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
NAME	NICKNAME	LAST	SUFFIX	Date Received
		Herbrich		1.35
4 CANDIDATE/	ADDRESS / PO BO	OX; APT / SUITE #,	CITY; STATE; ZIP CODE	and a de desire also O. (
OFFICEHOLDER MAILING	PO Box 838	3		I FILED NW
ADDRESS	La Grange,	TX 78945		FILED (IN)
Change of Address				FEB 0 5 2024
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	
OFFICEHOLDER	(979)	966-7933		Date Hand-delivered or Date Postmarked
PHONE	(3/3)	900-7933		TERRI B. HEFNER RECOPELECTIONS ADMINISTRATOR
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	FAYETTE COUNTY, TEXAS
TREASURER NAME	Mrs.	Kimberley		Date Processed
	NICKNAME	LAST	SUFFIX	Date Imaged
		Rutledge		Date illiageo
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 (Residence or Business)	L'/Lo rtomb	orrita, orritarymo, 17	7,0007	
	ADEA CODE	DUONE NUMBER	EVERNOON	
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
	July 15	8th day before elec	Exceeded Modified Reporting Limit	(Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	1	/ 1 / 24	TURQUOU 1	/ 31 / 24
	' /		THROUGH	, 0, , 2,
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	3 / 5	/ 24 General	Special	
12 OFFICE	OFFICE HELD (if any)	1	13 OFFICE SOUGHT (if known)	
			Fayette County At	torney
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES I	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
		ACMMITTEE ADDRESS		
Additional Pages	GENERAL	COMMITTEE ADDRESS		· ·
Additional Pages	00501510	COMMITTEE CAMPAIGN TREAS	SURER NAME	
	SPECIFIC	January Inches	Enwish Million	
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
		GO TO P	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

45 0/0// ///		
15 C/OH NAME James R. Herbrich		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,775.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 20,687.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$ 5,202.53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 3,750.00
18 SIGNATURE I sv	vear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Occ	
	Signature of Cand	didate or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed be		day of
20, to certify wh	nich, witness my hand and seal of office.	
ignature of officer administerin	g oath Printed name of officer administering oath	Title of officer administering oath
2) Unsworn Declaration	OR OR	
		,
ly name is James R. Her	, and my date of officer is	6-10-11
ly address is 2642 Guethe	er Rd La Grange TX	78945 USA
xecuted in Fayette	(street) (city) (stat County, State of Texas , on the 5th day of February	e) (zip code) (country) , 20 ²⁴ .
	(month)	(year)
	Signature of Candidate	Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		FILER NAME mes R. Herbrich 20 Filer ID (Ethics Con			sion Filers)
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT
1.		SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$	13,930.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,845.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS			\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$	20,687.67
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	0.00
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$	0.00
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$	0.00
10.	O. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$	0.00
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$	0.00

If the requ	ested information is not applicable, DO NOT	include this page in the	report.
Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 10
2 FILER NAMI James R.			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state Pa Elizabeth Betsy Chovanec	7 Amount of contribution (\$)	
01/03/2024	6 Contributor address; City; 7406 Anton Salas Loop, La Gra	State; Zip Code	200.00
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PA Candace Beth Kaiser	C (ID#:)	Amount of contribution (\$)
01/03/2024		State; Zip Code ge, TX 78945	1,000.00
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
01/03/2024	2/2024 Contributor address; City; State; Zip Code 1111 Cantrell Way, New Braunfels, TX 78132		500.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC Steven Boehm	(ID#:)	Amount of contribution (\$)
01/05/2024	Contributor address; City; 4404 Anders Bottom Rd, La Gra	State; Zip Code	5.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES O		
	If contributor is out-of-state PAC, please see Instru	ction guide for additional re	porting requirements.

SCHEDULE A1

The	e Instruction Guide explains how to complete the	s form.	1 Total pages Schedule A1: 10	
2 FILER NAME James R. H			3 Filer ID (Ethics Commission Filers)	
4 Date	John Haworth	NG (ID#:)	7 Amount of contribution (\$)	
01/08/2024	6 Contributor address; City; 3435 W State Hwy 71, La Gra	State; Zip Code	1,000.00	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PA John Bolling	C (ID#:)	Amount of contribution (\$)	
01/08/2024			100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	A MA PRODUCTION OF THE PRODUCT	C (ID#:)	Amount of contribution (\$)	
01/08/2024	John Wied Contributor address; City; 2900 Wied Rd, La Grange	State; Zip Code	1,000.00	
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state PAC Jodie Adams	; (ID#:)	Amount of contribution (\$)	
01/08/2024	Contributor address; City;	State; Zip Code	500.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instruction	ons)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE A1

