# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (        | Guide explains how to complete |                  | Filer ID<br>(Ethics Commis<br>00082584 | sion Filers)      | 2 Total pages file 1                   |                 |
|-------------------------------|--------------------------------|------------------|--|-------------------|--|-----------------|
| 3 CANDIDATE /<br>OFFICEHOLDER |                                | IRST             |  | MI                | OFFICE U                               | JSE ONLY        |
| NAME                          | Mr. C                          | Chris            |  |                   | Date Received                          |                 |
|                               |                                |                  |  |                   | ELECTRONICA                            | ALLY FILED      |
|                               | NICKNAME L                     | <br>AST          |  | SUFFIX            | 01/16/2024                             |                 |
|                               |                                | pencer           |  | 301117            |  |                 |
|                               |                                |                  |  |                   |  |                 |
| 4 CANDIDATE / OFFICEHOLDER    | ADDRESS / PO BOX; APT / S      | UITE#; CITY      | Υ;                                     | ZIP CODE          | Date Hand-delivered or                 | Date Postmarked |
| MAILING                       | 1497 County Road 2985          |                  |  |                   | Receipt #                              | Amount          |
| ADDRESS                       |                                |                  |  |                   | receipt "                              | , anount        |
| Change of Address             | Hughes Springs, TX 75656       |                  |  |                   | Date Processed                         |                 |
|                               |                                |                  |  |                   |  |                 |
|                               |                                |                  |  |                   | Date Imaged                            |                 |
|                               |                                |                  |  |                   |  |                 |
| 5 CAMPAIGN                    | MS / MRS / MR FII              | RST              |  | MI                | _                                      |                 |
| TREASURER<br>NAME             | Mr. Ja                         | ason E.          |  |                   |  |                 |
|                               |                                |                  |  |                   |  |                 |
|                               | NICKNAME LA                    | \ST              | •••••                                  | SUFFIX            |  |                 |
|                               | Sp                             | pencer           |  |                   |  |                 |
|                               |                                |                  |  |                   |  |                 |
| 6 CAMPAIGN                    | STREET ADDRESS (NO PO BC       | OX PLEASE);      | APT                                    | / SUITE #; CITY;  | STA                                    | TE; ZIP CODE    |
| TREASURER<br>ADDRESS          | 275 Walnut Street              |                  |  |                   |  |                 |
|                               |                                |                  |  |                   |  |                 |
| (Residence or Business)       | Avinger, TX 75630-1530         |                  |  |                   |  |                 |
|                               | <b>J 1 1 1 1 1 1 1 1 1 1</b>   |                  |  |                   |  |                 |
|                               |                                |                  |  |                   |  |                 |
| 7 CAMPAIGN<br>TREASURER       | AREA CODE PHONE I              | NUMBER E         | XTENSION                               |                   |  |                 |
| PHONE                         | (903) 799-8869                 |                  |  |                   |  |                 |
|                               |                                |                  |  |                   |  |                 |
| 8 REPORT<br>TYPE              | 1                              | 2046             |  | D#                | 7 4545 4                               |                 |
| '                             | X January 15                   | 30th day before  | election                               | Runoff            | 15th day after can appointment (office | eholder only)   |
|                               | July 15                        | 8th day before e | lection                                | Exceeded modified | Final Report (Atta                     | ch C/OH-FR)     |
|                               |                                |                  | _                                      | reporting limit   | _                                      |                 |
| 9 PERIOD                      | Month Day Year                 |                  |  | Month Day         | Year                                   |                 |
| COVERED                       | 07/01/2023                     | TH               | ROUGH                                  | 12/31/202         | 3                                      |                 |
|                               |                                |                  |  |                   |  |                 |
| 10 ELECTION                   | ELECTION DATE                  |                  |  | ELECTION TYPE     |  |                 |
|                               | Month Day Year                 | χPr              | imary                                  | Runoff            | Other                                  |                 |
|                               | 03/05/2024                     | ∏G∈              | eneral                                 | Special           |  |                 |
|                               |                                |                  |  | _                 |  |                 |
| 11 OFFICE                     | OFFICE HELD (if any)           | I                |  | 12 OFFICE SOUGHT  | (if known)                             |                 |
|                               | , , , , ,                      |                  |  | State Represent   |  |                 |
|                               |                                |                  |  |                   |  |                 |
|                               |                                |                  |  | <u> </u>          |  |                 |
|                               |                                |                  |  |                   |  |                 |
|                               |                                | GO T             | O PAGE 2                               |                   |  |                 |
|                               |                                | GO I             | O FAGE 2                               |                   |  |                 |

