The C/OH Instruction	Suide explains how	to complete this form.	1 Filer ID (Ethics Commiss	ion Filers) 2 To	tal pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS) MRS / MR  NICKNAME	LAST LAST	SUF		OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	987 And	Way TX 77	SI4	FILED ZOZZ JAN
Change of Address					REC -
5 CANDIDATE/ OFFICEHOLDER PHONE	(409) a	b7-74	47 EXTENSION		and-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS) MRS / MR NICKNAME	Chery LAST	SUF		ocessed 42
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE): APT/S tarvest St	SUITE #; Profity;	CITX 7	STATE; ZIP, CODE
(Residence of Business)					
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE	(409) 8	267-744	17		
9 REPORT TYPE	January 15	30th day before e	election Runoff		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded M Reporting Li		Final Report (Attach C/OH - FR)
10 PERIOD COVERED	O 7	Day Year / 0 / / 202	THROUGH	Month Day	Year /2022
11 ELECTION	ELECTION DA	ATE	ELECT	ION TYPE	
		Year Primary	Runoff Oth	nor.	
	Month Day	Year General		scription	
12 OFFICE	OFFICE HELD (If any)	Attorney Judi	13 OFFICE SOUGHT	(if known)	+ Attorney (So
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT	THE CANDIDATE'S O	DLITICAL COMMITTEES TO SUPPORT R OFFICEHOLDER'S KNOWLEDGE OR VE NOTICE OF SUCH EXPENDITURES.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
	I	GO ТО	PAGE 2		701

15 C/OH NAME	S. Lieck	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$2,587,81
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS     OF REPORTING PERIOD	\$3,457.26
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$
and the second s	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	8	
	Signature of Co	andidate or Officeholder
	Signature of Ca	indidate or Officerolder
	Please complete either option below	
200000000000000000000000000000000000000	riease complete either option below	v.
(1) Affilia ii	LESLIE CHILDRESS NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/22/25 NOTARY ID 12808241-1	
Sworn to and subscribed	before me by Cheryl Surper Lieck this the	18 day of January.
1	which, witness my hand and seal of office.	
	edus Leslie Childress	Secretary
Signature of officer administer		Title of officer administering oath
(a) Harrison Brokenski	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	<u> </u>
	(street) (city) (s	state) (zip code) (country)
Executed in	County, State of, on the day of(month	, 20 (year)
	Signature of Candid	date/Officeholder (Declarant)

19 FILERNAME 20 Filer ID (Ethics Com	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$2587.81
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			
2 Files ID (Files Complete Files)			
1 Total pages Schedule I:	2 FILER NAME	4 1 - 4	
1(0ne)	Cheryl S. Lieck	00065196	
9/20/2021	5 Payee name Mahuac Horit		
6 Amount (\$)	7 Payee address;	City 375/State Zip Code	
18.581	7 Payee address; SIO Miller St. Analu	Cac III	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Flowers (Wemorial)	Mourrial	
Date [1 3 202]	Payee name . Patti Miniard		
Amount (\$)	Payee address; William Creinbursen	State Zip Code	
200.00	UNKNOWN CI CAMOSCISCI	sith (IN Jed to)	
	Texas Dept. of Public	sately, Cto, shallon)	
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Flowers (Memorial)	Nouvorial	
8.4			
1 2022	1,1,000	n Francischism	
Amount (\$)	Payee address; 804 Mikhael Ricks	City State Zip Code	
2,200	804 Michael Mices	77514	
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Donation	Event Expanse	
Date	Payee name		
Amount (\$)	Payee address;	City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 00065196 MS MRS / MR 3 CANDIDATE / OFFICE USE ONLY < **OFFICEHOLDER** NAME Date Received SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE BUX 987 **OFFICEHOLDER** MAILING **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ Date Hand delivered or **OFFICEHOLDER** PHONE MS / MRS / MR MI 6 CAMPAIGN TREASURER Date Processed NAME NICKNAME SUFFIX Date Imaged 7 CAMPAIGN **TREASURER ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 30 2022 THROUGH **ELECTION DATE** ELECTION TYPE 11 ELECTION Other Description Runoff 13 OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR 14 NOTICE FROM POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

