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:			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI Mrs. Beverly E.	OFFICE USE ONLY			
	NICKNAME LAST SUFFIX Skloss	Date Receiv RECEIVED BY CITY SECRETARY			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 3972 South Padre Island, TX 78597	JUN 1 6 2020 CITY OF SOUTH PADRE			
Change of Address		ISLAND			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 357-1617	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Mr. Edward R.	Receipt # Amount \$			
	NICKNAME LAST SUFFIX	Date Processed			
	Rice	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE			
(Residence or Business)	South Padre Island, TX 78597				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (636) 875-4040				
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 Sth day before election Exceeded \$500 limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month 1 / 1 / 2020 THROUGH 2 /	Day Year / 2020			
11 ELECTION	ELECTION DATE ELECTION TYPE				
	Month Day Year Primary Runoff Other Description Special Special Special Special Primary Runoff Other Description Special Specia				
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)				
	City Counc	il Place Z			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME BEI	verly Sk	1055	15 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W DISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THURES.	VITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S			
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	NA				
	SPECIFIC	COMMITTEE ADDRESS				
÷						
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	AN \$ 10			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 8660					
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$					
	4. TOTAL	\$ 9660				
CONTRIBUTION BALANCE	5. TOTAL F OF REP	DAY \$ O				
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	THE \$ O				
18 AFFIDAVIT						
			perjury, that the accompanying report is			
THE PART OF THE PA	MARTA MARTINE		ormation required to be reported by me			
	Notary ID #1240606 My Commission Exp	ires				
COF TEL	September 2, 202	- 4 x run g	Kloss			
		Signature of Can	didate or Officeholder			
AFFIX NOTARY STAME		_				
Sworn to and subscri	ibed before me, b	y the said Beverly SKloss	, this the			
day of June		o certify which, witness my hand and seal of office.				
Mlas	20	Marta Martinez	Asst. City Soc.			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Beverly SKloss	20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8660
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ /000
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$ 9660
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS \$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	ONS \$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) .500 8 Principal occupation / Job title (See Instructions) Pate Full name of contributor Out-of-state PAC (ID#: Robert W. and Anne K. Shepard Gontributor address; City; State; Zip Code 5348 Papaya Cir. Amount of contribution (\$) 250 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Gabriel Vanounou Godfer Blud. South Padre Blud. South Padre Island, Tx. 78597 Principal occupation / Job title (See Instructions) Employer (S Amount of contribution (\$) 250 Employer (See Instructions) Date Full name of contributor Courtney L. Hayden Contributor address; P. O. Box 3809 South Padre Island, TX 78597 Employer (See instructions) Employer (See instructions) Amount of contribution (\$) 200 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME Bevery E. Skloss 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (S) 9-16-19 Gentributor address; City; State; Zip Code 2216 Padre Blvd, #4 South Padre Island, TX 78597 /00 Date Full name of contributor Out-of-state PAC (ID#:_ 9-16-19 Kori Janell Marra Contributor address; City; State; Zip Code P.O. Box 3063 Amount of contribution (\$) 100 Principal occupation / Job title (See Instructions) South Padre Toland, TX 78597 Employer (See Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address: City: State: Zip Code SIDI Lagrana Blvd: South Padre Island TX 78597 Principal occupation / Job title (See Instructions) Employer (See Instructions) 9-16-19 200 Date Full name of contributor Theresa Metty 9-16-19 Contributor address; City: State; Zip Code Po Box 3590 South Padre Island, Tx. 78597 Employer (See Instructions) Amount of contribution (\$) 1000

Forms provided by Texas Ethics Commission

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

as Ethics Commission www.ethics.state.tx.us

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME Beverly Skloss 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7/ 9-16-19 6 Contributor address; City: State: Zip Code 5/01 Laguna Blvd. 50 uth Padre Island, TX 78597 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 7 Amount of contribution (\$) 950 Date Full name of contributor Patrick 1. MISSION 9-17-19 Contributor address; P.O. Box 3063 South Padre Island, TX 78597 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 200 Date Full name of contributor Sue S. Taubert G-25-19 Contributor address; City; State; Zip Code P.O. Box 827 Rio Hondo, TX 78583 Principal occupation / Job title (See Instructions) Employer Amount of contribution (\$) 100 Employer (See Instructions) Date Full name of contributor Paul Gifford, Kathryn Lyn Shaw Contributor address; City; State; Zip Code 114 B. E. Dolphin South Padre Tyland, TX 78597 Employer (See Instructions) Employer (See In Amount of contribution (\$) 300 Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME BEVERLY SKIDSS	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
Date Full name of contributor Anna Stahl 10-24-19 Contributor address; P.O. Box 40409 South Padre Island, TX 78597	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:) II - I - I - I - I - I - I - I - I - I	Amount of contribution (\$) /_ 000 ions)
Date Full name of contributor Dennis Stahl 11-1-19 Contributor address; City; State; Zip Code P.O. Box 40409 South Padre Island, TX 78597 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) / 000 ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	FDFD

