

# CORRECTION/AMENDMENT AFFIDAVIT FOR DIRECT CAMPAIGN EXPENDITURES

FORM COR-DCE

|   |   |  |  |
|---|---|--|--|
| <b>1</b> Filer ID (Ethics Commission Filers)<br>00086791    | <b>2</b> Total pages filed:<br>16                   | <b>OFFICE USE ONLY</b>   |  |
| <b>3</b> FILER NAME<br>LIA Network                          | Date Received<br>ELECTRONICALLY FILED<br>03/28/2024 |  | Date Hand-delivered or Date Postmarked |
|   | Date Hand-delivered or Date Postmarked              |  | Receipt #      Amount                  |
| <b>4</b> ORIGINAL REPORT TYPE                               | <input type="checkbox"/> January 15                 | <input type="checkbox"/> Runoff  | Date Processed                         |
|   | <input type="checkbox"/> July 15                    | <input type="checkbox"/> 10th day after campaign treasurer resignation | Date Imaged                            |
| <input type="checkbox"/> 30th day before election           | <input type="checkbox"/> Dissolution report         |  |  |
| <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Other (specify) _____      |  |  |
| <b>5</b> ORIGINAL PERIOD COVERED                            | Month    Day    Year<br>01/26/2024                  | THROUGH  | Month    Day    Year<br>02/24/2024     |

**6** EXPLANATION OF CORRECTION  
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

|  |  |   |   |
|--|--|---|---|
| <b>The DCE Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00086791 | <b>2</b> Total pages filed:<br>16                           |
| <b>3</b> FILER NAME  | MS / MRS / MR  | FIRST   | MI  |
|  | NICKNAME   | LAST  | SUFFIX  |
| LIA Network  |  |   |   |
| <b>4</b> FILER ADDRESS   | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE                                   |   |   |
|  | 317 Sidney Baker S<br>Suite 400-308<br>Kerrville, TX 78028                               |   |   |
| <input type="checkbox"/> Change of Address                           |  |   |   |
| <b>5</b> FILER PHONE   | AREA CODE  | PHONE NUMBER  | EXTENSION   |
| (210) 275-0650   |  |   |   |
| <b>6</b> 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  |   |   |
|  | Date Received  |   |   |
|  | ELECTRONICALLY FILED<br>03/28/2024   |   |   |
| Date Hand-delivered or Date Postmarked                               |  |   |   |
| Receipt #  |  | Amount  |   |
| Date Processed   |  |   |   |
| Date Imaged  |  |   |   |
| <b>7</b> PERIOD COVERED  | Month  | Day   | Year  |
| 01/26/2024   |  | THROUGH   |   |
|  |  | Month   | Day   |
|  |  | 02/24/2024  |   |
| <b>8</b> ELECTION  | 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</b> FILER ACTIVITY  | 1. Candidates<br>(Identify by name or, if applicable, classify by party.)                |   | A. Supported  |
|  |  |   | Republican  |
|  | 2. Measures<br>(Describe by date and location of election and nature of issue.)          |   | A. Supported  |
|  |  |   | B. Opposed  |
|  | 3. Officeholders<br>Assisted<br>(Identify by name or, if applicable, classify by party.) |   | A. Supported  |
|  |  |   | B. Opposed  |
| <p><b>GO TO PAGE 2</b></p>   |  |   |   |

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 2

|                                     |   |   |
|-------------------------------------|---|---|
| <b>10 FILER NAME</b><br>LIA Network |   | <b>11 Filer ID</b> (Ethics Commission Filers)<br>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.