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 19

| 13 C / OH NAME                                 | Spencer, Chris (Mr.)             |   | <b>14</b> Filer ID 00082584  | (Ethics Commission Filers) |
|--|----------------------------------|---|------------------------------|----------------------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.        | political contributions accepted or political expending the second three expenditures may have been made without officeholders are required to report this information. | ut the candidate's or office | eholder's knowledge or     |
| Additional Pages                               | COMMITTEE TYPE                   | COMMITTEE NAME  |                              |                            |
| _  | GENERAL                          |   |                              |                            |
|  |                                  | COMMITTEE ADDRESS   |                              |                            |
|  | SPECIFIC                         |   |                              |                            |
|  |                                  | COMMITTEE CAMPAIGN TREASURER NAME   | <u> </u>                     |                            |
|  |                                  | COMMITTEE CAMPAIGN TREASURER ADDR   | ESS                          |                            |
| 16 CONTRIBUTION<br>TOTALS                      |                                  | ZED POLITICAL CONTRIBUTIONS (OTHER TI<br>ES OF LOANS, OR CONTRIBUTIONS MADE E   |                              | \$ 0.00                    |
|  |                                  | AL CONTRIBUTIONS<br>PLEDGES, LOANS, OR GUARANTEES OF LOA  | NS)                          | \$ 56,525.00               |
| EXPENDITURE<br>TOTALS                          | 3. TOTAL UNITEM                  | ZED POLITICAL EXPENDITURES  |                              | \$ 0.00                    |
|  | 4. TOTAL POLITIC                 | AL EXPENDITURES   |                              | \$ 30,093.20               |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC REPORTING PE    | AL CONTRIBUTIONS MAINTAINED AS OF THI<br>RIOD   | LAST DAY OF THE              | \$ 352,255.08              |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIF<br>OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS .<br>TING PERIOD   | AS OF THE LAST DAY           | \$ 305,630.08              |
| <b>17</b> AFFIDAVIT                            |                                  | I swear, or affirm, under pen<br>true and correct and include<br>under Title 15, Election Cod   | all information required t   |                            |
|  |                                  |   | Mr. Chris Spencer            |                            |
|  |                                  | Signature   | of Candidate or Officeho     | der                        |
| AFFIX NO                                       | ΓARY STAMP / SEAL AB             | DVE   |                              |                            |
| Sworn to and subso                             | cribed before me, by the s       | aid   | , this the                   | day                        |
| of   | , 20, to co                      | ertify which, witness my hand and seal of office.   |                              |                            |
| Signature of office                            | er administering                 | Printed name of officer administering   | Title of office              | r administering oath       |

