

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1										
The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filer)		2 Total pages filed:										
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. FIRST Kerr MI M NICKNAME LAST Wardlaw SUFFIX			OFFICE USE ONLY FILE Date Received VAL VERDE COUNTY CLERK TERESA ESTHER CHAPOY MEGA FEB 26 2024 PM 03:43										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Del Rio, TX, 78840													
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (830) 703-0792			Date Hand-delivered or Date Postmarked Receipt # Amount \$										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. FIRST Kerr MI M NICKNAME LAST Wardlaw SUFFIX			Date Processed Date Imaged										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Del Rio TX, 78840													
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (830) 703-0792													
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☒ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)													
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 26 / 2024 THROUGH 02 / 24 / 2024													
11 ELECTION	ELECTION DATE Month Day Year 03 / 05 / 24 ELECTION TYPE ☒ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special													
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) County Commissioner Precinct 1											
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	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. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">COMMITTEE TYPE</th> <th style="width: 40%;">COMMITTEE NAME</th> <th style="width: 40%;">COMMITTEE ADDRESS</th> </tr> </thead> <tbody> <tr> <td>☐ GENERAL</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> <td></td> </tr> <tr> <td>☐ SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> <td></td> </tr> </tbody> </table>					COMMITTEE TYPE	COMMITTEE NAME	COMMITTEE ADDRESS	☐ GENERAL	COMMITTEE CAMPAIGN TREASURER NAME		☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS	
COMMITTEE TYPE	COMMITTEE NAME	COMMITTEE ADDRESS												
☐ GENERAL	COMMITTEE CAMPAIGN TREASURER NAME													
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS													

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Kerr Wardlaw</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$2,200. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$2,200. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$0.00
	4. TOTAL POLITICAL EXPENDITURES	\$1,253. ⁹⁵ / ₁₀₀
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$1,313. ⁶⁸
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$3,454.63

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kerr M. Wardlaw
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

(2) Unsworn Declaration

My name is Kerr Wardlaw, and my date of birth is 03-12-77.
My address is _____, Del Rio, TX, 78840, U.S.
(city) (state) (zip code) (country)
Executed in Val Verde County, State of Texas, on the 26 day of February, 2024.
(month) (year)
Kerr M. Wardlaw
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Kerr Wardlaw***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$2,200.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE E: LOANS	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$1,253.95
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>1</u>
2 FILER NAME <u>Kerr Wardlaw</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>01/30/24</u>	5 Full name of contributor ☐ out-of-state PAC (ID#: <u>Martin + Elaine Wardlaw</u> 6 Contributor address; City; State; Zip Code <u>Rio, TX. 78840</u>	7 Amount of contribution (\$) <u>\$2,000.⁰⁰</u>
8 Principal occupation / Job title (See Instructions) <u>Rancher</u>		9 Employer (See Instructions) <u>Self employee</u>
Date <u>02/13/24</u>	Full name of contributor ☐ out-of-state PAC (ID#: <u>Georgia Phyllis Baker</u> Contributor address; City; State; Zip Code <u>Del Rio, TX. 78840</u>	Amount of contribution (\$) <u>\$100⁰⁰</u>
Principal occupation / Job title (See Instructions) <u>Librarian</u>		Employer (See Instructions) <u>Retired</u>
Date <u>02/13/24</u>	Full name of contributor ☐ out-of-state PAC (ID#: <u>Perry Michael Baker</u> Contributor address; City; State; Zip Code <u>Del Rio, TX. 78840</u>	Amount of contribution (\$) <u>\$100⁰⁰</u>
Principal occupation / Job title (See Instructions) <u>Rancher</u>		Employer (See Instructions) <u>Self employed</u>
Date	Full name of contributor ☐ out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
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)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Kerr Wardlaw		3 Filer ID (Ethics Commission Filers)	
4 Date 01/30/24		5 Payee name Deluxe check			
6 Amount (\$) \$28.95		7 Payee address; City; State; Zip Code Minneapolis MN 55402			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Checks		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Kerr Wardlaw Commissioner Precinct 1 n/a					
Date 01/31/24		Payee name Rodney Lee Martinez			
Amount (\$) \$475.00		Payee address; City; State; Zip Code Del Rio TX. 78840			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Literature		
	☐ 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 Kerr Wardlaw, County Commissioner Pct. 1, n/a					
Date 01/31/24		Payee name Texas Times			
Amount (\$) \$375.00		Payee address; City; State; Zip Code Del Rio TX. 78840			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisizing Expense		Description Newspaper Advertizement		
	☐ 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 Kerr Wardlaw, County Commissioner Pct. 1 n/a					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Kerr Wardlaw		3 Filer ID (Ethics Commission Filers)
4 Date 02/16/24	5 Payee name Texas Times		
6 Amount (\$) \$375.00	7 Payee address; City; State; Zip Code 21 Rio TX, 78840		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisizing Expense		(b) Description Newspaper Advertizing
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Kerr Wardlaw, County Commissioner Pct. 1 Office sought: n/a Office held: n/a			
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:			
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:			
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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **10**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr.

