# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how to	complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 12
3 CANDIDATE / OFFICEHOLDER NAME	ms/mrs/mr Mr.	FIRST James	мі R	OFFICE USE ONLY
	NICKNAME	LAST Herbrich	SUFFIX	PILED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 838 La Grange, TX		CITY; STATE; ZIP CODE	JUL 15 2024
Change of Address  5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	TERRI B. HERNER
OFFICEHOLDER PHONE	(979 )	966-7933		EXTELECTIONS ACTIONS TRAINER FOR FAYETTE COUNTY, TEXAS
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. NICKNAME	FIRST Kimberley  LAST	MI	Receipt # Amount \$  Date Processed
		Rutledge		Date Imaged
7 CAMPAIGN TREASURER ADDRESS		PO BOX PLEASE); APT / S Rd, Smithville, T	·	STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(214)	507-9922	EXTENSION	
9 REPORT TYPE	January 15	30th day before a	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 2	Day Year 25 / 24	Month THROUGH 6	Day Year / 30 / 24
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day	Year Primary General	Runoff Other Description Special	· · · · · · · · · · · · · · · · · · ·
12 OFFICE	OFFICE HELD (if any) Fayette Count	y Attorney	13 OFFICE SOUGHT (if known	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICEHO	DLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CANE	ADE BY POLITICAL COMMITTEES TO SUPPORT MIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES,
- COMMITTEE(0)	COMMITTEE TYPE C	OMMITTEE NAME		
Additional Pages	GENERAL	OMMITTEE ADDRESS		
	SPECIFIC C	OMMITTEE CAMPAIGN TRE	EASURER NAME	
	c	OMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME James R. Herbrich		16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITION     PLEDGES, LOANS, OR GUAL     CONTRIBUTIONS MADE ELE		\$ 0.00
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LO	RIBUTIONS ANS, OR GUARANTEES OF LOANS)	\$ 8,945.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.	\$ 0.00
en e	4. TOTAL POLITICAL EXPEN	DITURES	\$ 7,389.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	JTIONS MAINTAINED AS OF THE LAST D	\$ 2,437.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORTI	OF ALL OUTSTANDING LOANS AS OF TH NG PERIOD	\$ 44.95
18 SIGNATURE I s	wear, or affirm, under penalty of perjury,	that the accompanying report is true an	d correct and includes all information
	quired to be reported by me under Title 15,	• • • • •	a correct and includes all information
		•	
		Signature of Candid	late or Officeholder
·			
•	Please com	plete either option below:	
•			
(1) Affidavit			
:			•
NOTARY STAMP/SEA	L .		
			·
Sworn to and subscribed	before me by	this the	day of
20, to certify	which, witness my hand and seal of office.		
Signature of officer administe	ring oath Printed name of o	fficer administering oath	Title of officer administering oath
:		OR	
(2) Unsworn Declaration			
My name is James R. H	lerbrich	, and my date of birth is	
My address is 2642 Gue		La Grange TX	78945 USA
_ <del></del>	(street)	(city) (state	) (zip code) (country)
Executed in Fayette	County, State of Texas	on the 15 day of July	, 20_24
		(month)	(year)
		Signature of Candidate	Officeholder (Declarant)
		Signature Great Interest	Cincinno (Decimany)

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

	FILER NAME  20 Filer ID (Ethics Connames R. Herbrich	nmissi	on Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	:	SUBTOTAL AMOUNT	
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	8,850.00	
2.	2. ■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00	
4.	4. SCHEDULE E: LOANS			
5.	5. SCHEDULE F1: POLÍTICAL EXPENDITURES MADE FROM POLÍTICAL CONTRIBUTIONS			
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.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	14.00	

