FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 11 MS / MRS / MR FIRST CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** Mr. James R NAME Date Received NICKNAME LAST SUFFIX FILED Herbrich 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE JAN 17 2024 8214 **OFFICEHOLDER** PO Box 838 MAILING **ADDRESS** La Grange, TX 78945 Teur B. Afre Change of Address TERRI B. HEFNER CO. ELECTIONS ADMINISTRATOR Date Hand delivered by Late Postmarked 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION **OFFICEHOLDER** (979 966-7933 PHONE Receipt # Amount \$ CAMPAIGN MS / MRS / MR FIRST **TREASURER** Kimberley Mrs. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Rutledge STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: CAMPAIGN ZIP CODE TREASURER 2720 Reinsch Rd, Smithville, TX 78957 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE (214 507-9922 9 REPORT TYPE 15th day after campaign 30th day before election January 15 Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Day Month Year Month Year COVERED 12 / 11 / 12 31 23 23 **THROUGH** 11 ELECTION **ELECTION DATE** ELECTION TYPE Primary Runoff Month Day Year Description General Special 5 3 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Fayette County Attorney 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 KNOWLEDGE 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 NAME COMMITTEE ADDRESS **GENERAL** Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME James R. Herbrich			16 Filer II	C (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITI PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE ELI		AN	\$ 0.00
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LC	RIBUTIONS DANS, OR GUARANTEES OF LOANS	5)	\$ 11,340.06
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.		\$ 0.00
	4. TOTAL POLITICAL EXPEN	DITURES		\$ 689.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB	UTIONS MAINTAINED AS OF THE LA	AST DAY	\$ 11,960.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORTI	OF ALL OUTSTANDING LOANS AS (NG PERIOD	OF THE	\$ 2,500.00
The state of the s	swear, or affirm, under penalty of perjury, quired to be reported by me under Title 15,		ue and corre	ect and includes all information
°1	Total Magnetic Control	a Design and Section of Section o		
		Signature of C	andidate or	Officeholder
	Diagonage	nlata aithau antian hala		
	Please com	plete either option belo	w.	
(1) Affidavit				
(1) Amauric				
NOTARY STAMP/SEA	L			
Sworn to and subscribed	before me by	this the	1	day of
	which, witness my hand and seal of office.			,
20, to certify	which, whiless my hand and sear of office.			
Signature of officer administe	ering oath Printed name of o	fficer administering oath	Т	itle of officer administering oath
CANADA AND AND AND AND AND AND AND AND AN		OR		
(2) Unsworn Declarati	on			
(2) Oliswolli Decialati	on		1	1
My name is James R. H	lerbrich	, and my date of birth i	s le l	10 1977
My address is 2642 Gue		2 110 (2000) secondo 10 10 10		945 USA
	(street)	(city)	(state) (zi	p code) (country)
Executed in Fayette	County, State of Texas	, on the 16th day of Janua		20_24
		(mon	th) (\)	(year)
		Signature of Cand	idate/Officeh	older (Declarant)
		C.S. Sulla		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME mes R. Herbrich 20 Filer ID (Ethics Co	ommis	sion Filers)
. 21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	1,190.06
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	2,500.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	689.80
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0.00
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this pag	ge in the report.		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 3		
2 FILER NAME James R. H		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
12/18/2023	6 Contributor address; City; State; Zip Co	100.00		
9 Principal occu	600 E Fork Rd, West Point, TX 789			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (S	See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
12/18/2023	Rodney Chadoupka Contributor address; City; State; Zip Co	100.00		
	2642 FM 2672, Schulenburg, TX 78	1956		
Principal occup	pation / Job title (See Instructions) Employer (Se	ee Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
12/18/2023	Steve Hillhouse	2 000 00		
	PO Box 827, La Grange, TX 7894	2,000.00		
Principal occup	pation / Job title (See Instructions) Employer (Se	ee Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)		
12/18/2023	Lawrence Faldyn Contributor address; City; State; Zip Co	500.00		
PO Box 391, La Grange, TX 78945				
	PO Box 391, La Grange, TX 7894	25.00		
Principal occup		25.00		
Principal occup		5		
Principal occup		5		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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.	1 Total pages Schedule A1: 3
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
James R. F	lerbrich	
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Anne Wright		
12/20/2023	6 Contributor address; City; State; Zip Co	1,000.00
2685 Young Ln, Flatonia, TX 78941		.,000.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (Se	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
12/22/2023	Contributor address; City; State; Zip Co	
	PO Box 4, La Grange, TX 78945	3,000.00
Principal occup	ation / Job title (See Instructions) Employer (Se	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
12/22/2023	Kathryn Geesaman	100.00
12/22/2023	Contributor address; City; State; Zip Coo	
	317 S Penn St, Flatonia, TX 78941	
Principal occup	ation / Job title (See Instructions) Employer (See	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
12/22/2023	Richard Halpain Contributor address; City; State; Zip Cod	100.00
	PO Box 794, La Grange, TX 78945	
Principal occup	ation / Job title (See Instructions) Employer (See	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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.	1 Total pages Schedule A1: 3		
2 FILER NAME James R. H	erbrich		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Ken Bigham, Jr.	7 Amount of contribution (\$)			
12/28/2023 6 Contributor address; City; State; Zip Code 717 Lyons St, Schulenburg, TX 78956			1,000.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC Alicia Cashion	(ID#:)	Amount of contribution (\$)		
12/28/2023	Contributor address; City; 25731 Turquoise Springs Ln, K	State; Zip Code	100.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date		(ID#:)	Amount of contribution (\$)		
Linda Toombs Contributor address; City; State; Zip Code 3736 Rice Blvd, Houston, TX 77005		150.00			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
, 1	Contributor address; City;	State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

	The Instruction Guide explains how to complete this for	m.	1 Total pages Sche	dule A2: 2
2 FILER NAM			3 Filer ID (Ethics C	commission Filers)
James R	R. Herbrich		- I not be femines o	ommosion i ners,
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 0.00	
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
12/29/2023			160.00	advertising - sign supplies
	7 Contributor address; City; State;	Zip Code		
	2405 Dubina Weimar Rd, Weimer, TX	78962	Check if travel outs	I side of Texas. Complete Schedule T.
-	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	r (FOR NON-JUDICI	IAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	use (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of	In-kind contribution
	Morris Albers		Contribution \$	description
12/29/2023	Contributor address; City; State;	Zip Code	680.06	advertising - I giveaways
	124 S Washington St, La Grange, TX	78945	Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	tor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	V		
	100			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2	2 2
2 FILER NAM	E		3 Filer ID (Ethics Commiss	sion Filers)
James R.	Herbrich		,	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00	
5 Date	6 Full name of contributor			n-kind contribution lescription
12/19/2023	7 Contributor address; City; State;	Zip Code	350.00 ad	vertising - website
V	4404 Anders Bottom Rd, La Grange, TX	78945	Check if travel outside of T	Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(S	ee Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIA	AL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if	any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	The state of the s	n-kind contribution description
	Contributor address; City; State; Zip Code		 	
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(Se	ee Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JUDICIA	AL)(See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if	any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		*	
-				
				à.
				T. R.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS SCHEDULE E

It the requested	information is not applicable, DO No	OT include this page in the re	eport.
The I	nstruction Guide explains how to com	plete this form.	1 Total pages Schedule E: 1
FILER NAME			3 Filer ID (Ethics Commission Filer
James R. Herl	orich		
TOTAL OF UN	ITEMIZED LOANS		\$ 0.00
Date of loan	7 Name of lender out-of-state	e PAC (ID#:)	9 Loan Amount (\$)
12/18/2023	James R. Herbrich		2,500.00
Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate 0.00
Institution?	PO Box 838, La Grange, TX	78945	11, Maturity date
2 Principal occupation	n / Job title (See Instructions)	13 Employer (See Instructions)	
4 Description of Colla	teral	Check if personal fur account (See Instruc	nds were deposited into political
	17 Name of guarantor		19 Amount Guaranteed (\$)
■ not applicable	18 Guarantor address; City;	State; Zip Code	
Principal Occupation	on (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	e PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interestrate
Institution?			Maturity date
Principal occupation	/ Job title (See Instructions)	Employer (See Instructions)	
Description of Collate	eral	Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	•
not applicable			a 1
Principal Occupation	(See Instructions)	Employer (See Instructions)	
INFORMATION not applicable	Guarantor address; City;		Amount Guaranteed (\$

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Credit Card Payment	al Committee Legal Services Salaries A The Instruction Guide explains how to	Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME James R. Herbrich		3 Filer ID (Ethics Commission Filers)
4 Date 12/23/2023	5 Payee name La Grange Area Chamber of Comme	erce	
6 Amount (\$) 300.00	7 Payee address; 220 W Colordo St, La Grange, TX 78	City; 89454	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description	
Complete ONLY if direct expenditure to benefit C/Oh	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	Office held
Date 12/26/2023	Payee name Fayette County Sheriff's Posse		
Amount (\$) 150.00	Payee address; PO Box 1113, La Grange, TX 78945	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/28/2023	USPS		
Amount (\$) 132.00	Payee address; 113 E Colorado St, La Grange, TX 78	City; 3945	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office overhead	Description postage	7
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries A The Instruction Guide explains how to a	Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME James R. Herbrich		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12/29/2023	Farmers Lumber Company		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
107.80	515 E Travis St, La Grange, TX 78945		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising expense	sign supplies	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
	· · · · · · · · · · · · · · · · · · ·		
Amount (\$)	· Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	,
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 28
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST James	мі R	OFFICE USE ONLY
INAME	NICKNAME	LAST	SUFFIX	Date Received
		Herbrich		1.35
4 CANDIDATE/	ADDRESS / PO BO	OX; APT / SUITE #,	CITY; STATE; ZIP CODE	and a tenter along the Co. (
OFFICEHOLDER MAILING	PO Box 838	3		FILED N/W
ADDRESS	La Grange,	TX 78945		FILED (IN)
Change of Address			*	FEB 0 5 2024
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	
OFFICEHOLDER	(070)	000 7000		Date Hand-delivered or Date Postmarked
PHONE	(979)	966-7933		TERRI B. HEFNER REGOPELECTIONS ADMINISTRATOR
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	FAYETTE COUNTY, TEXAS
TREASURER NAME	Mrs.	Kimberley		Date Processed
INAME	NICKNAME	LAST	SUFFIX	
		Rutledge		Date Imaged
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	JITE #; CITY;	STATE; ZIP CODE
TREASURER	2720 Reins	ch Rd, Smithville, T	X 78957	
ADDRESS	Z7Z0 Roms	sirria, simervino, 17	70007	
(Residence or Business)		ANNE III MARKET		
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE	(214)	507-9922		
	,			
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
COVERED	1 ,	/ 1 / 24	THROUGH 1	/ 31 / 24
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	3 / 5	/ 24 General	Special	
	3 / 3 /	24	1 150 - Section 1 1 11 11 11 11 11 11 11 11 11 11 11 1	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
			Fayette County At	torney
14 NOTICE FROM				ADE BY POLITICAL COMMITTEES TO SUPPORT
POLITICAL COMMITTEE(S)				IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
		COMMITTEE ADDRESS		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME	
	2004/2000/2004 (2004 T 2005/20)			
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS	
		GO TO P	AGE 2	

TX Fayette Hebrich, James EY 2024

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

https://app.box.com/s/x95q1jdtqa9disiybb7ppz0mvyt694gj