Kerr

M

Wardlaw

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS (PO BOX)

APT. SUITE #

CITY

STATE

ZIP CODE

☐ Change of Address

Del Rio, TX. 78840

FILE

VAL VERDE COUNTY CLERK

TERESA ESTHER CHAPOY

MEA

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(830)

703-0792

JAN 19 2024 AM 10:08

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr.

Kerr

M

Wardlaw

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #

CITY

STATE

ZIP CODE

(Residence or Business)

Del Rio

TX

78840

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(830)

703-0792

9 REPORT TYPE

☒ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 5th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

11 / 13 / 2023

THROUGH

Month

Day

Year

01 / 15 / 2024

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 05 / 2024

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

County Commissioner Pct. 1

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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Kerr Wardlaw

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$3,200.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$3,200.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$0.00

4. TOTAL POLITICAL EXPENDITURES

\$6,287.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$367.63

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$3,454.63

18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information
required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder.

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Kerr Wardlaw, and my date of birth is March 12, 1977

My address is Del Rio, TX, 78840, Val Verde

(city)

(state)

(zip code)

(country)

Executed in Val Verde County, State of Texas, on the 19 day of January, 2024.

Kerr Wardlaw

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

Kerr Wardlaw

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>3,200.00</i>
2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. ☒ SCHEDULE E: LOANS	\$ <i>3454.63</i>
5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3,022.00</i>
6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. ☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>100.00</i>
9. ☒ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>3,165.00</i>
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>1</u>
2 FILER NAME <u>Kerr Wardlaw</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>12/26/23</u>	5 Full name of contributor ☐ out-of-state PAC (ID#: <u>Martin Wardlaw + Elaine Wardlaw</u> 6 Contributor address; City; State; Zip Code <u>Del Rio, TX. 78840</u>	7 Amount of contribution (\$) <u>\$3,000.00</u>
8 Principal occupation / Job title (See Instructions) <u>Rancher</u>		9 Employer (See Instructions) <u>Self Employed</u>
Date <u>01/13/24</u>	Full name of contributor ☐ out-of-state PAC (ID#: <u>Brad Bradley</u> Contributor address; City; State; Zip Code <u>Del Rio TX. 78840</u>	Amount of contribution (\$) <u>\$200.00</u>
Principal occupation / Job title (See Instructions) <u>Rancher</u>		Employer (See Instructions) <u>Self Employed</u>
Date	Full name of contributor ☐ out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

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 E: 1
2 FILER NAME Kerr Wardlaw		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$3,454.63
5 Date of loan 11-30-23	7 Name of lender ☐ out-of-state PAC (ID#: Kerr Wardlaw	9 Loan Amount (\$) 1,777.31
6 Is lender a financial institution? Y ☒ N	8 Lender address; City; State; Zip Code 1 Rio TX. 78840	10 Interest rate 0%
		11 Maturity date 12-01-24
12 Principal occupation / Job title (See Instructions) Manager + Rancher		13 Employer (See Instructions) Val Verde Wool + Mohair
14 Description of Collateral ☒ none		15 ☒ Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION ☒ not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 12-15-24	Name of lender ☐ out-of-state PAC (ID#: Kerr Wardlaw	Loan Amount (\$) 1,677.32
Is lender a financial institution? Y ☒ N	Lender address; City; State; Zip Code Rio TX 78840	Interest rate 0%
		Maturity date 12-01-24
Principal occupation / Job title (See Instructions) Manager + Rancher		Employer (See Instructions) Val Verde Wool + Mohair
Description of Collateral ☒ none		☒ Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION ☒ not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 2		2 FILER NAME Kerr Wardlaw		3 Filer ID (Ethics Commission Filers)	
4 Date 12-04-23		5 Payee name Texas Times, Javier Martinez			
6 Amount (\$) \$325		7 Payee address; Del Rio, TX. 78840		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Newspaper Ad		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Kerr Wardlaw, County Commissioner Pct. 1, Office sought n/a Office held n/a					
Date 12-06-23		Payee name Rodney Lee Martinez			
Amount (\$) \$475		Payee address; Del Rio TX 78840		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Literature		
	☐ 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 Kerr Wardlaw, County Commissioner Pct. 1, Office sought n/a Office held n/a					
Date 12-11-23		Payee name Rodney Lee Martinez			
Amount (\$) \$900		Payee address; Del Rio TX. 78840		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Truck Magnets, 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 Kerr Wardlaw, County Commissioner Pct. 1, Office sought n/a Office held n/a					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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 of 2		2 FILER NAME Kerr Wardlaw		3 Filer ID (Ethics Commission Filers)	
4 Date 12-20-23		5 Payee name Rodney Lee Martinez			
6 Amount (\$) \$1,125		7 Payee address; Del Rio TX. 78840		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Signs		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Kerr Wardlaw, County Commissioner Ret. 1, Office sought n/a Office held n/a					
Date 01-10-24		Payee name Rodney Lee Martinez			
Amount (\$) \$197		Payee address; Del Rio, TX. 78840		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Signs		
	☐ 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 <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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1		2 FILER NAME Kerr Wardlaw		3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$100.00				
5 Date 01-13-24		6 Payee name Texas Democratic Party						
7 Amount (\$) \$100		8 Payee address; City; State; Zip Code Online payment						
9 TYPE OF EXPENDITURE		☒ Political ☐ Non-Political						
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Polling Expense		(b) Description Voter list				
		(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense						
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td>Candidate / Officeholder name Kerr Wardlaw, County Commissioner Pct. 1</td> <td>Office sought n/a</td> <td>Office held n/a</td> </tr> </table>						Candidate / Officeholder name Kerr Wardlaw, County Commissioner Pct. 1	Office sought n/a	Office held n/a
Candidate / Officeholder name Kerr Wardlaw, County Commissioner Pct. 1	Office sought n/a	Office held n/a						
Date		Payee name						
Amount (\$)		Payee address; City; State; Zip Code						
TYPE OF EXPENDITURE		☐ Political ☐ Non-Political						
