

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: 11	
3 FILER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/22/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
		SUFFIX	
		LIA Network		
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
317 Sidney Baker S Suite 400-308 Kerrville, TX 78028				
5 FILER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
(210) 275-0650				
6 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	
7 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	
01/23/2026			02/21/2026	
8 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other	
03/03/2026		<input type="checkbox"/> General	<input type="checkbox"/> Special	
9 FILER ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>		A. Supported Mr. Chip Roy Attorney General	
			B. Opposed	
	2. Measures <small>(Describe by date and location of election and nature of issue.)</small>		A. Supported	
			B. Opposed	
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>			
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**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	\$ 15,495.47

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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ADDENDUM

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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 Mr. Don Huffines Comptroller
		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)	A. Supported Mr. Nate Sheets Agriculture Commissioner
		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)	A. Supported Mr. Bo French Railroad Commissioner
		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 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 Mr. John Messinger Court Of Criminal Appeals, Judge
		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)	A. Supported Mr. Thomas Smith Court Of Criminal Appeals, Judge
		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)	A. Supported Mr. James Stewart Kerr County Judge
		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 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 Mr. Clayson Lambert Kerr County Commissioner, P1
		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)	A. Supported Mr. Rich Paces Kerr County Commissioner, P2
		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)	A. Supported Mr. Randy Murphy Kerr County Commissioner, P4
		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 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 Mr. Brett Ferguson Kerr County Court at Law Judge
		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)	A. Supported Mr. Carl Berthold Kerr County Clerk
		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)	A. Supported Mr. Frank Bigler Kerr County Justice of the Peace, P3
		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 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. Tom Jones Kerr County Judge
	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)	
	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported B. Opposed Mrs. Brenda Hughes Kerr County Commissioner, P1
	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)	A. Supported B. Opposed Mr. Mike Allen Kerr County Commissioner, P2
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. Guy Walters Kerr County Commissioner, P4
	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

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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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 8,497.58
2.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 6,997.89
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: 1/1 Rpt: 10/11	2 FILER NAME LIA Network	3 Filer ID (Ethics Commission Filers) 00086791
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4 Date 02/17/2026	5 Payee name Direct Texas LLC
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6 Amount (\$) \$7,675.06 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1260 S Business IH 35 New Braunfels, TX 78130-5717
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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. Voter guide - mailer version
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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 02/10/2026	Payee name Full Fusion
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Amount (\$) \$822.52 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 317 Sidney Baker S, 400-308 Kerrville, TX 78028
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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. Voter Guide printing
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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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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 - 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.

1 Total pages Schedule F2: Sch: 1/1 Rpt: 11/11	2 FILER NAME LIA Network	3 Filer ID (Ethics Commission Filers) 00086791
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 02/16/2026	6 Payee name Direct Texas LLC
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7 Amount (\$) \$6,997.89	8 Payee address; City; State; Zip Code 1260 S Business IH 35 New Braunfels, TX 78130-5717
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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. Opposition Facts & Voter Guide
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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