CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	/ to comple	ete this form.	1 Filer ID	(Ethics Commission	Filers)	2 Total pages filed:	19
3 CANDIDATE / OFFICEHOLDER	Ms / MRs / MR Mr.		FIRST mes		мі R		OFFICE USE	ONLY
NAME	NICKNAME		LAST erbrich		SUFFIX		Date Received	n
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO Box 838 La Grange,		37 CHOIL 40 CANADANA (AND AND AND AND AND AND AND AND AND AND	CITY; S	STATE; ZIP COD	Œ	FILE FEB 26 FEB 26	7:55 AW 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (979)		NUMBER -7933	E	XTENSION		CO. ELECTIONS FAYETTE CO	HEFNER ADMINISTRATOR DUNTY, TEXAS Ount \$
6 CAMPAIGN TREASURER NAME	Ms/MRs/MR Mrs.	Ki	_{FIRST} mberley		МІ		Date Processed	ount \$
	NICKNAME		_{LAST} utledge		SUFFIX		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS 2720 Reinso				CITY;	-	STATE; ZIP	CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)		NUMBER -9922	E	XTENSION			
9 REPORT TYPE	January 15 July 15		30th day before e		Runoff Exceeded Modin Reporting Limit		15th day after cam treasurer appointme (Officeholder Only) Final Report (Attach	ent
10 PERIOD COVERED	Month 2	Day / 1 /	Year / 24	THROUG	M	Month	Day Year / 24	
11 ELECTION	Month Day	Year 24	■ Primary General	Runoff Specia	Descri			
12 OFFICE	OFFICE HELD (if any)				ette Count	- 55	orney	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. TH	HESE EXPENDITURES	S MAY HAVE BEEN	MADE WITHOUT TH	HE CANDID	DE BY POLITICAL COMMITTEE DATE'S OR OFFICEHOLDER'S K EY RECEIVE NOTICE OF SUCH E	NOWLEDGE OR
OOMMITTEE(O)	COMMITTEE TYPE	СОММІТТЕ						
Additional Pages	GENERAL SPECIFIC		EE ADDRESS	ASURER NAME				
	0, 2011 10	СОММІТТЕ	EE CAMPAIGN TRE	EASURER ADDR	ESS			
			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	r ID (Ethics (Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	N	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS))	\$	9,522.40
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4. TOTAL POLITICAL EXPENDITURES		\$	8,359.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY	\$	918.26
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE	\$;	3,750.00
	wear, or affirm, under penalty of perjury, that the accompanying report is tru uired to be reported by me under Title 15, Election Code.	ie and coi	rrect and in	cludes all information
	Signature of Ca	andidate (or Officehol	der
	Please complete either option below	N:		
(1) Affidavit				
(I) Allidavit				
NOTARY STAMP/SEAL				
Sworn to and subscribed to	before me by this the		_ day of	
20, to certify w	vhich, witness my hand and seal of office.			
Signature of officer administeri	ing oath Printed name of officer administering oath		Title of offic	er administering oath
	OR		75 774	
(2) Unsworn Declaratio	n		, ,	- 0
My name is James R. He			101	77
My address is 2642 Guet			(5in code)	USA
Executed in Fayette		ary h)	(zip code) , 20 24 (year) eholder (De	(country)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME James R. Herbrich 20 Filer ID (Ethic	Commiss	sion Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	4,075.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	5,447.40
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4. SCHEDULE E: LOANS	\$	0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	8,359.27
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	эн \$	0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00

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: 5
2 FILER NAME James R. H	lerbrich		3 Filer ID (Ethics Commission Filers)
4 Date	Christina Fitzpatrick	(ID#:)	7 Amount of contribution (\$)
02/05/2024	/05/2024 6 Contributor address; City; State; Zip Code		100.00
	1800 US Hwy 77, Schulenbu	rg, TX 78956	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	sp. Derde varietier voor van de derde versche van de derde van de	(ID#:)	Amount of contribution (\$)
02/05/2024	Ryan Fitzpatrick Contributor address; City;	Market Control and a second control of the control	100.00
	1800 US Hwy 77, Schulenbur	rg, TX 78956	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
02/05/2024	Stephen Hrbacek		200.00
02/00/2021	Contributor address; City;	State; Zip Code	200.00
	218 Summit Dr, La Grange	e, TX 78945	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
02/05/2024	Gene W Oeding Contributor address; City;	State; Zip Code	200.00
	4218 Creamer Creek Rd, La Gra	•	300.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
			v

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: 5
2 FILER NAME James R. H	lerbrich	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Frank L Teykl	7 Amount of contribution (\$)
02/05/2024	6 Contributor address; City; State; Zip Code	100.00
	3100 Forest Hill East, La Grange, TX 78945	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
02/05/2024	Sandra L Rials Contributor address; City; State; Zip Code	100.00
	401 Polasek Rd, La Grange, TX 78945	
Principal occup	eation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
02/10/2024	Angela Beck Contributor address; City; State; Zip Code	250.00
	PO Box 10, La Grange, TX 78945	200.00
Principal occup	eation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
02/10/2024	Ken Bigham, Jr Contributor address; City; State; Zip Code	500.00
	717 Lyons Street, Schulenburg, TX 78956	000100
Principal occup	ation / Job title (See Instructions) Employer (See Instru	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

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: 5		
2 FILER NAME James R. H	erbrich	1	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#: Arnold Romberg		7 Amount of contribution (\$)		
02/10/2024	6 Contributor address; City; State;	Zip Code	1,000.00		
	258 S Washington St, La Grange, T	X 78945	-		
8 Principal occu	pation / Job title (See Instructions) 9 Emp	loyer (See Instruction	ons)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
02/14/2024	Neil Janacek Contributor address; City; State;	Zip Code	100.00		
	831 Loehr Rd, La Grange, TX	78945	100100		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
02/14/2024	Ed Janecka Contributor address; City; State;		250.00		
	2405 Dubina Weimar Rd, Weimar, T.	X 78962			
Principal occup	ation / Job title (See Instructions) Emp	loyer (See Instruction	ons)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)		
02/14/2024	Edward Alvarez Contributor address; City; State;	Zip Code	100.00		
	2440 Valentine Rd, La Grange, TX	78945	100.00		
Principal occup	ation / Job title (See Instructions) Emp	loyer (See Instruction	ons)		

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: 5			
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#:) Mike Whitten	7 Amount of contribution (\$)			
02/14/2024	6 Contributor address; City; State; Zip Code PO Box 331, Flatonia, TX 78941	100.00			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	vione)			
6 Frincipal occu	gation 7 300 title (See instructions)	aions)			
Date	Full name of contributor out-of-state PAC (ID#:) Debbie Taylor	Amount of contribution (\$)			
02/20/2024	Contributor address; City; State; Zip Code	200.00			
	507 S Jackson, La Grange, TX 78945				
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
02/20/2024	James Kaspar Contributor address; City; State; Zip Code	125.00			
	290 Park Meadows, Fayetteville, TX 78940	allia serviciale blender so service constituire			
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
02/20/2024	Tim Pylant Contributor address; City; State; Zip Code	100.00			
	3570 Grande Dr, La Grange, TX 78945				
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)			

SCHEDULE A1

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

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 5		
2 FILER NAME James R. H	erbrich		3 Filer ID (Ethics Commission Filers)		
4 Date	Elizabeth Duggan	C (ID#:)	7 Amount of contribution (\$)		
02/21/2024	6 Contributor address; City; PO Box 52, Bastrop, TX 7	State; Zip Code	100.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
02/22/2024	Contributor address; City; 2340 E Hwy 71, La Grange	State; Zip Code	250.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date		C (ID#:)	Amount of contribution (\$)		
02/23/2024	David Zapalac Contributor address; City; 808 Zapalac Rd, La Grange	State; Zip Code	100.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	iions)		
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 Sched	1 Total pages Schedule A2: 6		
2 FILER NAM	E		3 Filer ID (Ethics Co	3 Filer ID (Ethics Commission Filers)		
James R.	Herbrich		20 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	*************************************		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00			
5 Date	6 Full name of contributor)	8 Amount of	9 In-kind contribution		
	Doris C Hild		Contribution \$	description		
02/02/2024	7 Contributor address; City; State;	Zip Code	441.67	event expense		
	The state of the s	Zip Code		 		
	PO Box 4, La Grange, TX 78945		Check if travel outsi	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	of contributor's spou	se (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	In-kind contribution		
	Mary Gunn		Contribution \$	description		
02/02/2024			441.67	event expense		
100 00 00 00 00 00 00 00 00 00 00 00 00	Contributor address; City; State;	Zip Code	The state of the s			
	318 Rolling Hill Dr, La Grange, TX	78945	Check if travel outsi	de of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor'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)					

SCHEDULE A2

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

TI	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedu	ule A2: 6	
James R. Herbrich			3 Filer ID (Ethics Con	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00		
5 Date 02/02/2024	6 Full name of contributor out-of-state PAC (ID#:		Contribution \$	9 In-kind contribution description EVENT EXPENSE de of Texas. Complete Schedule T. ALV (See Instructions)	
	s principal occupation (FOR JUDICIAL)			DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 02/02/2024	Full name of contributor	Zip Code	Amount of Contribution \$ 1	In-kind contribution description event expense	
	3435 W State Hwy 71, La Grange, TX	78945	Check if travel outsid	le of Texas. Complete Schedule T.	
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Employer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUI	DICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

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 form	n.	1 Total pages Schedule A2:		
2 FILER NAMI			3 Filer ID (Ethics Co	ommission Filers)	
James R.	Herbrich				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00		
5 Date	6 Full name of contributor)	8 Amount of	9 In-kind contribution	
	Candace Beth Kaiser		Contribution \$	description	
02/02/2024		7:-0-1-	441.67	event expense	
02/02/2021	7 Contributor address; City; State;	Zip Code		I.	
	3100 Piney Creek, La Grange, TX 7	8945	Check if travel outs	ide of Texas. Complete Schedule T.	
10 Principal occ	upation / 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 JL	JDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (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	In-kind contribution	
Duito	Schovajsa, Mayer, Klesel, LLP		Contribution \$	description	
02/02/2024	Contributor address; City; State;	Zip Code	441.65	event expense	
	236 W Colorado St, La Grange, TX	78945	Check if travel outsi	l de of Texas. Complete Schedule T.	
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	IDICIAL) (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)				
				e d	

SCHEDULE A2

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

Th	he Instruction Guide explains how to complete this form	m.	1 Total pages Sched	ule A2: 6
² FILER NAMI James R.			3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ 0.00	
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:		8 Amount of Contribution \$	9 In-kind contribution description
02/10/2024	7 Contributor address; City; State; 317 S Penn St, Flatonia, TX 78941	Zip Code	300.00 Check if travel outsi	I EVENT EXPENSE I I de of Texas. Complete Schedule T.
10 Principal occ	cupation / 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	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (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
02/10/2024	Contributor address; City; State;	Zip Code	300.45	event expense
Principal occu	2685 Young Ln, Flatonia, TX 78 upation / Job title (FOR NON-JUDICIAL) (See Instructions)	· · · · · · · · · · · · · · · · · · ·		de of Texas. Complete Schedule T.
Fillicipal occi	apation / Job title (FOR NON-JODICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
				i.

SCHEDULE A2

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

Tł	ne Instruction Guide explains how to complete this form	Total pages Schedule A2:				
² FILER NAM James R.		3 Filer ID (Ethics Commission Filers)				
4 TOTAL O	F 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			
02/16/2024	7 Contributor address; City; State; PO Box 39, Fayetteville, TX 78940	Zip Code	1,200,00 newspaper ad			
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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)	Amount of In-kind contribution Contribution \$ description			
02/23/2024	Contributor address; City; State;	498.48 event expense				
	PO Box 39, Fayetteville, TX 789	940	Check if travel outside of Texas. Complete Schedule T.			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(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 of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

SCHEDULE A2

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

	ne Instruction Guide explains how to complete this for	1 Total pages Schedule A2: 6					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
James R.	Herbrich						
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 0.00				
5 Date	6 Full name of contributor	8 Amount of Contribution \$	9 In-kind contribution description				
02/23/2024	7 Contributor address; City; State;	Zip Code	498.47	event expense			
	PO Box 151, Fayetteville, TX 78940		Check if travel outs	I 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	utor's job title (FOR JL	JDICIAL) (See Instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (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	In-kind contribution			
			Contribution \$	description			
	Contributor address; City; State;	Zip Code		l			
				de of Texas. Complete Schedule T.			
Principal occi	upation / 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 of contributor's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

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 complete this form.					
1 Total pages Schedule F1: 5	2 FILER NAME James R. Herbrich	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name					
02/01/2024	Schulenburg Printing & Office Supplies					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
199.25	705 Upton, Schulenburg, TX 78956					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Printing expense	push cards				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense		
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office expenditure to benefit C/OH						
Date	Payee name					
02/02/2024	Fayette EEA					
Amount (\$)	Payee address;		State;	Zip Code		
150.00	255 Svoboda Lane #134, La Grange, TX 78945					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Event expense	kitchen rent				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				Office held		
Date	Payee name					
02/06/2024	Fayette County Record					
Amount (\$)	Payee address;	City;	State;	Zip Code		
1,383.75	127 S Washington St, La Grange, TX 78945					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising	newspaper				
	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 NEEDED						

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 Leaal 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)

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries/V	Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	The Instruction Guide explains how to c 2 FILER NAME James R. Herbrich	complete this form.	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Payee name					
02/06/2024 KBUK Radio, Inc.					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
493.00	PO Box 609, La Grange, TX 78945				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising	radio			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
02/10/2024	La Grange Little League				
Amount (\$)	Payee address;	City;	State; Zip Code		
700.00	480 W Colorado St, 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 Austin, TX, officeholder living			n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
02/10/2024	La Grange Little League				
Amount (\$)	Payee address;	City;	State; Zip Code		
75.00	480 W Colorado St, La Grange, TX 78945				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Donations/contributions	ticket			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, 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		

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 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)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1: 5						
4 Date 02/14/2024	5 Payee name Schulenburg Junior Livestock Show					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
1,300.00	PO Box 325, Schulenburg, TX 78956					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense	auction				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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					
02/14/2024	USPS					
Amount (\$)	Payee address;	City;	State; Zip Code			
68.00	113 E Colorado St, La Grange, TX 78945					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Office overhead	postage				
	Check if Austir	Austin, TX, officeholder living expense				
Complete ONLY if direct			Office held			
Date	Payee name					
02/15/2024	KBUK Radio, Inc.					
	ount (\$) Payee address;					
Amount (\$)	Payee address;	City;	State; Zip Code			
	Payee address; PO Box 609, La Grange, TX 78945	City;	State; Zip Code			
	[1	City; Description	State; Zip Code			
	PO Box 609, La Grange, TX 78945 Category (See Categories listed at the top of this schedule)		State; Zip Code			
1,710.00	PO Box 609, La Grange, TX 78945 Category (See Categories listed at the top of this schedule)	Description radio	State; Zip Code			
1,710.00	PO Box 609, La Grange, TX 78945 Category (See Categories listed at the top of this schedule) Advertising Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name	Description radio				

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

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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 5 James R. Herbrich 3 Filer ID (Ethics Commission						es Commission Filers)
	<u> </u>					
4 Date	5 Payee na		_			
02/19/2024 Fayette County Country Music Opry						
7 Payee address; City; State; Zip Coo						Zip Code
48.00	1051 N M	1051 N Madison, La Grange, TX 78945				
8	(a) Categor	y (See Categories listed at the top of this sch	nedule)	(b) Description		
PURPOSE	Donation	ns/contributions		tickets		
OF EXPENDITURE	75. 0.000 t (yes 100 dy 100 d 40 d 100 d 1					
	(c)	Check if travel outside of Texas. Complete Sche	dule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
02/20/2024 Anedot						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
4.30	1340 Poydras St, Ste 1770, New Orleans, LA 70112					
	Category	(See Categories listed at the top of this sche	dule)	Description		
PURPOSE	Accoun	ting/banking		fees		
OF EXPENDITURE		5		.000		
		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
02/21/2024	Anedot					
Amount (\$)	Payee address; City;		City;	State;	Zip Code	
4.30	1340 Poydras St, Ste 1770, New Orleans, LA 70112					
	Category	(See Categories listed at the top of this sched	dule)	Description		
PURPOSE OF EXPENDITURE	Account	ing/banking		fees		
	7	Check if travel outside of Texas. Complete Sched	iule T.	Check if Austin,	, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH		ite / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor

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

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a categor	y not listed above)	
1 Total pages Schedule F1: 5	2 FILER NAME James R. Herbrich	3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Payee name				
02/22/2024	Anedot				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
10.30	1342 Poydras St, Ste 1770, New Orleans, LA 70112				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Accounting/banking	fees			
4	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held	
Date	Payee name				
02/23/2024	Schulenburg Printing & Office Supplie	es			
Amount (\$)	Payee address;	City;	State;	Zip Code	
2,213.37	705 Upton, Schulenburg, TX 78956				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Advertising	mailers			
OF EXPENDITURE	9				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH					
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF					
EXPENDITURE	4				
Г		edule T. Check if Austin, TX, officeholder living expense			
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin	n, TX, officeholder living e	xpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin	D	Office held	

JAMES HERBRICH FOR FAYELLE COUNTY ALTORNEY

Campaign Report

December 11, 2023 through February 24, 2024

	Dec 11 - Feb 24	Cash	In Kind	Candidate Paid
Receipts				
Donations	28,155.00	28,155.00		
In Kind Donation	9,482.46		9,482.46	
Total Receipts	37,637.46	28,155.00	9,482.46	0.00
Expenditures				
Accounting/banking	173.98	173.98		
Advertising				
Giveaways	2,466.20	1,786.14	680.06	
Mailers	2,213.37	2,213.37		
Newspaper	5,090.00	3,890.00	1,200.00	
Radio	2,467.00	2,467.00		
Signs	14,422.56	14,262.56	160.00	
Social media	14.00	14.00		
Website	350.00		350.00	
Total Advertising	27,023.13	24,633.07	2,390.06	0.00
Donations/contributions	873.00	873.00		
Event expense	7,287.56	240.16	7,047.40	
Fees	1,250.00			1,250.00
Food/beverage expense	225.84	180.84	45.00	
Gift/Awards/Memorials Expense	2,845.51	2,845.51		
Office overhead	200.00	200.00		
Other political expenditures	300.00	300.00		
Printing expense	290.18	290.18		
Total Expenditures	40,469.20	29,736.74	9,482.46	1,250.00
Net Expenditures	2,831.74	1,581.74	0.00	1,250.00
Loan from Candidate to Campaign	3,750.00	2,500.00		1,250.00
Balance of Cash	918.26	918.26	0.00	0.00