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/OH <table border="0" style="width:100%"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Kerr Wardlaw	3 Filer ID (Ethics Commission Filers)
4 Date 12-22-23	5 Payee name Rodney Lee Martinez	
6 Amount (\$) ☒ Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code Del Rio TX. 78840	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signs
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Kerr Wardlaw, County Commissioner Pct. 1, n/a		
Date 12-29-23	Payee name Rodney Lee Martinez	
Amount (\$) ☒ Reimbursement from political contributions intended	Payee address; City: State: Zip Code Del Rio, TX. 78840	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs
	☐ 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 Kerr Wardlaw, County Commissioner Pct. 1, n/a		
Date 01-05-24	Payee name Rodney Lee Martinez	
Amount (\$) ☒ Reimbursement from political contributions intended	Payee address; City: State: Zip Code Del Rio, TX. 78840	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Parade
	☐ 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 Kerr Wardlaw, County Commissioner Pct. 1, n/a		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Kerr Wardlaw	3 Filer ID (Ethics Commission Filers)
4 Date 01-05-24	5 Payee name Rodney Lee Martinez	
6 Amount (\$) ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Del Rio, TX. 78840	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisizing Expense	(b) Description Parade
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name County Office sought Commissioner Pet. 1 Office held n/a	
Date 01-03-24	Payee name Rodney Lee Martinez	
Amount (\$) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code Del Rio TX. 78840	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Literature
	☐ 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 Kerr Wardlaw, County Commissioner Pet. 1 Office sought n/a Office held n/a	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
☐ Reimbursement from political contributions intended		
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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / ☒ MR FIRST MI Kerr M NICKNAME LAST SUFFIX Wardlaw	OFFICE USE ONLY Date Received FILE VAL VERDE COUNTY CLERK TERESA ESTHER CHAPOY MAY 20 2024 PM 04:13	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 261 Rd, TX. 78840		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (830) 703-0792		
6 CAMPAIGN TREASURER NAME	MS / MRS / ☒ MR FIRST MI Kerr M NICKNAME LAST SUFFIX Wardlaw	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Del Rio TX. 78840		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (830) 703-0792		
9 REPORT TYPE	☐ January 15 ☐ July 15 ☐ 30th day before election ☐ 8th day before election ☒ Runoff ☐ Exceeded Modified Reporting Limit ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 02/25/24 THROUGH 05/18/24		
11 ELECTION	ELECTION DATE Month Day Year 05/28/24 ☐ Primary ☐ General ☒ Runoff ☐ Special ☐ Other Description		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) County Commissioner Pet.1	
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	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 ☐ GENERAL ☐ SPECIFIC		COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$2,550.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE E: LOANS	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$4,653.00
6.	☒ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$1,250.00
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>1</u>
2 FILER NAME <u>Kerr Wardlaw</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/5/24</u>	5 Full name of contributor ☐ out-of-state PAC (ID#: <u>Martin + Elaine Wardlaw</u> 6 Contributor address; City; State; Zip Code <u>261 Rto, TX. 78840</u>	7 Amount of contribution (\$) <u>\$2,000 $\frac{00}{100}$</u>
8 Principal occupation / Job title (See Instructions) <u>Rancher</u>		9 Employer (See Instructions) <u>Self</u>
Date <u>3/14/24</u>	Full name of contributor ☐ out-of-state PAC (ID#: <u>Mary Lee Hodge Keller</u> Contributor address; City; State; Zip Code <u>Ke Hills, TX. 78746</u>	Amount of contribution (\$) <u>\$300 $\frac{00}{100}$</u>
