

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 1

<b>The DCE Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00086791	<b>2 Total pages filed:</b> 15
<b>3 FILER NAME</b>	MS / MRS / MR	FIRST	MI
	Mr.	Roger A.	
	NICKNAME	LAST	SUFFIX
		Hall	
<b>4 FILER ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	<input type="checkbox"/> Change of Address 317 Sidney Baker S Suite 400-308 Kerrville, TX 78028		
<b>5 FILER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	(210)	275-0650	
<b>6 REPORT TYPE</b>	<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election
	<input type="checkbox"/> July 15		<input checked="" type="checkbox"/> 8th day before election
			<input type="checkbox"/> Runoff
<b>7 PERIOD COVERED</b>	Month	Day	Year
	01/26/2024		
	THROUGH		
	Month	Day	Year
			02/24/2024
<b>8 ELECTION</b>	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	03/05/2024		
	<input checked="" type="checkbox"/> Primary		<input type="checkbox"/> Runoff
	<input type="checkbox"/> General		<input type="checkbox"/> Special
<b>9 FILER ACTIVITY</b>	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)		A. Supported
			Republican
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)		A. Supported
			B. Opposed
	<b>3. Officeholders</b> Assisted (Identify by name or, if applicable, classify by party.)		A. Supported
			B. Opposed
<b>GO TO PAGE 2</b>			

<b>OFFICE USE ONLY</b>	
Date Received	
ELECTRONICALLY FILED	
02/26/2024	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 2

<b>10 FILER NAME</b> Hall, Roger A. (Mr.)		<b>11 Filer ID</b> (Ethics Commission Filers) 00086791
<b>12 EXPENDITURE TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>2. TOTAL POLITICAL EXPENDITURES</b>	\$ 6,556.64

**13 AFFIDAVIT**

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

Mr. Roger A. Hall

\_\_\_\_\_  
Signature of Filer

or

Signature of individual with authority to sign on behalf of entity

(only if Filer is an entity)

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# SUBTOTALS - DCE

FORM DCE  
COVER SHEET PG 3  
3 of 15

<b>14 FILER NAME</b> Hall, Roger A. (Mr.)	<b>15 Filer ID</b> (Ethics Commission Filers) 00086791
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<b>16 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>	
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$	668.99
2.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	5,887.65
3.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	

# POLITICAL EXPENDITURES

# SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: Sch: 1/3 Rpt: 4/15	<b>2</b> FILER NAME Hall, Roger A. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086791
<b>4</b> Date 01/31/2024	<b>5</b> Payee name SoFast Printing	
<b>6</b> Amount (\$) \$668.99  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 229 Schreiner Street  Kerrville, TX 78028	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  March 5 Primary - Candidate slate flyers.
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Virdell, Wes (Mr.)	Office sought State Representative District HD
Date	Payee name (see previous)	
Amount (\$)  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Jones, Tom (Mr.)	Office sought Kerr County Commissioner
Date	Payee name (see previous)	
Amount (\$)  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Holt, Jeff (Mr.)	Office sought Kerr County Commissioner

# POLITICAL EXPENDITURES

# SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: Sch: 2/3 Rpt: 5/15	<b>2</b> FILER NAME Hall, Roger A. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086791
<b>4</b> Date	<b>5</b> Payee name (see previous)	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Schenck, David (Mr.)	Office sought Court of Criminal Appeals, Office held
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Parker, Gina (Mrs.)	Office sought Court Of Criminal Appeals, Office held
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Finley, Lee (Mr.)	Office sought Court Of Criminal Appeals, Office held

# POLITICAL EXPENDITURES

# SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: Sch: 3/3 Rpt: 6/15	<b>2</b> FILER NAME Hall, Roger A. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086791
<b>4</b> Date	<b>5</b> Payee name (see previous)	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Bone, Mary (Dr.)	Office sought State Board Of Education District
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Herd, Helen (Mrs.)	Office sought County Party Chair District Kerr
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Chairs, Precint	Office sought Slate of 12 Kerr County Precinct

# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

### 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.

<b>1</b> Total pages Schedule F2: Sch: 1/9 Rpt: 7/15	<b>2</b> FILER NAME Hall, Roger A. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086791
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date 02/21/2024	<b>6</b> Payee name Garrison J.D., Dave (Mr.)
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<b>7</b> Amount (\$) \$5,000.00	<b>8</b> Payee address; City; State; Zip Code 2008 Club House Road Kerrville, TX 78028
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Expenditure from corporate funds

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political	Not Applicable for Form DCE
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Mailers to county voters
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<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Virdell, Wes (Mr.)	Office sought State Representative District HD	Office held
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Date	Payee name (see previous)
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Amount (\$)	Payee address; City; State; Zip Code
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Expenditure from corporate funds

<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political	Not Applicable for Form DCE
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Jones, Tom (Mr.)	Office sought Kerr County Commissioner	Office held
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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### 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.

