# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	Ms / MRS / MR FIRST  Mr Blake	мі <b>N</b>	OFFICE USE ONLY		
NAME	NICKNAME LAST <b>Liedka</b>	SUFFIX	Date Received  DECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #: 622 Littlehorn Ln Stockdale Te.	city; state; zip code xas 78160	BY: R Labus		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (830 ) 270-7109	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$		
6 CAMPAIGN TREASURER NAME	Ms / MRS / MR FIRST  Mrs. Stephanie	мі R	Date Processed		
	NICKNAME LAST Liedka	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S 622 Littlehorn Ln Stockdale Te		STATE; ZIP CODE		
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	(210 ) 388-1011	EXTENSION			
9 REPORT TYPE	January 15 30th day before d	Exceeded Medified	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year  1 / 16 / 24	THROUGH 2	Day Year  / 5 / 24		
11 ELECTION	BLECTION DATE  Month Day Year  3 / 5 / 24 General	Description			
12 OFFICE	OFFICE HELD (if any)	Constable Pct 3			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  COMMITTEE TYPE   COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TE	REASURER ADDRESS			
	GO TO	PAGE 2			

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

3, 11011 , 1101					
15 C/OH NAME Blake Liedka			16 Filer	ID (Ethics C	commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA     PLEDGES, LOANS, OR GUARA     CONTRIBUTIONS MADE ELECT		1	\$	
		FAL POLITICAL CONTRIBUTIONS HER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.		\$	963.43
	4. TOTAL POLITICAL EXPENDI	TURES		\$	963.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	IONS MAINTAINED AS OF THE LA	ST DAY	\$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS O	FTHE	\$	1,136.60
1	swear, or affirm, under penalty of perjury, the quired to be reported by me under Title 15, E		e and co	orrect and inc	cludes all information
				2	
		Signature of Ca	andidate	or Officehol	der
	Plassa comp	lete either option belov	A/*		
	Flease Comp	lete either option belov			
(1) Affidavit					
NOTARY STAMP/SEA	AL				
Sworn to and subscriber	before me by	this the		day of	
	y which, witness my hand and seal of office.				
, to certify	, miles, miles my hand and source office.				
Signature of officer administ	ering oath Printed name of offi	cer administering oath		Title of offic	er administering oath
(A. 12. A. 12. A		OR			
(2) Unsworn Declarat	ion				
My name is Blake Lie	edka	, and my date of birth is	s 03/27	7/1966	
My address is 622 Litt		Stockdale	Χ ,	78160	USA
, addi 000 10	(street)		(state)	(zip code)	(country)
Executed in Wilson	County, State of Texas	_ , on the 2day of Feb		, 2024	<u></u>
		(mon	(II)	(year)	
		Signature of Cand	idate/Offic	ceholder (De	eclarant)
1		•			

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19	FILER NAME 20	20 Filer ID (Ethics Commission Filers)		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			BTOTAL MOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE E: LOANS		\$	
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS	\$	963.43
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

### 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 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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	2 (2.10/ 4 341091	,,
1 Total pages Schedule F1:	2 FILER NAME Blake Liedka		3 Filer ID (Ethics	s Commission Filers)
4 Date 01/10/2024	5 Payee name Next Level s\Signs			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
920.13	1612 W Oaklawn Pleasanton Tx 78064			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Campaign Sig	ins	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  Blake Liedka	Office sought  Constable Pct 3	3	Office held
Date	Payee name			
01/18/2024	Office Depot			
Amount (\$)	Payee address;	City;	State;	Zip Code
43.30	IH 35 N Windcrest Texas 78233			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Business Card	ds	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	