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME Beverly S.Kloss 3 Filer ID (Ethics Commission Filers) Date 5 Full name of contributor out-of-state Dennis Stahl 11-1-19 6 Contributor address; City; S P. D. Box 40409 South Pagre Island, 4 Date out-of-state PAC (ID#:____ 7 Amount of contribution (\$) 500 City; State; Zip Code 8 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address: City; State; Zip Code 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.

LOANS SCHEDULE E The Instruction Guide explains how to complete this form. 1 Total pages Schedule E: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Beverly E. Skloss 4 TOTAL OF UNITEMIZED LOANS \$ Date of loan 7 Name of lender out-of-state PAC (ID#:_____ Loan Amount (\$) 8-16-19 Beverly E. Skloss 1000 is lender 8 Lender address: Po Box 3972 10 Interest rate a financial Institution? South Padre Island, TX 11 Maturity date 12 Principal occupation / Job title (See Instructions) Registered Nurse, Consultant 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) 🔊 none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State: Zip Code Not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender ☐ out-of-state PAC (ID#: Loan Amount (\$) Is lender Lender address: Interest rate City; State; Zip Code a financial Institution? Maturity date N Principal occupation / Job title (See Instructions) Employer (See instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 🗌 GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions)

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Relat

Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing I Legal Services Salaries/			Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		The Instruction Guide explai			and the same and t		
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethics Commission Filers)		
4 Date 9-16-19	5 Payee na				L		
6 Amount (\$)	7 Payee ad 2412	ldress; City; State;	Zip Code	-u 795a.			
8		(See Categories listed at the top of this		(b) Description			
PURPOSE OF EXPENDITURE	Food/	Food/Beverage Expense Check it Austin, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought	Office held		
Date 9-16-19	Payee nar						
Amount (\$) /6.07	i	Padre Blud.,	Suite				
		· Patre Island		78597			
PURPOSE OF EXPENDITURE	PURPOSE OF				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		ate / Officeholder name		Office sought	Office held		
Date 9 - 20 - 19	Payee nar	me Marketing					
Amount (\$) 674.87	Payee add 5900 Houste	Bingle Rd.	·				
PURPOSE OF EXPENDITURE	Advert	(See Categories listed at the top of this:) [itside of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held		
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

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

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (externor ant listed choice)

Credit Card Payment	The instruction Guide explains how to a	complete this form.	Other (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME BEVERLY E. SKIC).S.j	3 Filer ID (Ethics Commission Filers)				
4 Date 9-20-/9	Toucan Graphics						
6 Amount (\$)	7 Payee address; City; State; Zip Code 14725 S. Podre Island Corpus Christi, TX 78	Dr. Unit	·i				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense						
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date 9-19-19	Payee name Unlimited Printing						
Amount (\$) 232.74	Payee address; City; State; Zip Code Z685 N. Coricu St., Su Brownsville, TX 7852						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertesing Expense	i r	side of Texas. Complete Schedule T. TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date 9-27-19	Payee name Toucan Graphics						
Amount (\$) 570.75	Payee address; City; State; Zip Code. 104 W. Buhama St., Suit South Pudre Island, T		7				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Hadvertising Expense	Description Check if travel outs	side of Taxas. Complete Schedule T. 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 S	CHEDULE AS NEE	DED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Faes Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Beverly E. Skloss 5 Payee name 9-23-19 505 6 Amount (\$) 7 Payee address; City; State; Zip Code 2216 Podre Blud., Suite B 15.94 South Padre Island, TX 78597 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Printing Expense Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name 9-26-19 Facebook Amount (\$) Payee address; . City; State; Zip Code 1601 Willow Rd. Menta Park CA 94025 Category (See Categories listed at the top of this schedule) De Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising Expense ___ Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name The Printers Border Press, Inc. 9-27-19 Payee address; City; State; Zip Code Amount (\$) 728,48 Brownsville, Tx 78521 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Advertising Expense Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	office C ense Polling I als Expense Printing Salaries	epayment/Reimbursement werhead/Rental Expense Expense Expense //Wages/Contract Labor	Solicitation/Fundralsing 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.				
Total pages Schedule F1:	2 FILER NAME BEVER	y E SI	6/055	3 Filer ID (Ethics Commission Filers)			
4 Date 9-27-19	5 Payee name Facebook						
6 Amount (\$)	7 Payee address; Cit 1601 Willow Menlo Park		<i>)</i> . ~				
8	(a) Category (See Categories listed		(b) Description				
PURPOSE OF EXPENDITURE	Advertising		Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder r	name	Office sought	Office held			
Date	Payee name						
9-27-19	Facebook						
Amount (\$)	Menlo Park	CA 940	25				
PURPOSE OF EXPENDITURE	Advertuing	·	 1	side of Texas. Complete Schedule T. TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Office sought	Office held			
Date 9-27-19	Payee name Facebook						
Amount (\$) 25,56	1601 Willow Menlo Park	. CA 940	こと				
PURPOSE OF EXPENDITURE	Advertising	·	1 [ide of Texas. Complete Schedule T. TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Office sought	Office held			