# **SUBTOTALS - C/OH**

# FORM C/OH **COVER SHEET PG 3**

|              |        |  |                             |         | 3 01 19              |
|--------------|--------|--|-----------------------------|---------|----------------------|
|              | ER NAM | ME<br>Chris (Mr.)  | <b>19</b> Filer ID 00082584 | (Ethics | s Commission Filers) |
| <b>20</b> SC | HEDUL  | E SUBTOTALS<br>SCHEDULE  |                             | S       | SUBTOTAL AMOUNT      |
| 1.           | Х      | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                  |                             | \$      | 56,525.00            |
| 2.           |        | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                    |                             | \$      |                      |
| 3.           |        | SCHEDULE B: PLEDGED CONTRIBUTIONS  |                             | \$      |                      |
| 4.           | Х      | SCHEDULE E: LOANS  |                             | \$      | 305,630.08           |
| 5.           | Х      | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS               | 5                           | \$      | 10,000.00            |
| 6.           |        | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                       |                             | \$      |                      |
| 7.           |        | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION               | DNS                         | \$      |                      |
| 8.           |        | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                  |                             | \$      |                      |
| 9.           | Х      | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                         |                             | \$      | 20,093.20            |
| 10           | . 🔲    | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (               | OF C/OH                     | \$      |                      |
| 11           | . 🔲    | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION             | DNS                         | \$      |                      |
| 12           | . 🔲    | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F<br>TO FILER | RETURNED                    | \$      |                      |
|              |        |  |                             | -       |                      |

|   | MONET                      | ARY POLITICAL C  | ONTRIBUTIO             | NS  |          | SCHEDU   | LE <b>A1</b> |
|---|----------------------------|--|------------------------|---|----------|--|--------------|
|   | The Instruc                | ction Guide explains how   | to complete this fo    | rm.   | 1        | Total pages Schedule A1:<br>Sch: 1/4 Rpt: 4/19 |              |
| 2 | FILER NAME<br>Spencer, Ch  | ris (Mr.)  |                        |   | 3        | Filer ID (Ethics Commission 00082584           | on Filers)   |
| 4 | Date<br>12/18/2023         | <ul><li>5 Full name of contributor<br/>Blomstrom, David (Mr.)</li><li>6 Contributor address; City; Sta</li></ul> | out-of-state PAC (ID#: |   | 7        | Amount of Contribution (\$)                    | \$100.00     |
| _ |                            | Houston, TX 77469  |                        |   |          |  |              |
| 8 | Principal occu             | pation / Job title (See Instructions)  | 9                      | Employer (See Instructions                        | S)       |  |              |
|   | Date<br>12/27/2023         | Full name of contributor Bockmon, Danny (Mr.) Contributor address; City; Sta                                     |                        |   |          | Amount of Contribution (\$)                    | \$1,000.00   |
|   | Principal occu             | Daingerfield, TX 75638 pation / Job title (See Instructions)   |                        | Employer (See Instructions                        | <u> </u> |  |              |
|   | Insurance Aç               | . ,  |                        | Bockmon Insurance                                 | ,        |  |              |
|   | Date<br>12/21/2023         |  |                        | )   |          | Amount of Contribution (\$)                    | \$250.00     |
|   |                            | Willis, TX 77318   |                        |   |          |  |              |
|   | Principal occu             | pation / Job title (See Instructions)  |                        | Employer (See Instructions                        | 5)       |  |              |
|   | Date<br>12/28/2023         | Full name of contributor Deason, Darwin (Mr.)  Contributor address; City; Sta  Dallas, TX 75225                  |                        | )   | •        | Amount of Contribution (\$)                    | \$5,000.00   |
|   | Principal occu<br>Chairman | pation / Job title (See Instructions)  |                        | Employer (See Instructions Deason Capital Service |          |  |              |
|   | Date<br>12/28/2023         | Full name of contributor  Deason, Doug (Mr.)  Contributor address; City; Sta  Dallas, TX 75229                   | out-of-state PAC (ID#: |   | •        | Amount of Contribution (\$)                    | \$2,500.00   |
|   | Principal occu<br>CEO      | pation / Job title (See Instructions)  |                        | Employer (See Instructions Deason Capital Service |          |  |              |
|   |                            |  |                        |   |          |  |              |