## **MONETARY POLITICAL CONTRIBUTIONS**

## SCHEDULE A1

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

•		. <b>.</b>	
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 2
2 FILER NAME James R. H	erbrich		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (III August Pietsch	D#)	7 Amount of contribution (\$)
02/27/2024	6 Contributor address; City;	State; Zip Code	1,000.00
	3243 Forest Hill East Rd, La Gran	ge, IX 78945	
8 Principal occu	pation / Job title (See Instructions)  9	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (III	D#:)	Amount of contribution (\$)
02/27/2024	Carol Blanchette  Contributor address; City;	State; Zip Code	1,000.00
	2588 Guenther Rd, La Grange	e, TX 78945	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
03/01/2024	Lawrence Faldyn  Contributor address; City;	State; Zîp Code	500.00
	PO Box 391, La Grange, T	X 78945	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
03/01/2024	Eugene Kruppa  Contributor address;  City;	State; Zip Code	100.00
	PO Box 115, Plum, TX 789	952	100100
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	•		
:			
l	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruction		

# **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: 2			
2 FILER NAME James R. H	erbrich	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#				
03/01/2024	6 Contributor address; City; State; Zip Code PO Box 827, La Grange, TX 78945	2,000.00			
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Ins	tructions)			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
03/07/2024	Contributor address; City; State; Zip Code 10829 Jollyville Road, Austin, TX 78759	2,000.00			
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
03/13/2024	John Haworth  Contributor address; City; State; Zip Code  3435 W State Hwy 71, La Grange, TX 78945	2,000.00			
Principal occup	pation / Job title (See Instructions) Employer (See Ins	tructions)			
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)			
04/08/2024	Karen Mahoney-Woods  Contributor address; City; State; Zip Code	250.00			
	485 N Jefferson St, La Grange, TX 78945				
Principal occur	pation / Job title (See Instructions) Employer (See Ins	tructions)			
4 - 4 - 1					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see Instruction guide for addition				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this for	1 Total pages Sched	1 Total pages Schedule A2:		
2 FILER NAMI	E :	··.	3 Filer ID (Ethics Co	ommission Filers)	
James R.	Herbrich			·	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 0.00	· .	
5 Date	6 Full name of contributor □ out-of-state PAC (ID#: Peggy Supak		8 Amount of Contribution \$	9 In-kind contribution description	
03/05/2024		7:- O	95.00	food/beverage	
		Zip Code		expense 	
	PO Box 518, La Grange, TX 78945			ide of Texas. Complete Schedule T.	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor		Amount of Contribution \$	I In-kind contribution description	
	Contributor address; City; State;	Zip Code		 	
		Г	Check if travel outs	ide of Texas. Complete Schedule T.	
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	ise (if апу) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
·	· .			and the pro-	
			:		
	ATTACH ADDITIONAL COPIES OF I			g 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
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/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
Other (enter a category not listed shows)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 James R. Herbrich 4 Date 5 Payee name 02/29/2024 Colorado Valley Independent Cattleman's Assn 6 Amount (\$) 7 Payee address: City; Zip Code State: PO Box 310, Round Top, TX 78954 1,035.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Gift/Awards/Memorials Expense auction items OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/02/2024 Fayette County Sheriff's Memorial Benevolent Society Amount (\$) City; Payee address; State: Zip Code 1646 N Jefferson, La Grange, TX 78945 950.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Gift/Awards/Memorials Expense auction items OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/04/2024 HEB Food-Drugs Amount (\$) Payee address: City; State; Zip Code 450 E Travis St, La Grange, TX 78945 204.07 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Food/beverage expense canned drinks OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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
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)