SCHEDULE F1

•		EXPEND	ITURE CATE	GORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Fees Office Over Food/Beverage Expense Polling Exp Gill/Awards/Memorials Expense Printing Ex			Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel In District Travel Out Of District Other (enter a category not listed above)	
Olook Good ayingin		The Instructi	on Guide explair	ns how to c	omplete this form.	
7 Total pages Schedule F1		IAME Deverly	Skloss			3 Filer ID (Ethics Commission Filers)
4 Date 9-28-19	5 Payeen	acebook				
6 Amount (\$)	7 Payee a	ddress; Hou	City; State; Z	Zip Code		
50	L.	oyillov 10 Park		1402.S	-	
8		/ (See Categories lis			(b) Description	
PURPOSE OF EXPENDITURE		-tising			Check if travel ou	tside of Yexas. Complete Schedule T. , TX, officeholder fiving expense
9 Complete ONLY if direct expenditure to benefit C/O		late / Officeholds	er name		Office sought	Office held
Date	Payee na	ıme				
10-4-19	1 -	book				
Amount (\$) 76.53	ŀ	$\omega_{i/low}$	•			
	1	o Pack,				
PURPOSE OF EXPENDITURE		(See Categories lists +151ng E		chedule)	,	ilde of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder	rname	<u></u> l	Office sought	Office held
Date	Payee na	me				
10-6-19	Face	book				
Amount (\$)	Payee ad		ity; State; Zip	p Code		
75		Willow o Park.	• - •	9402	<u>. </u>	
		(See Categories liste			Description	
PURPOSE OF EXPENDITURE	Adver	tising 1	Expensi	ع ا		de of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder	· name		Office sought	Office held
urres provided by Toyon Ethi			IAL COPIES C	OF THIS SC	CHEDULE AS NEED	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Glit/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Sclarles/Wages/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District

Candidate/Officeholder/Politic Credit Card Payment		Wages/Contract Labor O	Other (enter a category not listed above)
- Stort Grant Grant	The instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	Beverly Skloss	3	Filer ID (Ethics Commission Filers)
4 Date	5 Payee name /		
10-8-19	Facebook		·· · · <u></u>
6 Amount (\$)	7 Payee address; City; State; Zip Code		
125	1601 Willow Road		
r -	Menlo Park, CA 9402	<u> </u>	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside	e of Texas. Complete Schedule T.
OF EXPENDITURE	Adventising Expense	Check if Austin, TX,	f, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
10-10-19	Facebook		
Amount (\$)	Payee address; City; State; Zip Code		
175	1601 Willow Road		
1/3	Menlo Park, CA 9402	<u> </u>	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		1 🗂 `	of Texas. Complete Schedule T.
	Ennance	<u> </u>	officeholder living expense
EXPENDITURE	Advertising Expense		onthermore and one of the original of the orig
	- -		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		·	
Date	Payee name		
10-12-19	Facebook		
Amount (\$)	Payee address; . City; State; Zip Code		
2.50	1601 Willow Road		
ا د د	Menlo Park, CA 9402.	۳-	
	Category (See Categories listed at the top of this schedule)	[
PURPOSE		Description Check if travel outside of	f Texas. Complete Schedule T.
OF	A = A = A		officeholder living expense
EXPENDITURE	Advertising Expense	Land Ottook is readily and o	micentities avail expense
	,	i	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		ome obegin	Office field
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Gifl/Awards/Mem Legal Services	Office Overhead/Rental Expense od/Beverage Expense VAwards/Memorials Expense pal Services Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor			Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
			on Guide explair	ns how to co	mplete this form.			
1 Total pages Schedule F1	2 FILER N	FILER NAME Beverly 5kloss 3 Filer ID (Ethics Commission Filers)						
4 Date 10 - 14 - 19	5 Payeena Face	Lbook						
6 Amount (\$) ∠/ ○ ○	1 '	Willow	Road	îp Code				
	Men	lo Park	. CA	9402	5			
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories lis	Expense			nside of Texas. Complete Schedule T. II, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholde	er name		Office sought	Office held		
Date	Payee na	me						
10-14-19	Fac	ebook						
Amount (\$)	Payee ad 1601 Men	Willow	(C 0 4C	p Code 94023	<u> </u>			
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/OF		te / Officeholde	r name		Office sought	Office held		
Date	Payee na	ne						
10-17-19	Sea. 1	Ranch R	Restauro	int				
Amount (\$) 245,82	Payee add 1 Pad South	re Blud	ity; State; Zip 		7859	7		
PURPOSE OF EXPENDITURE	Food		d at the top of this so		Description Check if travel outs	ide of Texas. Complete Schedule T. TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholde	r name		Office sought	Office held		
	ATT	CH ADDITIO	NAL COPIES (OF THIS SC	HEDULE AS NEEL	DED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimburseme

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

Event Expense Fees Food/Beverage Expense Glit/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

Credit Gard Payment	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)				
4 Date 10-24-19	Nathan Burkhar		L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
6 Amount (\$)	7 Payee address; City; State; Zip Code						
935	304 Pinar Del Rio						
	Brownsville, TX 785	726					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	utside of Texas. Complete Schedule T.				
EXPENDITURE	Consulting Expense	L Check if Austin	n, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held				
Date	Payee name .						
10-24-19	Lone Star National Bo	ank					
Amount (\$)	Payee address; City; State; Zip Code						
9.50	601 Padre Blvd.						
•	South Padre Island.	TX 7850	97				
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF	· !	1	side of Texas. Complete Schedule T.				
EXPENDITURE	Fees	Check if Austin,	TX, officeholder living expense				
	1	1					
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/OH							
Date	Payee name						
10-28-19	Facebook						
Amount (\$)	Payee address; City; State; Zip Code						
502.93	1601 Willow Rd.						
V	Menlo Park, CA 9407	25					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF			ide of Texas. Complete Schedule T.				
EXPENDITURE	Advertising Expense	Check if Austin, T	TX, officeholder living expense				
Children of the street	0						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDIII E AS NEED	IFD				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gill/Awards/Memorials Expense Contributions/Donations Marie By Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Beverly Skloss 5 Payce name 5 Payee name Wal-Mart 7 Payee address; City; State; Zip Code 1401. State Highway 100 Port Isabel, TX 78578 18ee Categories listed at the top of this schedule) 1/-04-19 6 Amount (\$) 89,50 (b) Description PURPOSE Check litravel outside of Texas. Complete Schedule T. Even+ Expense Gheck if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY If direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 11-06-19 Facebook Payee address; City; State; Zip Code Amount (\$) 1601 Willow Rd. 483.79 PURPOSE Check if travel outside of Texas. Complete Schedule T. Advertising Expense OF I Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to banefit C/OH Payee name Date Palm Street Pier 11-07-19 Amount (\$) City; State; Zip Code Payee address: Payee address; City: State: Zip Code 204 W. Palm Street 113.66 South Padre Tsland, TX 78597 Category (See Categories listed at the top of this schedule) | Description Food / Beverage PURPOSE Check il travel outside of Texas. Complete Schedule T OF __ Chack if Austin, TX, officeholder living expense EXPENDITURE Expense Complete ONLY If direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