Principal occupation / Job title (See Instructions) <u>Rancher</u>		Employer (See Instructions) <u>Self</u>
Date <u>3/14/24</u>	Full name of contributor ☐ out-of-state PAC (ID#: <u>Hadley Wardlaw</u> Contributor address; City; State; Zip Code <u>ackettville, TX. 78832</u>	Amount of contribution (\$) <u>\$150 $\frac{00}{100}$</u>
Principal occupation / Job title (See Instructions) <u>Rancher</u>		Employer (See Instructions) <u>Self</u>
Date <u>3/14/24</u>	Full name of contributor ☐ out-of-state PAC (ID#: <u>Cindy Whitehead</u> Contributor address; City; State; Zip Code <u>in Angelo, TX. 76906</u>	Amount of contribution (\$) <u>\$100 $\frac{00}{100}$</u>
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions) <u>n/a</u>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 3	2 FILER NAME Kerr Wardlaw	3 Filer ID (Ethics Commission Filers)
4 Date 02/26/24	5 Payee name Rodney Lee Martinez	
6 Amount (\$) \$360⁰⁰	7 Payee address: City: State: Zip Code d, Del Rio TX. 78840	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Signs Printing Expense	(b) Description Signs
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Kerr Wardlaw, County Commissioner Pct. 1 n/a	
Date 02/26/24	Payee name Rodney Lee Martinez	
Amount (\$) \$133⁰⁰	Payee address: City: State: Zip Code Del Rio TX. 78840	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisizing Expense	Description Radio ads
	☐ 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 Kerr Wardlaw, County Commissioner Pct. 1 n/a	
Date 3/5/24	Payee name Texas Times	
Amount (\$) \$225⁰⁰	Payee address: City: State: Zip Code Del Rio TX. 78840	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisizing Expense	Description 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 Kerr Wardlaw, County Commissioner Pct. 1 n/a	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1: 2 of 3	2. FILER NAME Kerr Wardlaw	3. Filer ID (Ethics Commission Filers)
4. Date 3/6/24	5. Payee name Rodney Lee Martinez	
6. Amount (\$) \$1,900	7. Payee address, City, State, Zip Code El Rio TX. 78840	
8. PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Parade
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Kerr Wardlaw, County Commissioner Pet. 1 Office sought: n/a Office held: n/a		
Date 3/8/24	Payee name Rodney Lee Martinez	
Amount (\$) \$475.00	Payee address, City, State, Zip Code El Rio, TX. 78840	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Printing
	☐ 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: Kerr Wardlaw, County Commissioner Pet. 1 Office sought: n/a Office held: n/a		
Date 3/15/24	Payee name Rodney Lee Martinez	
Amount (\$) \$702.00	Payee address, City, State, Zip Code El Rio, TX. 78840	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Printing
	☐ 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: Kerr Wardlaw, County Commissioner Pet. 1 Office sought: n/a Office held: n/a		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 3	2 FILER NAME Kerr Wardlaw	3 Filer ID (Ethics Commission Filers)
4 Date 4/12/24	5 Payee name Rodney Lee Martinez	
6 Amount (\$) \$225.00	7 Payee address, City, State, Zip Code 1 R10, TX. 78840	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Printing
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Kerr Wardlaw, County Commissioner Pet 1 Office sought: n/a Office held: n/a		
Date 5/14/24	Payee name Texas Times	
Amount (\$) \$225.00	Payee address, City, State, Zip Code 101 R10, TX. 78840	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 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: Kerr Wardlaw, County Commissioner Pet. 1 Office sought: n/a Office held: n/a		
Date 5/17/24	Payee name Rodney Lee Martinez	
Amount (\$) \$408	Payee address, City, State, Zip Code 101 R10 TX. 78840	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Printing
	☐ 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: Kerr Wardlaw, County Commissioner Pet 1 Office sought: n/a Office held: n/a		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME Kerr Wardlaw	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$1,250