2.00.00			
15 C/OH NAME	yl S. Lieck		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA     PLEDGES, LOANS, OR GUARA     CONTRIBUTIONS MADE ELECT		\$ O
	TOTAL POLITICAL CONTRIE     (OTHER THAN PLEDGES, LOAN	BUTIONS NS, OR GUARANTEES OF LOANS	\$ \$
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL	L EXPENDITURE.	\$ &
	4. TOTAL POLITICAL EXPENDI	TURES	\$1,400
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUT     OF REPORTING PERIOD	IONS MAINTAINED AS OF THE LA	\$2,057.26
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS	OF THE \$
		Signature of C	Candidate or Officeholder
	Please compl	ete either option belo	w:
(1) Affidavit	LESLIE CHILDRESS NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/22/2 NOTARY ID 12808241-	25 1	
NOTARY STAMP/SEA	400		ul = 1
Sworn to and subscribed 20 77, to certify	which, witness my hand and seal of office.		e 19 day of 3 11 ,
Signature of officer administe		er administering oath	Secretary Title of officer administration cath
	Frinted haine of onic	OR	Title of officer administering oath
(2) Unsworn Declaration	on		
My name is		, and my date of birth i	is
	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of	_ , on the day of (mon	, 20 (year)
		Signature of Cand	tidate/Officeholder /Declarant)

19 FILER NAME 20 File	er ID (Ethics Commission Filers)
Cheryl S. Lieck 00	065196
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	TIONS \$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIE	BUTIONS \$
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINES	SS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	TIONS \$ 1, 400
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	STURNED \$

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE |

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	Chery S. Lieck	3 Filer ID (Ethics Commission Filers)		
4 Date 6 13 2022	5 Payee name Chambers County Youth	Livestale Show		
6 Amount (\$)	7 Payee address;	City State Zip Code		
1,400	P.O. Bux 40 A	ratual, 74 77514		
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)		
OF EXPENDITURE	Award Scharship	Scholarthip		
Date	Payee name			
Amount (\$)	Payee address;	City State Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address;	City State Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address;	City State Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX NICKNAME APT / SUITE # 4 CANDIDATE / CITY: STATE: ZIP CODE ADDRESS / PO BOX: **OFFICEHOLDER** HEATHER H. HAWTHORNE MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MI CAMPAIGN **TREASURER** Date Processed NAME SUFFIX NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY: STATE ZIP CODE CAMPAIGN **TREASURER** ADDRESS (Residence or Business) EXTENSION AREA CODE PHONE NUMBER 8 CAMPAIGN **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month COVERED THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Runoff Description General Special OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	S. Lieck		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA     PLEDGES, LOANS, OR GUARA     CONTRIBUTIONS MADE ELECT		AN \$
	TOTAL POLITICAL CONTRIB     (OTHER THAN PLEDGES, LOAN	BUTIONS NS, OR GUARANTEES OF LOANS	\$ \$
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$ >
	4. TOTAL POLITICAL EXPENDI	TURES	\$ 0
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUT     OF REPORTING PERIOD	IONS MAINTAINED AS OF THE L	AST DAY \$ 520.07
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS PERIOD	OF THE \$
	wear, or affirm, under penalty of perjury, the		rue and correct and includes all information
	,		-e'h
A PROPERTY.	NOTARY PUBLIC  STATE OF TEXAS  MY COMM. EXP. 10/22/25  NOTARY ID 12 Risessel complete	lete either option belo	w:
(1) Affidavit			
NOTARY STAMP/SEA	L		
Sworn to and subscribed	before me by Chery S.	Leck this th	e 17 day of January.
20 <u>23</u> , to certify	which, witness my hand and seal of office.		
Leslo C	cealus lestie	Childress	Secretary
Signature of officer administe	ring oath Printed name of office	cer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declarati	on		
My name is		, and my date of birth	is
My address is			
	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of	_ , on the day of(mor	nth) , 20

Signature of Candidate/Officeholder (Declarant)