|   | MONET                      | ARY POLITICAL CONTRIBUTI  | ONS  |                | SCHEDULE A1                                    |
|---|----------------------------|---|--|----------------|--|
|   | The Instruc                | ction Guide explains how to complete this   | form.  | 1              | Total pages Schedule A1:<br>Sch: 2/4 Rpt: 5/19 |
| 2 | FILER NAME<br>Spencer, Ch  | ris (Mr.)   |  | 3              | Filer ID (Ethics Commission Filers) 00082584   |
| 4 | Date<br>12/31/2023         | <ul> <li>Full name of contributor  out-of-state PAC (ID# Dunnington, Jannell (Ms.)</li> <li>Contributor address; City; State; Zip Code</li> </ul> |  | 7              | Amount of Contribution (\$) \$100.00           |
| _ | Delicalization             | Athens, TX 75752  | Construction                                 | <u> </u>       |  |
| 8 | Principal occu             | pation / Job title (See Instructions)   | 9 Employer (See Instructions                 | 5)             |  |
|   | Date<br>12/15/2023         | Full name of contributor out-of-state PAC (ID#Family Empowerment Coalition  Contributor address; City; State; Zip Code  Houston, TX 77027         | :)   |                | Amount of Contribution (\$) \$25,000.00        |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions                   | <u> </u><br>s) |  |
|   | Date<br>12/30/2023         | Full name of contributor out-of-state PAC (ID# Fowler, Sondra (Ms.)  Contributor address; City; State; Zip Code  Daingerfield, TX 75638           | <u> </u>                                     |                | Amount of Contribution (\$) \$100.00           |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions                   | <u> </u><br>s) |  |
|   | Date<br>12/15/2023         | Full name of contributor out-of-state PAC (ID# Hicks, B.F. (Mr.)  Contributor address; City; State; Zip Code  Mount Vernon, TX 75457              | <u>;                                    </u> |                | Amount of Contribution (\$) \$500.00           |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions                   | 5)             |  |
|   | Date<br>12/28/2023         | Full name of contributor out-of-state PAC (ID# Hollingsworth, Kirby (Mr.)  Contributor address; City; State; Zip Code  Mount Vernon, TX 75457     | <u>;</u><br>::)                              |                | Amount of Contribution (\$) \$1,500.00         |
|   | Principal occu<br>Landlord | pation / Job title (See Instructions)   | Employer (See Instructions Self              | 5)             |  |
|   |                            |   |  |                |  |

|   | MONET                     | ARY POLITICAL CONTRIBUTION   | ONS                          |                | SCHEDUL  | E <b>A1</b> |
|---|---------------------------|--|------------------------------|----------------|--|-------------|
|   | The Instruc               | ction Guide explains how to complete this  | form.                        | 1              | Total pages Schedule A1:<br>Sch: 3/4 Rpt: 6/19 |             |
| 2 | FILER NAME<br>Spencer, Ch | ris (Mr.)  |                              | 3              | Filer ID (Ethics Commission 00082584           | n Filers)   |
| 4 | Date 12/15/2023           | <ul> <li>Full name of contributor</li></ul>  |                              | 7              | Amount of Contribution (\$)                    | \$100.00    |
| _ | 5                         | Sulphur, OK 73086  | la = 1                       | <u></u>        |  |             |
| 8 | Principal occu            | pation / Job title (See Instructions)  | 9 Employer (See Instructions | 5)             |  |             |
|   | Date 12/15/2023           | Full name of contributor out-of-state PAC (ID#: Jones, Eric (Mr.)  Contributor address; City; State; Zip Code                          |                              |                | Amount of Contribution (\$)                    | \$25.00     |
|   |                           | Dallas, TX 75248   | 1                            |                |  |             |
|   | Principal occu            | pation / Job title (See Instructions)  | Employer (See Instructions   | s)             |  |             |
|   | Date<br>12/29/2023        | Full name of contributor out-of-state PAC (ID#: Jordan, Lloyd (Mr.)  Contributor address; City; State; Zip Code                        |                              |                | Amount of Contribution (\$)                    | \$100.00    |
|   |                           | Lindale, TX 75771  |                              |                |  |             |
|   | Principal occu            | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)             |  |             |
|   | Date<br>12/23/2023        | Full name of contributor out-of-state PAC (ID#: Karalis, Ernie (Mr.)  Contributor address; City; State; Zip Code  Linden, TX 75563     |                              |                | Amount of Contribution (\$)                    | \$100.00    |
|   | Principal occu            | pation / Job title (See Instructions)  | Employer (See Instructions   | <u>l</u><br>5) |  |             |
|   | Date<br>12/27/2023        | Full name of contributor out-of-state PAC (ID#: Mitchell, Kelly (Mr.)  Contributor address; City; State; Zip Code  Texarkana, TX 75503 |                              |                | Amount of Contribution (\$)                    | \$250.00    |
|   | Principal occu            | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)             |  |             |
|   |                           |  | 1                            |                |  |             |

