

# 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 <i>McKenna</i>	MI <i>E.M.</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>Herbort</i>	SUFFIX	Date Received <i>GILLESPIE COUNTY JAN 14 2026</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #:	CITY:	STATE:	ZIP CODE	
			<i>Fredericksburg, TX 78624</i>			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
			<i>( )</i>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Generiere</i>	MI <i>A</i>	Receipt # <input type="text"/> Amount \$ <input type="text"/>		
	NICKNAME	LAST <i>Klein Gold</i>	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:			CITY:	STATE: ZIP CODE	
				<i>Fredericksburg TX 78624</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
			<i>( )</i>			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	
	<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit	
					<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	
					<input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month <i>10</i>	Day <i>14</i>	Year <i>2025</i>	Month <i>12</i>	Day <i>31</i>	Year <i>2025</i>
11 ELECTION	ELECTION DATE Month <i>03</i> Day <i>03</i> Year <i>2026</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description			
12 OFFICE	OFFICE HELD (if any) <i>District Clerk</i>			OFFICE SOUGHT (if known) <i>District Clerk</i>		
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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> 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	McKenna M. Herbort		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)	\$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,010.77	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	
OUTSTANDING LOAN TOTALS			

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.

*McKenna M. Herbort*

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 McKenna M. Herbort, and my date of birth is 06/14/1999.  
My address is Fredericksburg, TX 78624, US.  
(street) (city) (state) (zip code) (country)

Executed in Gillespie County, State of Texas, on the January 20 2026.  
(month) (day) (year)

*McKenna M. Herbort*

Signature of Candidate/Officeholder (Declarant)

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

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

# 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 10r2	2 FILER NAME McKenna M. Herbort	3 Filer ID (Ethics Commission Filers)
4 Date 11/14/2025	5 Payee name Vista Print	
6 Amount (\$) 10.18	7 Payee address; 100 Hayden Avenue	City: Lexington State: MA Zip Code: 02421
<input type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Business cards Design
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name McKenna M. Herbort	Office sought District Clerk
Date 11/18/2025	Payee name Vista Print	Office held District Clerk
Amount (\$) \$116.87	Payee address; 100 Hayden Avenue	City: Lexington State: MA Zip Code: 02421
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Business Cards - Political
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name McKenna M. Herbort	Office sought District Clerk
Date 12/6/2025	Payee name Vista Print	Office held District Clerk
Amount (\$) \$167.99	Payee address; 100 Hayden Avenue	City: Lexington State: MA Zip Code: 02421
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Political Stickers
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name McKenna M. Herbort	Office sought District Clerk
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>2 of 2</b>	2 FILER NAME <b>McKenna M. Herbert</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/20/2025</b>	5 Payee name <b>Signified Graphics &amp; Printing</b>	
6 Amount (\$) <b>\$715.23</b>	7 Payee address: <b>1577 Pecan Creek Rd.</b>	City: <b>Frederickburg</b> State: <b>TX</b> Zip Code <b>78624</b>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended <b>Printing Expense</b>		(a) Category (See Categories listed at the top of this schedule) <b>Campaign Signs</b> (b) Description <b>Campaign Signs</b> (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/O/H <b>McKenna M. Herbert</b>		Office sought <b>District Clerk</b> Office held <b>District Clerk</b>
Date	Payee name	
Amount (\$)	Payee address;	City: State: Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended <b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/O/H <b>McKenna M. Herbert</b>		Office sought <b>District Clerk</b> Office held <b>District Clerk</b>
Date	Payee name	
Amount (\$)	Payee address;	City: State: Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended <b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/O/H <b>McKenna M. Herbert</b>		Office sought <b>District Clerk</b> Office held <b>District Clerk</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		