19 FILER NAME	nmission Filers)			
Cheryl S	Cherry S. Lieck 000651			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1. SCHEDULE A1:	MONETARY POLITICAL CONTRIBUTIONS		\$ 0	
2. SCHEDULE A2:	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 6	
3. SCHEDULE B:	PLEDGED CONTRIBUTIONS		\$ 5	
4. SCHEDULE E:	LOANS		\$ 0	
5. SCHEDULE F1:	: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
6. SCHEDULE F2:	: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3:	: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ 6	
8. SCHEDULE F4:	: EXPENDITURES MADE BY CREDIT CARD		\$ 0	
9. SCHEDULE G:	POLITICAL EXPENDITURES MADE FROM PERSONAL FU	INDS	\$ 6	
10. SCHEDULE H:	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$ 6	
11. SCHEDULE I: N	ION-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 0	
	INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU TO FILER	TIONS RETURNED	\$ 0	

The C/OH Instruction G	Guide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers	rs) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS MRS / MR	Chery	M	OFFICE USE ONLY
NAME	NICKNAME	Lieck	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. BOX	987 TX =	STATE; ZIP CODE	FILED FO
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	P EXTENSION	Date Ama delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS MRS / MR  NICKNAME	Cheryl Lieck	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (I	NO PO BOX PLEASE); APT /	suite #: Aharrac	TX 77514
8 CAMPAIGN TREASURER PHONE	AREA CODE (409) 6	PHONE NUMBER	extension 47	
9 REPORT TYPE	January 15  July 15	30th day before	- Supported Medified	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month O	Day Year / 202	3 THROUGH 6	130 /2023
11 ELECTION	Month Day	Year Primar	Descriptio	
12 OFFICE	OFFICE HELD (if any)	Attorney Su	13 OFFICE SOUGHT (IF KIN	Attorney Sudicial E
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITUR	RES MAY HAVE BEEN MADE WITHOUT THE C	ES MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR Y IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TO		
		GO TO	PAGE 2	

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	THAN \$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	DANS) \$			
EXPENDITURE TOTALS	1 3 TOTAL UNITEMIZED POLITICAL EXPENDITURE				
	4. TOTAL POLITICAL EXPENDITURES	\$1,390			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF TH OF REPORTING PERIOD	* U, 530.07			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS LAST DAY OF THE REPORTING PERIOD	AS OF THE \$			
MY PURE MY	LESLIE CHILDRESS NOTARY PUBLIC STATE OF TEXAS COMM. EXP. 10/22/25 OTARY ID 1280824Pfease complete either option b	of Candidate or Officeholder			
(1) Affidavit					
20 03, to certify	which, witness my hand and seal of office.  Lessie Childress  ring oath  Printed name of officer administering oath	is the day of,  Secretary  Title of officer administering oath			
	OR				
(2) Unsworn Declarati	on				
My name is	, and my date of	birth is .			
My address is	· Ozwa os Francisco As				
	(street) (city)	(state) (zip code) (country)			
Executed in	County, State of, on the day of _	(month) , 20 (year) .			
	Signature of	Candidate/Officeholder (Declarant)			

19	Chery S. Lieck 20 Filer ID (Ethics Com. 00065)					
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$2,500			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 5			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 6			
4.	SCHEDULE E: LOANS		s &			
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$ 2				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	\$ 6				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	\$ 0				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$1,390			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIE TO FILER	SUTIONS RETURNED	5 6			

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			
2 FILER NAME (Nery) S. Lieck			3 Filer ID (Etrics Commission Filers)
4 Date 6 20/202	5 Full name of contributor out-of-state PAC (1) 6 Contributor address;  City;	State; Zip Code	7 Amount of contribution (\$)
8 Principal occ	rupation / Job title (See Instructions)  9	Employer (See Instruc	tions)
Date	Full name of contributorout-of-state PAC (III	D#:	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributorout-of-state PAC (ID#:)		Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	itions)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		tions)	
			_
	ATTACH ADDITIONAL COPIES OF		

### TX 344 Swope Lieck, Cheryl EY 2024

The remainder of the documents may be obtained at the following address:

https://app.box.com/s/t28bw4fwgykny9q2cc0z3rfanhd14ytr