

CORRECTION/AMENDMENT AFFIDAVIT FOR DIRECT CAMPAIGN EXPENDITURES

FORM COR-DCE

1 Filer ID (Ethics Commission Filers) 00049142	2 Total pages filed: 7	OFFICE USE ONLY
3 FILER NAME DCE Entity - Test		Date Received ELECTRONICALLY FILED 03/19/2024
4 ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution report <input type="checkbox"/> 8th day before election <input type="checkbox"/> Other (specify) _____		Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed
5 ORIGINAL PERIOD COVERED Month Day Year Month Day Year 01/01/2024 THROUGH 06/30/2024		Date Imaged

6 EXPLANATION OF CORRECTION
Testing name change

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Campaign Treasurer

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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) 00049142	2 Total pages filed: 7		
3 FILER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 03/19/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
		SUFFIX		
NICKNAME		LAST			
DCE Entity - Test					
4 FILER ADDRESS					
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					
123 Fake St.					
<input type="checkbox"/> Change of Address Austio, TX 78787					
5 FILER PHONE		AREA CODE	PHONE NUMBER	EXTENSION	
		(512)	555-5555		
6 REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election		
	<input checked="" type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election		
			<input type="checkbox"/> Runoff		
7 PERIOD COVERED		Month	Day	Year	
		01/01/2024			
		THROUGH			
		06/30/2024			
8 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year		
		03/05/2024			
		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
		<input type="checkbox"/> General	<input type="checkbox"/> Special		
9 FILER ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)		A. Supported Agent Virdell Wes Au.D		
			B. Opposed		
	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.)				
	GO TO PAGE 2				

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 2

10 FILER NAME DCE Entity - Test		11 Filer ID (Ethics Commission Filers) 00049142
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 5,668.99

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.

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

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
ADDENDUM

Page 4 of 7

10 FILER NAME DCE Entity - Test		11 Filer ID (Ethics Commission Filers) 00049142
12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported Man Test
		B. Opposed
	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)	

SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3
5 of 7

14 FILER NAME DCE Entity - Test		15 Filer ID (Ethics Commission Filers) 00049142
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 668.99
2.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 5,000.00
3.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 6/7	2 FILER NAME DCE Entity - Test	3 Filer ID (Ethics Commission Filers) 00049142
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4 Date 01/31/2024	5 Payee name SoFast Printing
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6 Amount (\$) \$668.99 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 229 Schreiner Street Kerrville, TX 78028
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Testing if this works
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9 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 (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Virdell, Wes (Mr.)	Office sought State Representative District	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.

1 Total pages Schedule F2: Sch: 1/1 Rpt: 7/7	2 FILER NAME DCE Entity - Test	3 Filer ID (Ethics Commission Filers) 00049142
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 02/21/2024	6 Payee name Garrison J.D., Dave (Mr.)
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7 Amount (\$) \$5,000.00	8 Payee address; City; State; Zip Code 2008 Club House Road Kerrville, TX 78028
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Expenditure from corporate funds

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political	Not Applicable for Form DCE
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Mailers to county voters
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Virdell, Wes (Mr.)	Office sought State Representative	Office held
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