Oreun Gardin ayınıcın	The Instruction Guide explains how to c	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics C	ommission Filers)
4	James R. Herbrich			
4 Date	5 Payee name			
03/05/2024	Gary Prause			
6 Amount (\$)	7 Payee address:	City;	State;	Zip Code
660.00	459 S Lester, La Grange, TX 78945		·	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/beverage expense	sausage		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Of	fice held
Date	Payee name		-	
03/05/2024	HEB Food-Drugs			<u> </u>
Amount (\$)	Payee address;	City;	State;	Zip Code
63.19	450 E Travis St, La Grange, TX 78945			
	Category (See Categories listed at the top of this schedule)	Description		*
PURPOSE	Food/beverage expense	condiments, e	tc.	
OF EXPENDITURE				. • • • •
	Observation of the Control of Table 2 of Tab	Observator in the decrease	TV - Windle Holder Kniege and	
•	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living exp	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	· Or	fice held
Date	Payee name			
03/05/2024	Lukas Bakery			
Amount (\$)	Payee address;	City;	State;	Zip Code
38.00	135 N Main St, La Grange, TX 78945			.:
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/beverage expense	bread + cookie	s	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	0	ffice 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 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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	2 FILER NAME James R. Herbrich		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 03/05/2024	5 Payee name Shell Oll			<del></del>
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
20.98	2247 W State Hwy 71, La Grange, TX 78945			· .
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/beverage expense	bags of ice		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	***		
03/14/2024	James Herbrich		,	
Amount (\$)	Payee address;	City;	State;	Zip Code
3,750.00	2642 Guether Rd, La Grange, TX 78	945		:
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Loan repayment/reimbursement	loan repayme	nt	
	Check if travel outside of Texas. Complete Schedule T.	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
Date	Payee name			
03/20/2024	Queen of the Holy Rosary Catholic C	hurch		
Amount (\$)	Payee address;	City;	State;	Zip Code
250.00	936 FM 2436, La Grange, TX 78945			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense	auction items		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, 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 NEEDED				

## 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 Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out Of District
Other (enter a category not listed above)

	The Instruction Guide explains how to co	ompiete tine renim		·
1 Total pages Schedule F1:	2 FILER NAME James R. Herbrich		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name	·		
05/08/2024	D&D Ace Hardware		4	•
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
373.61	3611 W St Hwy 71, La Grange, TX 78945			· .
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense	auction item	5	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g 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
			•	
			•	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, afficeholder livin	a expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
				Lun
Date	Payee name			
	<del> </del>		Otato:	7 - 0-4-
Amount (\$)	Payee address;	City;	State;	Zip Code
				. 1
	Category (See Categories listed at the top of this schedule)	Description		·
PURPOSE			•	
OF EXPENDITURE	·		· <u> </u>	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
ı				

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees O Food/Beverage Expense P By Gift/Awards/Memonals Expense P	can Repayment/Reimbursement office Overhead/Rental Expense olling Expense inting Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
4 - 1	I a	-	
1 Total pages Schedule G:	James R. Herbrich		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		· · · · · · · · · · · · · · · · · · ·
01/16/2024	La Grange Farm & Ranch		*.
6 Amount (\$)	7 Payee address:	City;	State; Zip Code
44.95  Reimbursement from political contributions intended	PO Box 334 La Grange, TX 78945		
8	(a) Category (See Categories listed at the top of this sched	ule) (b) Description	
PURPOSE OF EXPENDITURE	Other	T-post puller t	o remove signs
	(c) Check if travel outside of Texes. Complete Schedul	le T. Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	•	
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
	Category (See Categories listed at the top of this sched	(ule) Description	•
PURPOSE OF			
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
DIDDOOR	Category (See Categories listed at the top of this sched	ule) Description	
PURPOSE OF	:		
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedul	eT. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

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 Sche	dule K:	
			Commission Filers)	
James R. Herbrich				
4 Date	5 Name of person from whom amount is received		8 Amount (\$)	
	Facebook		4.4.00	
06/30/2024	6 Address of person from whom amount is received; City; Sta 1 Hacker Way, Menlo Park, CA 94025	te; Zip Code	14.00	
	7 Purpose for which amount is received Check if	political contribution	returned to filer	
	credit for uncleared charge			
Date	Name of person from whom amount is received		Amount (\$)	
·	Address of person from whom amount is received; City; Sta	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	te; Zip Code		
		. 1 		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
		4.15	i e e e e e	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED		