CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete	this form.	1 File	r ID (Eth	nics Commissio	on Filers)	2 Tot	al pages filed:	
3 CANDIDATE/	MS / MRS / MR	FI	RST			МІ			OFFICE USE ONLY	
OFFICEHOLDER NAME	Mr	Jan	nes			L				
INAIVIE	NICKNAME	L.	AST			SUFF	ΊΧ	Date Re	Personal Same	
		Lisl	ka						S = 10	
4 CANDIDATE/	ADDRESS / PO BOX;	AP1	Γ / SUITE #;	CITY;	STAT	TE; ZIP C	ODE			
OFFICEHOLDER MAILING	PO BOX 622 Three Rivers, To	exas 7807	'1						1= 3 S	
ADDRESS									~ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
Change of Address									- 8 E C O	
5 CANDIDATE/	AREA CODE	PHONE N	UMBER		EXT	ENSION		Date Ha	and-delivered or pate Postmarked	d
OFFICEHOLDER PHONE	(361)	449-6	6176						13 = 3 00	
6 CAMPAIGN	MS / MRS / MR		RST			MI		Receipt	A Amount	
TREASURER	Mrs	Sh	elley			-1		Date Pr	ocessed 2 3	
NAME	NICKNAME		AST			SUFF	ix	Dute 11	E E E	
		Lis	ka					Date Im	aged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PL	.EASE); APT / S	SUITE #;	(CITY;			STATE; ZIP CODE	
TREASURER	PO BOX 622	vos 70071								
ADDRESS (Residence or Business)	Three Rivers, Te	xas /80/1								
8 CAMPAIGN	AREA CODE	PHONE N	IIMRED		EYTE	ENSION				
TREASURER	AREA CODE	THORE N	OMBER		LXII	LINGION				
PHONE	(210)	912-9	9434							
9 REPORT TYPE	January 15		30th day before	election		Runoff			15th day after campaign treasurer appointment (Officeholder Only)	
	July 15		8th day before el	ection		Exceeded Me Reporting Lin			Final Report (Attach C/OH - FR)	-
10 PERIOD	Month	Day	Year				Month	Day	Year	
COVERED	7 /	/1/	24	тн	ROUGH		12	/ 31	/ 24	
11 ELECTION	ELECTION DA	TE				ELECTI	ON TYPE			
	Month Day	Year	Primary		Runoff	Oth Des	er scription			
	/ /	/	General		Special					
	/ /									
12 OFFICE	OFFICE HELD (if any)		0 1 0	3	13 OFF	ICE SOUGHT	(if known)			
	County Judg	ge for Liv	e Oak Co	ounty						
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE NAME									
	GENERAL	COMMITTEE	ADDRESS							
Additional Pages						2000 to the second State of the State Court				
	SPECIFIC	COMMITTEE	CAMPAIGN TRE	EASURER N	IAMÉ					
		COMMITTEE	CAMPAIGN TR	REASURER	ADDRES	S		A CONTRACTOR OF THE STATE OF TH		
						·				
			GO TO	PAGE	2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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15 C/OH NAME James L Liska		16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$					
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00					
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	s 627.34					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 3,500.00					
1	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and includes all information					
Signature of Candidate or Officeholder Please complete either option below:							
(1) Affidavit NOTARY STAMP/SEAL	SHEILA LYNN KERR Notary Public, State of Texas Comm. Expires 06-10-2028 Notary ID 6556602						
Sworn to and subscribed	before me by James L. Liska this the	13th day of January,					
and and	which, witness my hand and seal of office. Sheila L. Kerr ing oath Printed name of officer administering oath	Notary Title of officer administering oath					
description of the property of the	OR						
(2) Unsworn Declaration	on .						
My name is	, and my date of birth is _						
My address is							
Executed in	(street) (city) (state of, on the day of(month)	ate) (zip code) (country), 20 (year)					
	(month)	(year)					
	Signature of Candida	te/Officeholder (Declarant)					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Co			
Ja	ames L Liska			
21	SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	4. SCHEDULE E: LOANS			
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	\$		