in the requested information is not applicable, bo NOT include this page in the report.					
The	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 10		
2 FILER NAME	•		3 Filer ID (Ethics Commission Filers)		
James R. I	Herbrich				
4 Date	5 Full name of contributor out-of-state P/ Howard Konetzke	7 Amount of contribution (\$)			
01/08/2024	6 Contributor address; City; 3541 State Hwy 159, La Grar	State; Zip Code	300.00		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PA Richard T Halpain	C (ID#:)	Amount of contribution (\$)		
01/08/2024	Contributor address; City; PO Box 794, La Grange,	State; Zip Code TX 789/15	200.00		
Principal accura	nation / Job title (See Instructions)				
- micipal occup	ation 7 Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
01/08/2024			100 00		
	PO Box 376, Flatonia, TX	State; Zip Code 78941	100.00		
F ³ rincipal occupa	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date		(ID#:)	Amount of contribution (\$)		
01/11/2024	Dustin Dippel Contributor address; City;	State; Zip Code	250.00		
^-	1336 Lakeview Rd, Fayettevil	le, TX 78940			
Principal occupa	tion / Job title (See Instructions)	ons)			
	ATTACH ADDITIONAL COPIES O				
	If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE A1

The	e Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: 10	
2 FILER NAME James R. I			3 Filer ID (Ethics Commission Filers)	
4 Date	Kelly Allison	GC (ID#:)	7 Amount of contribution (\$)	
01/11/2024	6 Contributor address; City; 305 S Washington St, La Grar	State; Zip Code	300.00	
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAI Aaron Peters	C (ID#:)	Amount of contribution (\$)	
01/11/2024	Contributor address; City;	State; Zip Code	500.00	
	1209 FM 949, Alleyton, 1	X 78935		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC Jesyca Hass	C (ID#:)	Amount of contribution (\$)	
01/12/2024	Contributor address; City;	State; Zip Code	2,000.00	
	1618	range, TX 78945		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
01/13/2024	Contributor address; City;	State; Zip Code	25.00	
	541 East Fannin St, La Grand	ge, TX 78945	100 100 MA - 4000	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

The	Instruction Guide explains how to complete this f	orm.	Total pages Schedule A1: 10
2 FILER NAME			
James R. I		3	Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ■ out-of-state PAC (II Leslie Boughton	D#:	' Amount of contribution (\$)
01/15/2024	6 Contributor address; City; 1208 Rainbow Cove, Round Roo	State; Zip Code	50.00
Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	s)
Date	Full name of contributor out-of-state PAC (ID	0#:)	Amount of contribution (\$)
01/17/2024		State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	s)
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of contribution (\$)
1/20/2024	Contributor address; City; S	State; Zip Code	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	3)
Date	Full name of contributor out-of-state PAC (ID#	t	Amount of contribution (\$)
1/20/2024	Contributor address; City; S	State; Zip Code	250.00
Principal occupa	6300 Anders Daniels Rd, La Grang	Employer (See Instructions)

If the reque	sted information is not applicable, DO NOT i	nclude this page in the	report.	
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 10	
2 FILER NAME James R. H			3 Filer ID (Ethics Commission Filers)	
4 Date	Kenneth W Diers	.C (ID#:)	7 Amount of contribution (\$)	
01/20/2024	6 Contributor address; City; PO Box 27, La Grange, Τλ	State; Zip Code	200.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAG William Bernsen	C (ID#:)	Amount of contribution (\$)	
01/23/2024	Contributor address; City; PO Box 37, Plum, TX 78	State; Zip Code	250.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
01/23/2024	Contributor address; City; 3444 FM 155, La Grange	State; Zip Code , TX 78945	100.00	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
01/23/2024	Contributor address; City; 708 Sarah Jo, La Grange,	State; Zip Code	300.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTAQUADDITIONAL GODIES			
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru			

ir the reque	isted information is not applicable, DO NOT	include this page in the	report.	
The	e Instruction Guide explains how to complete th	1 Total pages Schedule A1: 10		
2 FILER NAME James R. H			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor ■ out-of-state Pa	AC (ID#:)	7 Amount of contribution (\$)	
01/23/2024	6 Contributor address; City; 1441 FM 155, La Grange,	State; Zip Code	100.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)	
01/27/2024	Contributor address; City; 7131 E Hwy 159, Fayettevil	State; Zip Code	500.00	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PA Norman Schultz	C (ID#:)	Amount of contribution (\$)	
01/27/2024		State; Zip Code ville, TX 78940	100.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
01/27/2024	Contributor address; City; 940 S Vail, La Grange, T	State; Zip Code	100.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS ME	FDFD	
	If contributor is out-of-state PAC, please see Instru			

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 10	
2 FILER NAME James R. I		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor • out-of-state PAC (ID#:	7 Amount of contribution (\$)	
01/27/2024	6 Contributor address; City; State; Zip Code 1003 Lorax Lane, Taylor, TX 76574	100.00	
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)	
Date	Full name of contributor out-of-state PAC (ID#:) Daniel Herbrich	Amount of contribution (\$)	
01/27/2024	Contributor address; City; State; Zip Code 4620 Anders Bottom Rd, La Grange, TX 78945	100.00	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ctions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
1/27/2024	Arthur Boske Contributor address; City; State; Zip Code 957 E Helter, La Grange, TX 78945	100.00	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	otions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
1/28/2024	Linda Streicher Contributor address; City; State; Zip Code 900 Schulze Rd, Muldoon, TX 78949	500.00	
Principal occupa	ation / Job title (See Instructions) Employer (See Instruc	tions)	
	,		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

SCHEDULE A1

Th	e Instruction Guide explains how to complete this form.	1 Total pages	Schedule A1: 10
2 FILER NAME James R. I		3 Filer ID (Et	hics Commission Filers)
4 Date 01/29/2024	5 Full name of contributor Jeanette Friedrich 6 Contributor address; City; State 5616 FM 2236, Schulenburg, TX 78	Zip Code	300.00
8 Principal occi		oloyer (See Instructions)	
Date 01/29/2024	Full name of contributor out-of-state PAC (ID#: Dwayne Friedrich Contributor address; City; State 5809 Freyburg Hall Rd, Schulenburg,	Zip Code 5	contribution (\$)
Principal occup	cation / Job title (See Instructions) Em	loyer (See Instructions)	
Date 01/29/2024	Full name of contributor out-of-state PAC (ID#: Joyce Adams Contributor address; City; State; PO Box 2, Schulenburg, TX 789	Zip Code	contribution (\$)
Principal occup	eation / Job title (See Instructions) Em	loyer (See Instructions)	
Date 01/29/2024	Full name of contributor out-of-state PAC (ID#: Jason Parks Contributor address; City; State; 3311 Forest Hill East Rd, La Grange,	Zip Code 5	500.00
Principal occup	ation / Job title (See Instructions) Em	oyer (See Instructions)	
	ATTACH ADDITIONAL COPIES OF THIS If contributor is out-of-state PAC, please see Instruction gu		ments.

If the reque	ested information is not applicable, DO NOT i	nclude this page in the	report.		
The	e Instruction Guide explains how to complete the	1 Total pages Schedule A1: 10			
2 FILER NAME James R. Herbrich			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Clay E Morgan		7 Amount of contribution (\$)		
01/29/2024	6 Contributor address; City; 10829 Jollyville Road, Aust	1,000.00			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAI Jerry Rhodes	Amount of contribution (\$)			
01/29/2024	Contributor address; City; 950 Kirkham Road, La Grang	100.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)		tions)			
Date		C (ID#:)	Amount of contribution (\$)		
01/29/2024	J.C. Herbrich Contributor address; City; State; Zip Code 5488 Esterwood Dr, Kountze, TX 77625		100.00		
Principal occupation / Job title (See Instructions) Employer (See Instru			ions)		
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 Instruction	ons)		
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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: 5	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
James R. Herbrich			Sec 188550 (1895) 1 19 Territorio (1895) America	**************************************
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBU		BUTIONS	\$ 0.00	
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:			9 In-kind contribution description
01/18/2024	7 Contributor address; City; State;			ı food I
	135 N Main St, La Grange, TX 7894	ain St, La Grange, TX 78945		 de of Texas. Complete Schedule T.
10 Principal occ	10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
, , , , , , , , , , , , , , , , , , , ,				
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (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	Date Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	David Mohr	Contribution \$ description		
01/20/2024	Contributor address; City; State;			
	732 N Haupstrausse, Carmine, TX		Charle if traval outsis	to of Towns Complete Schoolule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions)				
	, , , , , , , , , , , , , , , , , , , ,	Lilipio	T (FOR HOR-VODICE	(L)(Occ manuchons)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
If	ATTACH ADDITIONAL COPIES OF THe contributor is out-of-state PAC, please see Instruction			requirements.