

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) 00086791	2 Total pages filed: 9
3 FILER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY
	NICKNAME LAST SUFFIX LIA Network		
4 FILER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 317 Sidney Baker S Suite 400-308 Kerrville, TX 78028		Date Received ELECTRONICALLY FILED 04/03/2024
			Date Hand-delivered or Date Postmarked
			Receipt # Amount
			Date Processed
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 275-0650		Date Imaged
6 REPORT TYPE	<input type="checkbox"/> January 15		
	<input checked="" type="checkbox"/> 30th day before election		
	<input type="checkbox"/> July 15		
	<input type="checkbox"/> 8th day before election		
		<input type="checkbox"/> Runoff	
7 PERIOD COVERED	Month Day Year Month Day Year 02/25/2024 THROUGH 03/25/2024		
8 ELECTION	ELECTION DATE Month Day Year 05/04/2024		ELECTION TYPE
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input checked="" 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 Mr. Roman Garcia Kerrville City Mayor	
		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.)		
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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	\$ 335.61

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

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10 FILER NAME LIA Network		11 Filer ID (Ethics Commission Filers) 00086791
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 Mrs. Ferguson Barbara Kerrville City Council Place 4
		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)	
	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)
B. Opposed Mr. Joe Herring Kerrville City Mayor		
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)		
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)
	B. Opposed Mrs. Hughes Brenda Kerrville City Council Place 4	
	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)	

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10 FILER NAME LIA Network		11 Filer ID (Ethics Commission Filers) 00086791
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 Mr. Kent McKinney Kerrville City Council Place 3
	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)	
	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)
B. Opposed		
2. Measures (describe by date and location of election and nature of issue)		A. Supported Ballot ID:Prop A Election Date:2024-05-04 Desc:City Charter amendment - Eliminating Inconsistencies
		B. Opposed
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)
	B. Opposed	
	2. Measures (describe by date and location of election and nature of issue)	A. Supported Ballot ID:Prop B Election Date:2024-05-04 Desc:City Charter amendment - Inconsistencies w/ State Law
		B. Opposed
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	

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10 FILER NAME LIA Network		11 Filer ID (Ethics Commission Filers) 00086791	
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:Prop C Election Date:2024-05-04 Desc:City Charter amendment - Injury Claims within 90-days	
	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:Prop D Election Date:2024-05-04 Desc:City Charter amendment - Extend Terms to 3 years	
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 Ballot ID:Prop E Election Date:2024-05-04 Desc:City Charter amendment - Circumstances of Vacating	
		B. Opposed	
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)		

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10 FILER NAME LIA Network		11 Filer ID (Ethics Commission Filers) 00086791
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:Prop F Election Date:2024-05-04 Desc:City Charter amendment - Increasing Pay per Month
	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)
B. Opposed		
2. Measures (describe by date and location of election and nature of issue)		A. Supported Ballot ID:Prop G Election Date:2024-05-04 Desc:City Charter amendment - Clarifying Two Genders
		B. Opposed
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)
	B. Opposed	
	2. Measures (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed Ballot ID:Prop H Election Date:2024-05-04 Desc:City Charter amendment - City Manager by 4/5 Vote
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	

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10 FILER NAME LIA Network		11 Filer ID (Ethics Commission Filers) 00086791
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:Prop I Election Date:2024-05-04 Desc:City Charter amendment - City Attorney by 4/5 Vote
	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)
B. Opposed		
2. Measures (describe by date and location of election and nature of issue)		A. Supported
		B. Opposed Ballot ID:Prop J Election Date:2024-05-04 Desc:City Charter amendment - Extend Budget Timeline
3. Officeholders Assisted (identify by name or, if applicable, classify by party)		

SUBTOTALS - DCE

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14 FILER NAME LIA Network		15 Filer ID (Ethics Commission Filers) 00086791	
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$	
2.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	335.61
3.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	

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: 9/9	2 FILER NAME LIA Network	3 Filer ID (Ethics Commission Filers) 00086791
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 03/20/2024	6 Payee name Full Fusion	
7 Amount (\$) \$335.61 <input type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code 317 Sidney Baker S, 400-308 Kerrville, TX 78028	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 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. Kerrville City Voter Guide for distribution
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held