5 Date 02-27-24	6 Payee name Joel Inc.		
7 Amount (\$) \$1,250.00	8 Payee address;	City;	State; Zip Code
		Del Rio TX.	78840

9 TYPE OF EXPENDITURE	☒ Political	☐ Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Newspaper
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Kerr Wardlaw, County Commissioner Pet. 1		n/a

Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code

TYPE OF EXPENDITURE	☐ Political	☐ Non-Political
---------------------	------------------------------------	--

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/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Kerr Wardlaw</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. 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)	\$2,550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$4,653.00
	4. TOTAL POLITICAL EXPENDITURES	\$4,653.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$435.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kerr M Wardlaw

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

(2) Unsworn Declaration

My name is Kerr Wardlaw, and my date of birth is 03-12-77.

My address is _____, Del Rio, TX, 78840, US.

(city) (state) (zip code) (country)

Executed in Val Verde County, State of Texas, on the 20 day of May, 2024.

(month) (year)

Kerr M Wardlaw

Signature of Candidate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filer)	2 Total pages filed: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Kerr	MI M
	NICKNAME	LAST Wardlaw	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		OFFICE USE ONLY Date Received FILED RM
☐ Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (830)	PHONE NUMBER 703-0792	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Kerr	MI M
	NICKNAME	LAST Wardlaw	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		2024 JUL 11 P 3:51 Receipt # Amount \$ Date Processed Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE (830)	PHONE NUMBER 703-0792	EXTENSION
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☒ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 2024 06 / 30 / 2024		
11 ELECTION	ELECTION DATE Month Day Year 11 / 05 / 24		ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Val Verde County County Commissioner Pct. 1	
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	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	
	☐ GENERAL	COMMITTEE ADDRESS	
	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Kerr Wardlaw</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$5,850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$8,478.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$1,110.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$2,275.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration

My name is Kerr Wardlaw, and my date of birth is March 12, 1977
 My address is, Del Rio, TX 78840 Val Verde
 (street) (city) (state) (zip code) (country)
 Executed in Val Verde County, State of TEXAS, on the 11 day of July, 20 24.
 (month) (year)
Kerr Wardlaw
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Kerr Wardlaw</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$5,850.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE E: LOANS	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$6,103.95
6.	☒ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$1,250.00
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$100.00
9.	☒ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$2,275
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>3</u>
2 FILER NAME <u>Kerr Wardlaw</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>01/13/24</u>	5 Full name of contributor ☐ out-of-state PAC (ID#: <u>Brad Bradley</u> 6 Contributor address: City: State: Zip Code	7 Amount of contribution (\$) <u>\$200.⁰⁰/₁₀₀</u>
8 Principal occupation / Job title (See Instructions) <u>Rancher</u>		9 Employer (See Instructions) <u>self-employed</u>
Date <u>01/30/24</u>	Full name of contributor ☐ out-of-state PAC (ID#: <u>Martin + Elaine Wardlaw</u> Contributor address: City: State: Zip Code	Amount of contribution (\$) <u>\$2,000.⁰⁰/₁₀₀</u>
Principal occupation / Job title (See Instructions) <u>Rancher</u>		Employer (See Instructions) <u>self-employed</u>
Date <u>02/13/14</u>	Full name of contributor ☐ out-of-state PAC (ID#: <u>Georgia Phyllis Baker</u> Contributor address: City: State: Zip Code	Amount of contribution (\$) <u>\$100.⁰⁰/₁₀₀</u>
Principal occupation / Job title (See Instructions) <u>Librarian</u>		Employer (See Instructions) <u>Retired</u>
Date <u>02/13/14</u>	Full name of contributor ☐ out-of-state PAC (ID#: <u>Perry Michael Baker</u> Contributor address: City: State: Zip Code	Amount of contribution (\$) <u>\$100.⁰⁰/₁₀₀</u>
Principal occupation / Job title (See Instructions) <u>Rancher</u>		Employer (See Instructions) <u>self-employed</u>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Kerr Wardlaw		3. Filer ID (Ethics Commission Filers)
4 Date 3/5/24	5 Full name of contributor ☐ out-of-state PAC (ID#: Martin + Elaine Wardlaw 6 Contributor address: City: State: Zip Code	7 Amount of contribution (\$) \$2,000.⁰⁰/₁₀₀
8 Principal occupation / Job title (See Instructions) Rancher		9 Employer (See Instructions) Self-employed
Date 3/14/24	Full name of contributor ☐ out-of-state PAC (ID#: Mary Lee Hodge Keller Contributor address: City: State: Zip Code 1	Amount of contribution (\$) \$300.⁰⁰/₁₀₀
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self-employed
Date 3/14/24	Full name of contributor ☐ out-of-state PAC (ID#: Hadley Wardlaw Contributor address: City: State: Zip Code	Amount of contribution (\$) \$150.⁰⁰/₁₀₀
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self-employed
Date 3/14/24	Full name of contributor ☐ out-of-state PAC (ID#: Cindy Whitehead Contributor address: City: State: Zip Code	Amount of contribution (\$) \$100.⁰⁰/₁₀₀
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Kerr Wardlaw		3 Filer ID (Ethics Commission Filers)
4 Date 05/23/24	5 Full name of contributor ☐ out-of-state PAC (ID#: Stephen Wilson 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$400⁰⁰/_{1.00}
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) n/a
Date 06/03/24	Full name of contributor ☐ out-of-state PAC (ID#: Tom Jennings Contributor address; City; State; Zip Code	Amount of contribution (\$) \$500⁰⁰/_{1.00}
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self-employed
Date	Full name of contributor ☐ out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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.

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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: 5		2 FILER NAME Kerr Wardlaw		3 Filer ID (Ethics Commission Filers)	
4 Date 01-10-24		5 Payee name Rodney Lee Martinez			
6 Amount (\$) \$197.⁰⁰/₁₀₀		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Printing Signs		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Kerr Wardlaw County Commissioner Pct. 1					
Date 1-30-24		Payee name Deluxe Check			
Amount (\$) \$28.95		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Checks		
	☐ 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 Kerr Wardlaw County Commissioner Pct. 1					
Date 1-31-24		Payee name Rodney Lee Martinez			
Amount (\$) \$475.⁰⁰/₁₀₀		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Literature		
	☐ 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 Kerr Wardlaw County Commissioner Pct. 1					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Kerr Wardlaw	3 Filer ID (Ethics Commission Filers)
4 Date 01-31-24	5 Payee name Texas Times	
6 Amount (\$) \$375.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Newspaper Advertisement
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Kerr Wardlaw, County Commissioner Pct. 1	
Date 02-16-24	Payee name Texas Times	
Amount (\$) \$375.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Newspaper Advertising
	☐ 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 Kerr Wardlaw, County Commissioner Pct. 1	
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	
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	
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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Kerr Wardlaw	3 Filer ID (Ethics Commission Filers)
4 Date 02/26/24	5 Payee name Rodney Lee Martinez	
6 Amount (\$) \$360⁰⁰	7 Payee address: _____ City: _____ State: _____ Zip Code: _____	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Signs Printing Expense	(b) Description Signs
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Kerr Wardlaw, County Commissioner Pet. 1 Office sought n/a Office held n/a		
Date 02/26/24	Payee name Rodney Lee Martinez	
Amount (\$) \$133⁰⁰	Payee address: _____ City: _____ State: _____ Zip Code: _____	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Radio ads
	☐ 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 Kerr Wardlaw, County Commissioner Pet. 1 Office sought n/a Office held n/a		
Date 3/5/24	Payee name Texas Times	
Amount (\$) \$225⁰⁰	Payee address: _____ City: _____ State: _____ Zip Code: _____	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 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 Kerr Wardlaw, County Commissioner Pet. 1 Office sought n/a Office held n/a		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Kerr Wardlaw	3 Filer ID (Ethics Commission Filers)
4 Date 3/6/24	5 Payee name Rodney Lee Martinez	
6 Amount (\$) \$1,900	7 Payee address, City, State, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Parade
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Kerr Wardlaw, County Commissioner Pct. 1 Office sought: n/a Office held: n/a		
Date 3/8/24	Payee name Rodney Lee Martinez	
Amount (\$) \$475.00	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Printing
	☐ 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: Kerr Wardlaw, County Commissioner Pct. 1 Office sought: n/a Office held: n/a		
Date 3/15/24	Payee name Rodney Lee Martinez	
Amount (\$) \$702.00	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Printing
	☐ 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: Kerr Wardlaw, County Commissioner Pct. 1 Office sought: n/a Office held: n/a		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Kerr Wardlaw	3 Filer ID (Ethics Commission Filers)
4 Date 4/12/24	5 Payee name Rodney Lee Martinez	
6 Amount (\$) \$225.00	7 Payee address: _____ City: _____ State: _____ Zip Code: _____	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Printing
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Kerr Wardlaw, County Commissioner Pct 1 Office sought: n/a Office held: n/a		
Date 5/14/24	Payee name Texas Times	
Amount (\$) \$225.00	Payee address: _____ City: _____ State: _____ Zip Code: _____	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 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: Kerr Wardlaw, County Commissioner Pct. 1 Office sought: n/a Office held: n/a		
Date 5/17/24	Payee name Rodney Lee Martinez	
Amount (\$) \$408	Payee address: _____ City: _____ State: _____ Zip Code: _____	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Printing
	☐ 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: Kerr Wardlaw, County Commissioner Pct 1 Office sought: n/a Office held: n/a		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME Kerr Wardlaw	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$1,250
5 Date 02-27-24	6 Payee name Joel Inc.	
7 Amount (\$) \$1,250.00	8 Payee address;	City; State; Zip Code
