		E REPORT	•			ORM C/OH HEET PG 1
The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (E	thics Commission Filers)	2 Total pages fi	led: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Lori		Å.		USEONLY
	NICKNAME	Wenske			T 3:13 0'0	R RECOR
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	N. Ave. H		TX 77984	Tenil	15 2024 Hydsdn
Change of Address			***		By Adminis	trator, Lavaca Coun
5 CANDIDATE/ OFFICEHOLDER PHONE	(361) 2	93-1763	EX	TENSION	Date Hand-delivere	d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Brian		MI	Receipt #	Amount \$
	NICKNAME	Wenske		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		V. Ave. H,		TX 779	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(341) 2	PHONE NUMBER 93 - 1763	EX	TENSION		
9 REPORT TYPE	January 15	30th day before		Runoff Exceeded Modified Reporting Limit	treasurer a (Officehold	ifter campaign appointment er Only) ort (Altach C/OH - FR)
10 PERIOD COVERED	Month	101 2024	THROUG	Month H 06	/ 30 / 20	
11 ELECTION	ELECTION DA	Year Primary		ELECTION TYP Other Description	E	
12 OFFICE	COUNTY District Clerk 13 OFFICE SOUGHT (# known)					
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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TR	REASURER NAME			
		COMMITTEE CAMPAIGN T	REASURER ADDRE	ESS		
	1	GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Lori A. Wenske	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)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	s
	4. TOTAL POLITICAL EXPENDITURES	\$ 89.70
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	s 1,543.50
	Signature of Candi	date or Officeholder
1) Affidavit		
NOTARY STAMP/SEA	L.	
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 administe	ering oath Printed name of officer administering oath	Title of officer administering oat
WHITE ENDING	OR	STATE OF THE PARTY
(2) Unsworn Declarat	on	m mov
My name is	ori A. Wenske, and my date of birth is	7/28/1976
My address is 122	2 N. Ave. H Shiner D	(77984 USA
1	(street) (city) (sta	te) (zip code) (country)
Executed in Lawala	County, State of Texas, on the 12th day of July (month)	, 20 (year)
	Signature of Candidat	te/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME Lori A. Wenske 20 Filer ID (Ethics Cor			
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$ 90.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 89.70	
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 FU	NDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

LOANS

SCHEDULE E

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

The	1 Total pages Schedule E:			
FILER NAME	3 Filer ID (Ethics Commission Filers			
TOTAL OF UN	NITEMIZED LOANS		\$ 90.00	
Date of loan	7 Name of lender ut-of-state	9 Loan Amount (\$)		
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date	
	on / Job title (See Instructions)	13 Employer (See Instructions)		
- Frincipal occupati	on 7 300 the (See instituctions)	To Employer (See Histocaons)		
14 Description of Collateral The none 15 Check if personaccount (See			nal funds were deposited into political Instructions)	
GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable	18 Guarantor address; City;	State; Zip Code		
Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender		Loan Amount (\$)	
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
Y N			Maturity date	
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions)		
Description of Collateral		Check if personal funds were deposited into political account (See Instructions)		
none		account (see manue		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
not applicable	Guarantor address; City;	State; Zip Code		
not applicable				
	ion (See Instructions)	Employer (See Instructions)		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credt Card Payment	Fees Off Food/Beverage Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense fling Expense larles/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)			
4 Tatal annua Cabad la Ed	A Manual American Control of the Control	w to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Lori A. W	ienske	3 Filer ID (Ethics Commission Filers)			
1 8 24-6 10 24	5 Payor name Sage Capita	1 Bank				
\$29.70	7 Payee address;	City;	State; Zip Code er TX 77984			
8	(a) Category (See Categories listed at the top of this school	dule) (b) Description	0.000			
PURPOSE OF EXPENDITURE	Accounting Banking Monthly Service Charge					
	(c) Check if travel outside of Texas. Complete Schedu	le T. Check if Aust	in, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Lovi A. Wenske	Office sought	District Clerk			
Date	Payee name	. 252X	201 2			
2/21/2024	Hallettsville T	ribune He	rald			
Amount (\$)	Payee address;	City;	State; Zlp Code			
\$ 60.00	P.O. Drawer 42	7, Hallett	sville TX, 77964			
PURPOSE OF EXPENDITURE	Advertising Expen	se Christmas	+ New year Greeting			
	Check if travel outside of Texas. Complete Schedu	ie T. Check if Aust	n. TX, afficeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Lori A. Wenske	Office sought	District Clerk			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	ule) Description				
	Check if travel outside of Texas. Complete Schedul	leT. Check if Austi	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 NEI	EDED			