

**DIRECT CAMPAIGN EXPENDITURES  
CAMPAIGN FINANCE REPORT**

**FORM DCE  
COVER SHEET PG 1**

The DCE Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) <b>88592</b> requested 2/26/24	2 Total pages filed: <b>5</b>	
3 FILER NAME	MS / MRS / MR <b>Mrs.</b>	FIRST <b>Kathy</b>	MI <b>L.</b>	
	NICKNAME	LAST <b>Haigler</b>	SUFFIX	
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>430 Skyline Rd., Dale, TX 78616</b>			
<input type="checkbox"/> Change of Address				
5 FILER PHONE	AREA CODE <b>(512)</b>	PHONE NUMBER <b>243-9899</b>	EXTENSION	
6 REPORT TYPE	<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			
	Receipt #			
Amount \$				
Date Processed <b>2/27/24</b>				
Date Imaged				
7 PERIOD COVERED	Month Day Year <b>01 / 26 / 2024</b>	THROUGH	Month Day Year <b>02 / 24 / 2024</b>	
8 ELECTION	ELECTION DATE Month Day Year <b>03 / 05 / 2024</b>		ELECTION TYPE	
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description _____			
9 FILER ACTIVITY  (Attach lists on plain paper to complete this section if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported <b>see attachment</b>		
		B. Opposed <b>see attachment</b>		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	<b>GO TO PAGE 2</b>			

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 2

10 FILER NAME Kathy L. Haigler 11 Filer ID (Ethics Commission Filers) 88592  
requested 2/26/24

12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ <u>450.00</u>
	2. TOTAL POLITICAL EXPENDITURES	\$

13 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.

Kathy L. Haigler  
Signature of Filer  
or  
Signature of individual with authority to sign on behalf of entity  
(only if Filer is an entity)

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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

OR

**(2) Unsworn Declaration**

My name is Kathy L. Haigler, and my date of birth is [REDACTED]

My address is 430 Skyline Rd, Dale, TX, 78616, U.S.A.  
(street) (city) (state) (zip code) (country)

Executed in Caldwell County, State of Texas, on the 26<sup>th</sup> day of February, 20 24.  
(month) (year)

Kathy L. Haigler  
Signature of Declarant

# SUBTOTALS - DCE

FORM DCE  
COVER SHEET PG 3

<b>14</b> FILER NAME <i>Kathy L. Haigler</i>		<b>15</b> Filer ID (Ethics Commission Filers) <i>requested 02/26/24</i> 88592
<b>16</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ <i>291.50</i>
2.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
3.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**  
page #4 of 5

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.

88592

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Kathy Haigler</i>	<b>3</b> Filer ID (Ethics Commission Filers) <i>requested 2-26-24</i>
<b>4</b> Date <i>02/26/24</i>	<b>5</b> Payee name <i>Office Depot</i>	
<b>6</b> Amount (\$) <i>\$291.50</i>	<b>7</b> Payee address; <i>9600 I35</i>	City; State; Zip Code <i>Austin, TX 78748</i>
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	<b>(b)</b> Description <i>newsletter/endorsement copies</i>
	<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 <i>see list attached</i>	Office sought Office held

  

Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description	
	<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	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description	
	<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**

Kathy Haigler endorsed the following for the 2024 Republican Primary:

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DCE 88592

President	Donald J. Trump
U.S. Senator	Ted Cruz
U.S. Representative CD27	Michael Cloud
Railroad Commissioner	Christie Craddick
Justice, Supreme Ct PI 2	Jimmy Blacklock
Justice, Supreme Ct PI 4	John Devine
Justice, Supreme Ct PI 6	Jane Bland
Pres. Judge, Ct of Crim App	Sharon Keller
Judge, Ct of Crim App PI 7	Barbara Parker Hervey
Judge, Ct of Crim App PI 8	Michelle Slaughter
State Representative, Dist 17	Stan Gerdes
Justice, 3 <sup>rd</sup> Ct of Appeals PI 2	John Messinger
District Judge, 22 <sup>nd</sup> Dist	R. Bruce Boyer
District Judge, 421 <sup>st</sup> Dist	Amanda Montgomery
Sheriff	Mike Lane
Co. Tax Assessor-Collector	Debbie Sanders
Co. Treasurer, Unexpired	Gloria Garcia
Co. Commissioner Pct 1	B.J. Westmoreland
Co. Commissioner Pct 3	Ed Theriot
Co. Constable Pct 1	Richard Sanders
Co. Constable Pct 2	J.D. Murray
Co. Constable Pct 3	Michael Jay Bell
Republican County Chair	Luz Riley

Using this disclaimer:

*Political Advertising paid by Kathy Haigler  
430 Skyline Rd, Dale, TX 78616  
Former SREC & Secretary of Republican Party of Texas,  
Former Caldwell County Chair, Current Precinct Chair 306*

Also, I created literature opposing Tom Glass and Alberto Luna.