9 TYPE OF EXPENDITURE	☒ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Newspaper
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Kerr Wardlaw, County Commissioner Pct. 1 Office sought: n/a Office held: n/a		
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1		2 FILER NAME Kerr Wardlaw		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$100.00	
5 Date 01-13-24		6 Payee name Texas Democratic Party			
7 Amount (\$) \$100		8 Payee address; City; State; Zip Code Online payment			
9 TYPE OF EXPENDITURE		☒ Political ☐ Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Polling Expense		(b) Description Voter list	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense.			
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Kerr Wardlaw, County Commissioner Pct. 1		Office sought. Office held n/a	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
TYPE OF EXPENDITURE		☐ Political ☐ Non-Political			
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					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule G: 1	2. FILER NAME Kerr Wardlaw	3. Filer ID (Ethics Commission Filers)
4. Date 01-03-24	5. Payee name Rodney Lee Martinez	
6. Amount (\$) \$475.00 ☒ Reimbursement from political contributions intended	7. Payee address; City; State; Zip Code	
8. PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Literature
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Kerr Wardlaw, County Commissioner Pct. 1 Office sought: Office held: 		
Date 01-05-24	Payee name Rodney Lee Martinez	
Amount (\$) \$800.00 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Parade
	☐ 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: Kerr Wardlaw, County Commissioner Pct. 1 Office sought: Office held: 		
Date 01-05-24	Payee name Rodney Lee Martinez	
Amount (\$) \$1,000.00 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Parade
	☐ 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: Kerr Wardlaw, County Commissioner Pct. 1 Office sought: Office held: 		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mr.</u> FIRST <u>Kerr</u> MI <u>M</u> NICKNAME LAST <u>Wardlaw</u> SUFFIX RECEIVED VAL VERDE COUNTY CLERK JAN 13 25 AM 11:05	OFFICE USE ONLY									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>78870</u>	Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged									
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(830) 703-0792</u>	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged									
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mr.</u> FIRST <u>Kerr</u> MI <u>M</u> NICKNAME LAST <u>Wardlaw</u> SUFFIX	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>✓</u>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(830) 703-0792</u>										
9 REPORT TYPE	☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>10 / 28 / 24</u> <u>12 / 31 / 24</u>										
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☐ Runoff ☒ Other Description <u>11 / 05 / 24</u> ☐ General ☐ Special <u>Semi annual Report</u>										
12 OFFICE	OFFICE HELD (if any) <u>Val Verde County</u> 13 OFFICE SOUGHT (if known) <u>County Commissioner Pet</u>										
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;">☐ GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;">☐ SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
☐ GENERAL	COMMITTEE ADDRESS										
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT****FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>Kerr Wardlaw</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. 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)	\$700 ⁰⁰ / ₁₀₀
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$0.00
	4. TOTAL POLITICAL EXPENDITURES	\$0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$4,685 ⁸⁸ / ₁₀₀
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Kerr Wardlaw M 11 1924

My address is _____

Executed in Val Verde County, State of Texas, on the 11 day of July, 2024.
(city) (state) (zip code) (country)
(month) (year)

Kerr M Wardlaw
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Kerr Wardlaw</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>700⁰⁰/₁₀₀</i>
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE E: LOANS	\$
5.	☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: /
2, FILER NAME <i>Kerr Wardlaw</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11-5-24</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>David Winters</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) <i>Rancher</i>		9 Employer (See Instructions) <i>Self employed</i>
Date <i>11-5-24</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>David Smith</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>Photographer</i>		Employer (See Instructions) <i>Self employed</i>
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 Instructions)
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 Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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