\_\_\_\_\_  
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  
4 of 16

|  |  |   |
|--|--|---|
| <b>14 FILER NAME</b><br>LIA Network              |  | <b>15 Filer ID</b> (Ethics Commission Filers)<br>00086791 |
| <b>16 SCHEDULE SUBTOTALS</b><br>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 | \$ 5,887.65   |
| 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:<br>Sch: 1/3 Rpt: 5/16   | <b>2</b> FILER NAME<br>LIA Network   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086791   |
| <b>4</b> Date<br>01/31/2024   | <b>5</b> Payee name<br>SoFast Printing   |  |
| <b>6</b> Amount (\$)<br>\$668.99<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>229 Schreiner Street<br><br>Kerrville, TX 78028 |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense      | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><br>March 5 Primary - Candidate slate flyers. |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                      | Candidate/Officeholder name<br>Virdell, Wes (Mr.)  | Office sought<br>State Representative District HD  |
| Date  | Payee name (see previous)  |  |
| Amount (\$)<br><br><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<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Jones, Tom (Mr.)  | Office sought<br>Kerr County Commissioner  |
| Date  | Payee name (see previous)  |  |
| Amount (\$)<br><br><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<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Holt, Jeff (Mr.)  | Office sought<br>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:<br>Sch: 2/3 Rpt: 6/16    | <b>2</b> FILER NAME<br>LIA Network                                      | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086791  |
| <b>4</b> Date  | <b>5</b> Payee name<br>(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<br><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<br>Schenck, David (Mr.)                     | Office sought<br>Court of Criminal Appeals, Office held   |
| Date   | Payee name<br>(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<br><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<br>Parker, Gina (Mrs.)                      | Office sought<br>Court Of Criminal Appeals, Office held   |
| Date   | Payee name<br>(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<br><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<br>Finley, Lee (Mr.)                        | Office sought<br>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:<br>Sch: 3/3 Rpt: 7/16                               | <b>2</b> FILER NAME<br>LIA Network                                      | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086791  |
| <b>4</b> Date   | <b>5</b> Payee name<br>(see previous)                                   |   |
| <b>6</b> Amount (\$)<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code                           |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule) | <b>(b)</b> Description<br><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<br>Bone, Mary (Dr.)                         | Office sought<br>State Board Of Education District  |
| Date  | Payee name<br>(see previous)  |   |
| Amount (\$)<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code                                    |   |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule) | <b>(b)</b> Description<br><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<br>Herd, Helen (Mrs.)                       | Office sought<br>County Party Chair District Kerr   |
| Date  | Payee name<br>(see previous)  |   |
| Amount (\$)<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code                                    |   |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule) | <b>(b)</b> Description<br><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<br>Chairs, Precint                          | Office sought<br>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 -<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:<br>Sch: 1/9 Rpt: 8/16 | <b>2</b> FILER NAME<br>LIA Network | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086791 |
|---|------------------------------------|--|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

|                             |  |
|-----------------------------|--|
| <b>5</b> Date<br>02/21/2024 | <b>6</b> Payee name<br>Garrison J.D., Dave (Mr.) |
|-----------------------------|--|

|                                    |  |
|------------------------------------|--|
| <b>7</b> Amount (\$)<br>\$5,000.00 | <b>8</b> Payee address; City; State; Zip Code<br>2008 Club House Road<br>Kerrville, TX 78028 |
|------------------------------------|--|

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)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br>Mailers to county voters |
|----------------------------------|--|---|

|  |   |   |             |
|--|---|---|-------------|
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Virdell, Wes (Mr.) | Office sought<br>State Representative District HD | Office held |
|--|---|---|-------------|

|      |                              |
|------|------------------------------|
| Date | Payee name<br>(see previous) |
|------|------------------------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

Expenditure from corporate funds

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

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule) | <b>(b)</b> Description<br><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<br>Jones, Tom (Mr.) | Office sought<br>Kerr County Commissioner | Office held |
|--|---|---|-------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|



# 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:<br>Sch: 2/9 Rpt: 9/16 | <b>2</b> FILER NAME<br>LIA Network | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086791 |
|---|------------------------------------|--|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

|               |                                       |
|---------------|---------------------------------------|
| <b>5</b> Date | <b>6</b> Payee name<br>(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 |
|------------------------------|------------------------------------|--|-----------------------------|

|                                  |   |   |
|----------------------------------|---|---|
| <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<br>Holt, Jeff (Mr.) | Office sought<br>Kerr County Commissioner | Office held |
|--|---|---|-------------|

|      |                              |
|------|------------------------------|
| Date | Payee name<br>(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 |
|----------------------------|------------------------------------|--|-----------------------------|

|                               |   |   |
|-------------------------------|---|---|
| <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<br>Schenck, David (Mr.) | Office sought<br>Court of Criminal Appeals, | Office held |
|--|---|---|-------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

# 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:<br>Sch: 3/9 Rpt: 10/16 | <b>2</b> FILER NAME<br>LIA Network | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086791 |
|--|------------------------------------|--|

|  |           |
|--|-----------|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | <b>\$</b> |
|--|-----------|

|               |                                       |
|---------------|---------------------------------------|
| <b>5</b> Date | <b>6</b> Payee name<br>(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 |
|------------------------------|------------------------------------|--|-----------------------------|

|                                  |   |   |
|----------------------------------|---|---|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule) | <b>(b)</b> Description<br><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<br>Parker, Gina (Mrs.) | Office sought<br>Court Of Criminal Appeals, | Office held |
|--|--|---|-------------|

|      |                              |
|------|------------------------------|
| Date | Payee name<br>(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 |
|----------------------------|------------------------------------|--|-----------------------------|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule) | <b>(b)</b> Description<br><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<br>Finley, Lee (Mr.) | Office sought<br>Court Of Criminal Appeals, | Office held |
|--|--|---|-------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

# 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:<br>Sch: 4/9 Rpt: 11/16 | <b>2</b> FILER NAME<br>LIA Network | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086791 |
|--|------------------------------------|--|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

|               |                                       |
|---------------|---------------------------------------|
| <b>5</b> Date | <b>6</b> Payee name<br>(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 |
|------------------------------|------------------------------------|--|-----------------------------|

|                                  |   |   |
|----------------------------------|---|---|
| <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<br>Bone, Mary (Mrs.) | Office sought<br>State Board Of Education | Office held |
|--|--|---|-------------|

|      |                              |
|------|------------------------------|
| Date | Payee name<br>(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 |
|----------------------------|------------------------------------|--|-----------------------------|

|                               |   |   |
|-------------------------------|---|---|
| <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<br>Herd, Helen (Mrs.) | Office sought<br>County Party Chair District Kerr | Office held |
|--|---|---|-------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

# 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:<br>Sch: 5/9 Rpt: 12/16 | <b>2</b> FILER NAME<br>LIA Network | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086791 |
|--|------------------------------------|--|

|  |           |
|--|-----------|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | <b>\$</b> |
|--|-----------|

|               |                                       |
|---------------|---------------------------------------|
| <b>5</b> Date | <b>6</b> Payee name<br>(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 |
|------------------------------|------------------------------------|--|-----------------------------|

|                                  |   |   |
|----------------------------------|---|---|
| <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<br>Chairs, Precinct | Office sought<br>Slate of 12 Kerr County Precinct | Office held |
|--|---|---|-------------|

|                    |                               |
|--------------------|-------------------------------|
| Date<br>02/14/2024 | Payee name<br>SoFast Printing |
|--------------------|-------------------------------|

|   |   |
|---|---|
| Amount (\$)<br>\$887.65                                   | Payee address; City; State; Zip Code<br>229 Schreiner Street<br>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 |
|----------------------------|------------------------------------|--|-----------------------------|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense | <b>(b)</b> Description  |
|                               |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br>March 5 Primary - Candidate slate flyer. |

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

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

# 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:<br>Sch: 6/9 Rpt: 13/16 | <b>2</b> FILER NAME<br>LIA Network | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086791 |
|--|------------------------------------|--|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

|               |                                       |
|---------------|---------------------------------------|
| <b>5</b> Date | <b>6</b> Payee name<br>(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 |
|------------------------------|------------------------------------|--|-----------------------------|

|                                  |   |   |
|----------------------------------|---|---|
| <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<br>Jones, Tom (Mr.) | Office sought<br>Kerr County Commissioner | Office held |
|--|---|---|-------------|

|      |                              |
|------|------------------------------|
| Date | Payee name<br>(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 |
|----------------------------|------------------------------------|--|-----------------------------|

|                               |   |   |
|-------------------------------|---|---|
| <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<br>Holt, Jeff (Mr.) | Office sought<br>Kerr County Commissioner | Office held |
|--|---|---|-------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

# 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:<br>Sch: 7/9 Rpt: 14/16 | <b>2</b> FILER NAME<br>LIA Network | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086791 |
|--|------------------------------------|--|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

|               |                                       |
|---------------|---------------------------------------|
| <b>5</b> Date | <b>6</b> Payee name<br>(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 |
|------------------------------|------------------------------------|--|-----------------------------|

|                                  |   |   |
|----------------------------------|---|---|
| <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<br>Schenck, David (Mr.) | Office sought<br>Court of Criminal Appeals, | Office held |
|--|---|---|-------------|

|      |                              |
|------|------------------------------|
| Date | Payee name<br>(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 |
|----------------------------|------------------------------------|--|-----------------------------|

|                               |   |   |
|-------------------------------|---|---|
| <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<br>Parker, Gina (Mrs.) | Office sought<br>Court Of Criminal Appeals, | Office held |
|--|--|---|-------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

# 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:<br>Sch: 8/9 Rpt: 15/16 | <b>2</b> FILER NAME<br>LIA Network | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086791 |
|--|------------------------------------|--|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

|               |                                       |
|---------------|---------------------------------------|
| <b>5</b> Date | <b>6</b> Payee name<br>(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 |
|------------------------------|------------------------------------|--|-----------------------------|

|                                  |   |   |
|----------------------------------|---|---|
| <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<br>Finley, Lee (Mr.) | Office sought<br>Court Of Criminal Appeals, | Office held |
|--|--|---|-------------|

|      |                              |
|------|------------------------------|
| Date | Payee name<br>(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 |
|----------------------------|------------------------------------|--|-----------------------------|

|                               |   |   |
|-------------------------------|---|---|
| <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<br>Bone, Mary (Mrs.) | Office sought<br>State Board Of Education | Office held |
|--|--|---|-------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

# 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:<br>Sch: 9/9 Rpt: 16/16 | <b>2</b> FILER NAME<br>LIA Network | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086791 |
|--|------------------------------------|--|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

|               |                                       |
|---------------|---------------------------------------|
| <b>5</b> Date | <b>6</b> Payee name<br>(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 |
|------------------------------|------------------------------------|--|-----------------------------|

|                                  |   |   |
|----------------------------------|---|---|
| <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 | Office sought                    | Office held |
|  | Herd, Helen (Mrs.)          | County Party Chair District Kerr |             |

|      |                              |
|------|------------------------------|
| Date | Payee name<br>(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 |
|----------------------------|------------------------------------|--|-----------------------------|

|                               |   |   |
|-------------------------------|---|---|
| <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 | Office sought                    | Office held |
|  | Chairs, Precinct            | Slate of 12 Kerr County Precinct |             |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|