, State, Zip Code: 11525A STONEHOLLOW DRIVE, SUITE 120, AUSTIN, TX 78758

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

☑ Political ☐ Non-Political

(a) Category (See Categories listed at the top of this schedule): PRINTING EXPENSE

(b) Description: 18" x 24" YARD SIGNS

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: PATRICK M BEECHER | Office Sought: TOMBALL ISD BOARD - POSITION 1 | Office Held: SAME

PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$ 1,175.86	9/22/26	10/18/26 (SEE SCHEDULE F1)

PAYEE

(a) Payee name: SIGNS ON THE CHEAP

(b) Payee address; City, State, Zip Code: 11525A STONEHOLLOW DRIVE, SUITE 120, AUSTIN, TX 78758

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

☐ Political ☐ Non-Political

(a) Category (See Categories listed at the top of this schedule): PRINTING EXPENSE

(b) Description: 4'x8' SIGNS

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: PATRICK M BEECHER | Office Sought: TOMBALL ISD BOARD-POSITION 1 | Office Held: SAME

PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$ 308.51	10/12/26	SEE SCHEDULE F2

PAYEE

(a) Payee name: POST NET #TX233

(b) Payee address; City, State, Zip Code: 27708 TOMBALL PKWY, TOMBALL, TX 77375

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

☐ Political ☐ Non-Political

(a) Category (See Categories listed at the top of this schedule): PRINTING EXPENSE

(b) Description: 5" x 3" PUSH CARDS

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: PATRICK M. BEECHER | Office Sought: TOMBALL ISD BOARD - POSITION 1 | Office Held: SAME

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED