

CORRECTION/AMENDMENT AFFIDAVIT FOR DIRECT CAMPAIGN EXPENDITURES

FORM COR-DCE

1 Filer ID (Ethics Commission Filers) 00086791	2 Total pages filed: 7	OFFICE USE ONLY	
3 FILER NAME LIA Network	Date Received ELECTRONICALLY FILED 03/28/2024		Date Hand-delivered or Date Postmarked
	Date Hand-delivered or Date Postmarked		Receipt # Amount
4 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) _____	
5 ORIGINAL PERIOD COVERED	Month Day Year 09/30/2022	THROUGH	Month Day Year 10/29/2022

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 2**

10 FILER NAME LIA Network		11 Filer ID (Ethics Commission Filers) 00086791
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 9,161.86

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

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10 FILER NAME LIA Network	11 Filer ID (Ethics Commission Filers) 00086791
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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
		B. Opposed
	2. Measures (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed Ballot ID:KerrPropB Election Date:2022-11-08 Desc:Indoor Arena
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	

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
		B. Opposed
	2. Measures (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed Ballot ID:KerrPropC Election Date:2022-11-08 Desc:Animal Facility
	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 LIA Network		15 Filer ID (Ethics Commission Filers) 00086791
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 9,161.86
2.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 6/7	2 FILER NAME LIA Network	3 Filer ID (Ethics Commission Filers) 00086791
4 Date 10/10/2022	5 Payee name Ampro Productions	
6 Amount (\$) \$1,147.45 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7202 Smokey Hill Road Austin, TX 78736	
8 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. Yard/Fence signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2022	Payee name Direct Texas Marketing Group	
Amount (\$) \$5,302.03 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1260 S Business IH 35 New Braunfels, TX 78130	
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. Printing and mailing of mailers.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2022	Payee name Peeled Onion Publishing	
Amount (\$) \$2,550.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 160 INGRAM HILLS RD Ingram, TX 78025	
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. Email blasts, Video production, Online push-ads.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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 -	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.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 7/7	2 FILER NAME LIA Network	3 Filer ID (Ethics Commission Filers) 00086791
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4 Date 10/07/2022	5 Payee name SoFast Printing
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6 Amount (\$) \$119.08 <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) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Flyers to hand out.
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/26/2022	Payee name SoFast Printing
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Amount (\$) \$43.30 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 229 Schreiner Street Kerrville, TX 78028
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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. Flyers to hand out.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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