<b>1</b> Total pages Schedule F2: Sch: 2/9 Rpt: 8/15	<b>2</b> FILER NAME Hall, Roger A. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086791
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date	<b>6</b> Payee name (see previous)
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<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political	Not Applicable for Form DCE
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Holt, Jeff (Mr.)	Office sought Kerr County Commissioner	Office held
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Date	Payee name (see previous)
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	

<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political	Not Applicable for Form DCE
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Schenck, David (Mr.)	Office sought Court of Criminal Appeals,	Office held
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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### 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.

<b>1</b> Total pages Schedule F2: Sch: 3/9 Rpt: 9/15	<b>2</b> FILER NAME Hall, Roger A. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086791
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date	<b>6</b> Payee name (see previous)
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<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political	Not Applicable for Form DCE
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Parker, Gina (Mrs.)	Office sought Court Of Criminal Appeals,	Office held
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Date	Payee name (see previous)
------	------------------------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	

<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political	Not Applicable for Form DCE
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Finley, Lee (Mr.)	Office sought Court Of Criminal Appeals,	Office held
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# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

### 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.

<b>1</b> Total pages Schedule F2: Sch: 4/9 Rpt: 10/15	<b>2</b> FILER NAME Hall, Roger A. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086791
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date	<b>6</b> Payee name (see previous)
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<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political	Not Applicable for Form DCE
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Bone, Mary (Mrs.)	Office sought State Board Of Education	Office held
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Date	Payee name (see previous)
------	------------------------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	

<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political	Not Applicable for Form DCE
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Herd, Helen (Mrs.)	Office sought County Party Chair District Kerr	Office held
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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

<b>1</b> Total pages Schedule F2: Sch: 5/9 Rpt: 11/15	<b>2</b> FILER NAME Hall, Roger A. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086791
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date	<b>6</b> Payee name (see previous)
---------------	---------------------------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political	Not Applicable for Form DCE
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Chairs, Precinct	Office sought Slate of 12 Kerr County Precinct	Office held
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Date 02/14/2024	Payee name SoFast Printing
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Amount (\$) \$887.65	Payee address; City; State; Zip Code 229 Schreiner Street Kerrville, TX 78028
<input type="checkbox"/> Expenditure from corporate funds	

<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political	Not Applicable for Form DCE
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. March 5 Primary - Candidate slate flyer.

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Virdell, Wes (Mr.)	Office sought State Representative District HD	Office held
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# UNPAID INCURRED OBLIGATIONS

**SCHEDULE F2**

**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 -<br>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.

<b>1</b> Total pages Schedule F2: Sch: 6/9 Rpt: 12/15	<b>2</b> FILER NAME Hall, Roger A. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086791
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date	<b>6</b> Payee name (see previous)
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<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political	Not Applicable for Form DCE
------------------------------	------------------------------------	--	-----------------------------

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Jones, Tom (Mr.)	Office sought Kerr County Commissioner	Office held
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Date	Payee name (see previous)
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	

<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political	Not Applicable for Form DCE
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Holt, Jeff (Mr.)	Office sought Kerr County Commissioner	Office held
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# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

### 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.

<b>1</b> Total pages Schedule F2: Sch: 7/9 Rpt: 13/15	<b>2</b> FILER NAME Hall, Roger A. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086791
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date	<b>6</b> Payee name (see previous)
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<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political	Not Applicable for Form DCE
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Schenck, David (Mr.)	Office sought Court of Criminal Appeals,	Office held
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Date	Payee name (see previous)
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	

<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political	Not Applicable for Form DCE
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Parker, Gina (Mrs.)	Office sought Court Of Criminal Appeals,	Office held
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# UNPAID INCURRED OBLIGATIONS

**SCHEDULE F2**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

<b>1</b> Total pages Schedule F2: Sch: 8/9 Rpt: 14/15	<b>2</b> FILER NAME Hall, Roger A. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086791
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date	<b>6</b> Payee name (see previous)
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<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political	Not Applicable for Form DCE
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Finley, Lee (Mr.)	Office sought Court Of Criminal Appeals,	Office held
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Date	Payee name (see previous)
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	

<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political	Not Applicable for Form DCE
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Bone, Mary (Mrs.)	Office sought State Board Of Education	Office held
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# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

### 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.

<b>1</b> Total pages Schedule F2: Sch: 9/9 Rpt: 15/15	<b>2</b> FILER NAME Hall, Roger A. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086791
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date	<b>6</b> Payee name (see previous)
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<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political	Not Applicable for Form DCE
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Herd, Helen (Mrs.)	Office sought County Party Chair District Kerr	Office held
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Date	Payee name (see previous)
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	

<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political	Not Applicable for Form DCE
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Chairs, Precinct	Office sought Slate of 12 Kerr County Precinct	Office held
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