## FORM DCE COVER SHEET PG 1

The DCE Instruction G	2 Total pages filed: 9						
3 FILER NAME	MS / MRS / MR	FIRST	•	MI	OFFICE U	SE ONLY	
	NICKNAME	LAST LIA Network		SUFFIX	Date Received ELECTRONICAL 04/03/2024	LLY FILED	
4 FILER ADDRESS	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Y; STATE;	ZIP CODE	1		
Change of Address	317 Sidney Baker S Suite 400-308 Kerrville, TX 78028				Date Hand-delivered or D	Pate Postmarked  Amount	
5 FILER PHONE	AREA CODE PHO (210) 275-0650	ONE NUMBER E	EXTENSION		Date Processed		
6 REPORT TYPE	January 15  July 15		th day before election		Date Imaged		
	,		ınoff				
7 PERIOD COVERED	Month Day Year 02/25/2024		IROUGH	Month Day 03/25/202	Year 4		
8 ELECTION	ELECTION DATE Month Day Year 05/04/2024		rimary X	ELECTION T	YPE Other		
9 FILER ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported M	r. Roman Garcia K	Cerrville City May	ror		
(Attach lists on plain paper to complete this report if		B. Opposed					
necessary.)	Measures     (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)						
	GO TO PAGE 2						

# FORM DCE COVER SHEET PG 2

10 FILER NAME			11 Filer ID	(Ethics Commission Filers)
LIA Network			00086791	
12 EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICA	L EXPENDITURES	\$	0.00
TOTALS				
	2. TOTAL POLITICAL EXPEN	DITURES	\$	225 6
			Ψ	335.6
13 AFFIDAVIT	<u>-                                      </u>			
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.	perjury, that the acommetion required	ccompanying report is to be reported by me
		Signat Signature of individual with a	ture of Filer or	n hahalf of antity
				II Deriali Oi etility
		(Only in a	ler is an entity)	
	_, 20, to certify which, witne	ess my hand and seal of office.	uiis uic	day
Signature of officer ad	lministering oath Printed nan	ne of officer administering oath	Title of office	er administering oath

#### FORM DCE ADDENDUM

Page 3 of 9

LIA Network  12 COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (describe by date and location of election and nature of issue)  A. Supported Mrs. Ferguson Barbara Kerrville Company Mrs. Fergus	00086791 City Council Place 4
ACTIVITY  (identify by name or, if applicable, classify by party)  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (describe by date and location of election and nature of issue)  A. Supported	City Council Place 4
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3. Officeholders Assisted (identify by name or, if applicable, classify by party)	
12 COMMITTEE ACTIVITY  1. Candidates (identify by name or, if applicable, classify by party)  A. Supported	
(Attach lists on plain paper to complete this report if necessary.)  B. Opposed Mr. Joe Herring Kerrville City May	vor
Measures     (describe by date and location of election and nature of issue)  A. Supported	
B. Opposed	
Officeholders     Assisted     (identify by name or, if applicable, classify by party)	
12 COMMITTEE ACTIVITY  1. Candidates (identify by name or, if applicable, classify by party)  A. Supported	
(Attach lists on plain paper to complete this report if necessary.)  B. Opposed Mrs. Hughes Brenda Kerrville City	y Council Place 4
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)	

#### FORM DCE ADDENDUM

Page 4 of 9

ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  B. Opposed  2. Measures (describe by date and location of election and nature of issue)  B. Opposed  A. Supported Ballot ID:Prop A Election Date:2024-05-04 Desc:City Charter amendment - Eliminating Inconsistencies  B. Opposed  A. Supported amendment - Eliminating Inconsistencies  3. Officeholders Assisted (dentify by name or, if applicable, classify by party)					
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la 1		Assisted			
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#### FORM DCE ADDENDUM

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						Fage 3 01 9
	FILER NAME				11 Filer ID	(Ethics Commission Filers)
	LIA Network				00086791	
	COMMITTEE ACTIVITY	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		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:2 amendment - Injury Claims withi		c:City Charter
		3. Officeholders Assisted (identify by name or, if applicable, classify by party)				
	COMMITTEE ACTIVITY	Candidates     (identify by name or, if applicable, classify by party)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		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:2 amendment - Extend Terms to 3		c:City Charter
		3. Officeholders Assisted (identify by name or, if applicable, classify by party)				
	COMMITTEE ACTIVITY	Candidates     (identify by name or, if applicable, classify by party)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (describe by date and location of election and nature of issue)	A. Supported	Ballot ID:Prop E Election Date:2 amendment - Circumstances of		c:City Charter
			B. Opposed			
		Officeholders     Assisted     (identify by name or, if)				
_		applicable, classify by party)				

#### FORM DCE ADDENDUM

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10 FILER NAME LIA Network			<b>11</b> Filer II 00086	
LIA NEWOIN			1 00000	)// 91
12 COMMITTEE ACTIVITY	Candidates     (identify by name or, if applicable, classify by party)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		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 amendment - Increasing Pay per Month	Desc:City Charter
	Officeholders     Assisted     (identify by name or, if applicable, classify by party)			
42 00144777		1 Companied		
12 COMMITTEE ACTIVITY	Candidates  (identify by name or, if applicable, classify by party)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		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 amendment - Clarifying Two Genders	1 Desc:City Charter
		B. Opposed		
	Officeholders     Assisted     (identify by name or, if applicable, classify by party)			
12 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(identify by name or, if applicable, classify by party)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		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 amendment - City Manager by 4/5 Vote	1 Desc:City Charter
	Officeholders     Assisted     (identify by name or, if applicable, classify by party)			

#### FORM DCE **ADDENDUM**

				Page 7 of 9
			11 Filer ID	(Ethics Commission Filers)
			00086791	
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:20 - City Attorney by 4/5 Vote	24-05-04 Desc	:City Charter amendment
3. Officeholders Assisted				
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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 J Election Date:20 amendment - Extend Budget Tin	024-05-04 Desc neline	::City Charter
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SUBTOTALS - DCE						FORM DCE COVER SHEET PG 3 8 of 9			
	LER NAM					<b>15</b> Filer ID 00086791	(Ethics Comn	nission Filers)	
		SUBTOTALS SCHEDULE					SUBTO	TAL AMOUNT	
1.		SCHEDULE F1: POLITION	CAL EXPENDITURE	S			\$		
2.	X	SCHEDULE F2: UNPAIL	) INCURRED OBLIG	GATIONS			\$	335.61	
3.		SCHEDULE F4: EXPEN	DITURES MADE BY	CREDIT CARD			\$		

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 9/9 LIA Network 00086791 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 03/20/2024 **Full Fusion** Amount (\$) Payee address; City; State; Zip Code \$335.61 317 Sidney Baker S, 400-308 Expenditure from Kerrville, TX 78028 corporate funds TYPE OF Political Non-Political Not Applicable for Form DCE **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Printing Expense EXPENDITURE** Kerrville City Voter Guide for distribution 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH