NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

т	he Instruction Guide explains how to complete this for	·m.	1 Total pages Sched	dule A2: 5	
2 FILER NAM			3 Filer ID (Ethics Commission Filers)		
James R	. Herbrich	•	3000 000 1 00 000 000 000 00 00 00 00 00		
4 TOTAL C	DF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 0.00		
5 Date 6 Full name of contributor out-of-state PAC (ID#:) Chip Bubela 01/27/2024 7 Contributor address; City; State; Zip Code			8 Amount of Contribution \$ 380.00	9 In-kind contribution I description I event expense	
10 Division				ide of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	r (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor'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	In-kind contribution	
	Terry Guentert		Contribution \$	description	
01/27/2024	Contributor address; City; State:	Zip Code	260.00	event expense	
	2434 Vacek Loop, Schulenburg, TX		Check if travel outside	de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)			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)				
If	ATTACH ADDITIONAL COPIES OF The contributor is out-of-state PAC, please see Instruction			requirements.	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

т	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2: 5		
2 FILER NAM	1E	3 Filer ID (Ethics Commission Filers)			
James R	. Herbrich		- 1101 12 121100 00111111111111111111111		
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 0.00		
5 Date 01/27/2024	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description 380.00			
01/2//2024	7 Contributor address; City; State; 511 Black Street, Schulenburg, TX	Zip Code 78956	event expense		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	T	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)		
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	tor'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	Full name of contributor)	Amount of In-kind contribution		
	Elizabeth Fox		Contribution \$ description		
01/27/2024	Contributor address; City; State;	200.00 event expense			
	12327 CR 315, Navasota, TX 77	7868	 Check if travel outside of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	ntributor'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)				
If	ATTACH ADDITIONAL COPIES OF THe contributor is out-of-state PAC, please see Instruction				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

т	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2: 5		
2 FILER NAM			3 Filer ID (Ethics Co	ommission Filers)	
James R	. Herbrich				
4 TOTAL C	PF 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	
01/27/2024	7 Contributor address; City; State;	Zip Code	50.00	event expense	
	PO Box 150, Weimer, TX 78962	Zip Code			
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	Check if travel outsi	de of Texas. Complete Schedule T.	
10 Fillicipal occ	Supation 7 300 title (FOR NON-JUDICIAL) (See Instructions)	TI Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (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)	Amount of	In-kind contribution	
	Scotty Brossmann	Contribution \$	description		
01/27/2024	Contributor address; City; State;	50.00	event expense		
	7231 FM 957, Schulenburg, TX	Zip Code 78956	Check if travel outside of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		r (FOR NON-JUDICIA		
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	or's job title (FOR JU	DICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	e (if any) (FOR JUDICIAL)	
If contributor	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.	

NON-MONETARY (IN-KIND) POLITICAL **CONTRIBUTIONS**

SCHEDULE A2

If the requ	uested information is not applicable, DO NOT includ	de this page	in the report.	
Т	he Instruction Guide explains how to complete this for	1 Total pages Sched	dule A2: 5	
2 FILER NAM			3 Filer ID (Ethics Co	ommission Filers)
James R	. Herbrich			
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 0.00	
5 Date 01/27/2024	6 Full name of contributor out-of-state PAC (ID#: Jason Dees 7 Contributor address; City; State;	Zip Code	8 Amount of Contribution \$	9 In-kind contribution description event expense
	PO Box 208, Schulenburg, TX 7895	1000 • N. So 4000 N. N. S.	Check if travel outs	I ide of Texas. Complete Schedule T.
10 Principal occ	Cupation / Job title (FOR NON-JUDICIAL) (See Instructions)			AL)(See Instructions)
40 Cantalbutada				
12 Contributors	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
	Cole Kobza		Contribution \$	description
01/27/2024	Contributor address; City; State; Zip Code		880.00	event expense
	15910 Augustin Landing, Cypress, TX	A CONTRACTOR OF THE CONTRACTOR	Check if travel outside	de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	tor'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)			
	ATTA QUI ADDITIONAL GODIES OF T			

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

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V		Travel In District Travel Out Of Distric Other (enter a categ	ct pory not listed above)
Credit Card Payment		The Instruction Guide explain			C (5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1 Total pages Schedule F1	: 2 FILER NA				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
01/03/2024		burg Printing & Office	Suppli	es		
6 Amount (\$)	7 Payee ad			City;	State;	Zip Code
7,558.56	705 Upton	n, Schulenburg, TX 78956				
8	(a) Category	y (See Categories listed at the top of this s	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertis	sing expense		signs/giveawa	ys	
	(c)	Check if travel outside of Texas. Complete Sci	chedule T.	Check if Austir	in, TX, officeholder living] expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
Date	Payee nar	me				
01/05/2024	Fayette (County Record				
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
1,122.50	127 S Wasl	hington St, La Grange, TX 7	78945			
	Category	(See Categories listed at the top of this sci	hedule)	Description		
PURPOSE OF EXPENDITURE	Advertis	sing expense		newspaper		
	(Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee nar	me				
01/05/2024	Anedot Ir	nc				
Amount (\$)	Payee add	Iress;		City;	State;	Zip Code
0.50	1340 Poyo	dras St, Ste 1770, New	Orleans	s, LA 70112		
	Category ((See Categories listed at the top of this sch	nedule)	Description		
PURPOSE OF EXPENDITURE	Accountin	ng/banking		fees		
	С	Check if travel outside of Texas. Complete Scho	edule T.	Check if Austin,	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held
	ATT/	ACH ADDITIONAL COPIES C	F THIS S	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/Memonials 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)

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) James R. Herbrich 10 4 Date 5 Payee name 01/07/2024 O'Reilly Auto Parts 6 Amount (\$) 7 Payee address; City; State; Zip Code 34.62 249 E Travis St, La Grange, TX 78945 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising expense sign supplies OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 01/08/2024 We Stitch Amount (\$) Payee address: City; State: Zip Code 420 W Travis St, Suite 103, La Grange, TX 78945 31.39 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising expense giveaways 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 01/08/2024 Anedot Inc Amount (\$) Payee address; City; State: Zip Code 1340 Poydras St, Ste 1770, New Orleans, LA 70112 4.30 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Accounting/banking fees **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

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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Trayel In District

Contributions/Donations Made (Candidate/Officeholder/Politic		Gift/Awards/Memorials Expense Legal Services	Printing E		Travel Out (Of District	y not listed above)
Credit Card Payment		The Instruction Guide explain			Other (oritor	a catogor	, not have above,
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID	(Ethics	Commission Filers)
10	James R.	Herbrich					
4 Date	5 Payee na	ame					
01/09/2024	Fayette	County Record					
6 Amount (\$)	7 Payee ac	ldress;		City;	Sta	ate;	Zip Code
300.00	127 S Wa	shington St, La Grange, TX	78945	i			
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Other			forum sponsor			
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officehol	der living e	expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought			Office held
Date	Payee na	me					
01/09/2024	FayCo F	rinting, LLC					
Amount (\$)	Payee ad	dress;		City;	Sta	ate;	Zip Code
166.71	1350 State	Hwy 159, La Grange, TX 78	8945				
	Category	(See Categories listed at the top of this so	hedule)	Description			
PURPOSE OF EXPENDITURE	Advertis	sing expense		giveaways			
		Check if travel outside of Texas. Complete Sci	nedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		ite / Officeholder name		Office sought		C	office held
Date	Payee na	me					
01/11/2024	D&D Ace	e Hardware					
Amount (\$)	Payee add	dress;		City;	Sta	ite;	Zip Code
245.51	3611 W S	t Hwy 71, La Grange, T	X 7894	45			
	Category	See Categories listed at the top of this sch	redule)	Description			
PURPOSE OF EXPENDITURE	Gifts/awa	ards/memorials expen	se	auction item			
	C	heck if travel outside of Texas. Complete Sch	edule T.	Check if Austin,	TX, officehold	er living ex	kpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought		(Office held
	ATT	ACH ADDITIONAL COPIES C	F THIS	SCHEDULE AS NEED	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 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
Others (enters extension and listed above)

Candidate/Officenoider/Politic	cal Committee Legal Services Salaries/V	Nages/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		3 Filer ID (Ethics Commission Filers	3)
10	James R. Herbrich			
4 Date	5 Payee name			
01/11/2024	Anedot Inc			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
22.60	1340 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		
	(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/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
01/12/2024	Schulenburg Printing & Office Supplie	es		
Amount (\$)	Payee address;	City;	State; Zip Code	
5,442.82	705 Upton, Schulenburg, TX 78956			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising/printing	signs, campaig	gn cards	
	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	
Date	Payee name			
01/12/2024	Main Street, Inc.			
Amount (\$)	Payee address;	City;	State; Zip Code	
13.18	920 19th St North, Birmingham, AL 3520)3		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/banking	new checks ord	er	
	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	

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/Memonals Expense Leoal 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 (or the Passenger of Historick)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries A The Instruction Guide explains how to	Nages/Contract Labor	Other (enter a category not listed above)
		complete tins form.	
1 Total pages Schedule F1	2 FILER NAME James R. Herbrich		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
01/12/2024	Anedot Inc		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
80.30	1340 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	
	(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 H	Office sought	Office held
Date	Payee name		
01/13/2024	Anedot Inc		
Amount (\$)	Payee address;	City;	State; Zip Code
1.30	1340 Poydras St, Ste 1770, New Orleans, LA 7	0112	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Accounting/banking	fees	
	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
Date	Payee name		
01/15/2024	Anedot Inc		
Amount (\$)	Payee address;	City;	State; Zip Code
2.30	1340 Poydras St, Ste 1770, New Orleans	s, LA 70112	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Accounting/banking	fees	
	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 S	CHEDULE AS NEED	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/Opnations 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/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politi	ical Committee	Legal Services	Salaries/	Wages/Contract Labor	Other (enter a cate	gory not listed above)
Credit Card Payment		The Instruction Guide explain	s how to	complete this form.		
1 Total pages Schedule F	James R.				3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee na	me				
01/16/2024	Schulen	burg Printing & Office	Suppl	ies		
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
37.35	705 Upton	, Schulenburg, TX 78956				
8	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertis	ing expense		giveaways		
	(c)	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name		Office sought		Office held
Date	Payee nan	ne				
01/17/2024	Lukas Ba	akery				
Amount (\$)	Payee add	lress;		City;	State;	Zip Code
25.00	135 N Main	St, La Grange, TX 78945				
	Category (See Categories listed at the top of this sci	hedule)	Description		
PURPOSE OF EXPENDITURE	Food/beve	erage expense		food		
LAI LIIDII GILL	С	heck if travel outside of Texas. Complete Sch	nedule T.	Check if Austin.	, TX, officeholder living	1 expense
Complete ONLY if direct expenditure to benefit C/OF		e / Officeholder name		Office sought		Office held
Date	Payee nan	ne				
01/18/2024	Lukas Ba	kery				
Amount (\$)	Payee add	ress;		City;	State;	Zip Code
100.00	135 N Mair	n St, La Grange, TX 78	3945			
	Category (S	See Categories listed at the top of this sch	edule)	Description		
PURPOSE OF EXPENDITURE	Food/bev	erage expense		food		
	Ch	eck if travel outside of Texas. Complete Sche	edule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
	ATTA	CH ADDITIONAL COPIES O	F THIS S	SCHEDULE AS NEED	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 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 categor

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1	2 FILER NAME James R. Herbrich		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
01/18/2024	A&E Signs and Graphics		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1,948.50	1030 W Goforth Rd, Buda, TX 78610		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising expense	signs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
01/19/2024	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
14.00	1 Hacker Way, Menlo Park, CA 94025		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising expense	social media	
	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		
01/19/2024	HEB Food-Drugs		
Amount (\$)	Payee address;	City;	State; Zip Code
90.16	450 E Travis St, La Grange, TX 78945		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event expense	supplies	
	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 S	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politic		Wages/Contract Labor	Other (enter a category not listed above)
4 7	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1	2 FILER NAME James R. Herbrich		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
01/20/2024	Walmart		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
55.84	1915 W 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	beverages	
	(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/O	Office held		
Date	Payee name		
01/23/2024	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 expense	newspaper	
	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
Date	Payee name		
01/23/2024	We Stitch		
Amount (\$)	Payee address;	City;	State; Zip Code
811.88	420 W Travis St, Suite 103, La Grange,	TX 78945	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising expense	giveaways	
	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 NEED	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/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politi		Legal Services		Expense Wages/Contract Labor	Travel Out Of Dis Other (enter a cal	strict legory not listed above)
Credit Card Payment		The Instruction Guide e	xplains how to	complete this form.		
1 Total pages Schedule F	: 2 FILER N	AME			3 Filer ID (Et	hics Commission Filers)
10	James R.	Herbrich				
4 Date	5 Payee na					
01/23/2024	Anedot	nc				
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
10.30	1340 Poyo	Iras St, Ste 1770, Nev	v Orleans, LA	A 70112		
8	(a) Category	(See Categories listed at the top	of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accountii	ng/banking		fees		
	(c)	Check if travel outside of Texas. Com	plete Schedule T.	Check if Au	ustin, TX, officeholder liv	ring expense
9 Complete ONLY if direct expenditure to benefit C/O		ite / Officeholder name		Office sought		Office held
Date	Payee nar	ne				
01/27/2024	Go Texa	n Show Fund				
Amount (\$)	Payee add	Iress;		City;	State;	Zip Code
600.00	PO Box 120	76, Austin, TX 78711				
	Category	See Categories listed at the top of	this schedule)	Description		The second secon
PURPOSE OF EXPENDITURE	Gifts/aw	ards/memorials ex	kpense	auction item		
	c	heck if travel outside of Texas. Comp	lete Schedule T.	Check if Aus	stin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OF		e / Officeholder name		Office sought		Office held
Date	Payee nan	ne				
01/28/2024	Anedot In	С				
Amount (\$)	Payee add	ress;	***************************************	City;	State;	Zip Code
20.30	1340 Poyd	ras St, Ste 1770, N	ew Orleans	s, LA 70112		
	Category (8	See Categories listed at the top of t	his schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting	/banking		fees		*
	Ch	eck if travel outside of Texas. Comple	ete Schedule T.	Check if Aust	tin, TX. officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate	e / Officeholder name		Office sought		Office held
	ATTA	CH ADDITIONAL COPI	ES OF THIS S	SCHEDULE AS NE	EDED	

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services SalariesA	Nages/Contract Labor	Other (enter a category not listed above)
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME James R. Herbrich		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	·	
01/29/2024	KBUK Radio, Inc.		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
264.00	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 expense	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/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/30/2024	Texas Womens League		
Amount (\$)	Payee address;	City;	State; Zip Code
300.00	159 Fannin St, La Grange, TX 78945		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contributions/donations	donation	
	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
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,	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			