•		EXPENDITU	RE CATE	ORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Bunking Consulting Expense Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Poli Creda Card Payment	ress Office O Foot/Beverage Expense Polling E Glit/Awards/Memorials Expense Printing tee Legal Services Salaries		Office Ove Polling Ex Printing Ex Salaries/M	pense /agos/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 G	ulde explain:	s how to c	omplete this form.	•
1 Total pages Schedule F	_	Beverly	Sklo	55		3 Filer ID (Ethics Commission Filers)
4 Date 11-22-19	5 Payeen	one Star			Rank	•
6 Amount (\$)	7 Payee a	idress; City;	State: Zir	Code	DANK.	
2.00	601 504	Padre B th Padre	lud. Islav	A T	·x 78597	
8	(a) Category	(See Categories listed at t	he top of this sci	redule)	(b) Description	
PURPOSE	1					tible of Texas. Complete Schedule T.
OF EXPENDITURE	1 .	Lees				. TX, officeholder living expense
	'					
9 Complete <u>ONLY</u> if direct expenditure to benefit G/C	Candid OH	ate / Officeholder nar	me		Office sought	Office held
Date	Payee na					
12-20-19	1	han Burk	hart			
Amount (\$)	Payee ad		State; Zip	<u> </u>		
700.00	304	Pinar Del Unsville,	Rio		.6	
PURPOSE OF EXPENDITURE	Category	Geo Categories listed at the	e top of this scho	edule)	Description Checkil travelouts	ide of Toxus. Complete Schedule T. FX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candida:	te / Officeholder nam	2		Office sought	Office held
Date	Daves					
1-22-2020	Beve	erly Sklo	55			
Amount (\$)	Payee add	ress: City: 5	State; Zip C	Corlo		
1,000	P.O.	BOX 3972	•		70000	
		Padre I			78597	
PURPOSE OF EXPENDITURE		Repayment		iule)	r—-	ie of Texas. Complete Schedule T. K. officeholder living expanse
Complete ONLY if direct expenditure to benefit G/OH	Candidate	/ Officeholder nam	8	· .	Office sought	Office held
	ATTA	CHADDITIONAL	OPIES OF	THISSC	HEDULE AS NEED!	ED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Lenal Senices

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		ng expense I ravel Out Or District (essWages/Contract Labor Other (enter a category not listed above)			
	me instruction dates explains new	to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME BEVERly Sklo	3 Filer ID (Ethics Commission Filers)			
4 Date 1 - 2 4 - 2020	5 Pavee name	Bank			
6 Amount (\$)	7 Payee address; City; State; Zip Coo	e			
2.00	601 Padre Blud. South Padre Island,	TX 78597			
8	(a) Category (See Categories listed at the top of this schedule				
i	(CA CALOROL) (one officialismes using the tobot this settleffile	Check if travel outside of Texas. Complete Schedule T.			
PURPOSE	F0				
EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense			
1		<u> </u>			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought Office held			
Date	Payee name .				
1-27-2020	Brandy Buntin Cam	paign			
Amount (\$)	Payee address; City; State; Zip Cod	e			
	P.O. Box 2155	•			
654.86					
	South Padre Island,	TX 78597			
	Category (See Categories listed at the top of this schedule				
PURPOSE	Contribution	Check if travel outside of Texas. Complete Schedule T.			
OF	Contribution	·			
EXPENDITURE		Check if Austin, TX, afficeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/OH					
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Cod	8			
	Category (See Categories listed at the top of this schedule	Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF		Check if Austin, TX, officeholder living expense			
EXPENDITURE					
	Condidate I com	Office			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
expenditure to behalf G/OF	•				
	A STORE OF A STATE OF				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.				
	Complete only if "Report Type" on page 1 is marked "Final Report"				
1	C/OH N	Beverly E. Skloss	2 Filer ID (Ethics Commission Filers)		
3	SIGNA	TURE			
	ing a re	expect any further political contributions or political expenditures in connect as a final report terminates my campaign treasurer appointment. I utions or make any campaign expenditures without a campaign treasure	also understand that I may not accept any campaign		
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder				
	A.	CAMPAIGN FUNDS			
	Chec	k only one:			
	İΧ	I do not have unexpended contributions or unexpended interest or inc	ome earned from political contributions.		
		I have unexpended contributions or unexpended interest or income e may not convert unexpended political contributions or unexpended in personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned or this final report. Further, I understand that I must dispose of unexpendincome earned on political contributions in accordance with the require	nterest or income earned on political contributions to unexpended contributions and that I may not retain political contributions longer than six years after filing ded political contributions and unexpended interest or		
	B.	ASSETS			
	Chec	k only one:			
	\boxtimes	I do not retain assets purchased with political contributions or interest	or other income from political contributions.		
		I do retain assets purchased with political contributions or interest or of that I may not convert assets purchased with political contributions or personal use. I also understand that I must dispose of assets purchase requirements of Election Code, § 254.204.	interest or other income from political contributions to		
5		EHOLDER plete this section <i>only</i> if you are an officeholder •-			
		I am aware that I remain subject to filing requirements applicable to an off file. I am also aware that I will be required to file reports of unexpended of officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions	ontributions if, after filing the last required report as an colitical contributions, or assets purchased with politi-		
			Signature of Officeholder		