|   | MONET                     | ARY POLITICAL CONTRIBUTI   | ON  | NS  |          | SCHEDULE A1                                    |
|---|---------------------------|--|-----|---|----------|--|
|   | The Instru                | ction Guide explains how to complete this  | for | m.  | 1        | Total pages Schedule A1:<br>Sch: 4/4 Rpt: 7/19 |
| 2 | FILER NAME<br>Spencer, Ch |  |     |   | 3        | Filer ID (Ethics Commission Filers) 00082584   |
| 4 | Date<br>12/28/2023        | 5 Full name of contributor out-of-state PAC (ID Popolo, Joseph (Mr.)  6 Contributor address; City; State; Zip Code               |     |   | 7        | Amount of Contribution (\$) \$3,300.00         |
| 8 | Principal occu            | Dallas, TX 75225  spation / Job title (See Instructions)   | 9   | Employer (See Instructions Charles Potomac Capita |          |  |
|   | Date<br>12/28/2023        | Full name of contributor out-of-state PAC (ID Popolo, Joseph (Mr.)  Contributor address; City; State; Zip Code  Dallas, TX 75225 | #:  | )   |          | Amount of Contribution (\$) \$6,600.00         |
|   | Principal occu            | pation / Job title (See Instructions)  |     | Employer (See Instructions Charles Potomac Capita |          |  |
|   | Date 12/12/2023           | Full name of contributor out-of-state PAC (ID Powers, Kenny (Mr.)  Contributor address; City; State; Zip Code  Linden, TX 75563  |     |   |          | Amount of Contribution (\$) \$10,000.00        |
|   | Principal occu            | pation / Job title (See Instructions)  |     | Employer (See Instructions Powers Pharmacy        | <u> </u> |  |
|   |                           |  |     |   |          |  |

|    | LOANS                              |                                  |          |                 |                               |  |                            | SCHEDULE E                                     |    |
|----|------------------------------------|----------------------------------|----------|-----------------|-------------------------------|--|----------------------------|--|----|
|    | The Instruction                    | n Guide explains hov             | v to coi | mplete this f   | orm.                          | 1  |                            | ges Schedule E:<br>3 Rpt: 8/19                 |    |
| 2  | FILER NAME Spencer, Chris (        | Mr.)                             |          |                 |                               | Filer ID<br>000825                           | (Ethics Commission Filers) |  |    |
| 4  | TOTAL OF UN                        | ITEMIZED LOANS                   |          |                 |                               | <u>.                                    </u> |                            | \$   |    |
| 5  | Date of loan                       | 7 Name of lender                 |          | out-of-state PA | C (ID#:                       |  | )                          | 9 Loan Amount (\$)                             |    |
|    | 12/06/2023                         | Spencer, Chris (Mr.)             |          |                 |                               |  |                            | \$50,025.0                                     | 0  |
| 6  | Is lender a financial institution? | 8 Lender address;                | City;    | State;          | Zip Code                      |  |                            | 10 Interest Rate 5.  11 Maturity Date          | .0 |
|    | 110                                | Hughes Springs, TX               | 75656    |                 |                               |  |                            | 06/06/2024                                     |    |
| 12 | Principal occupation               |                                  |          |                 |                               |  |                            |  |    |
| 14 | Description of Coll  X None        | ateral                           |          |                 | 15 Check if personal funds we | ere d  | eposited                   | l into political account<br>(See Instructions) |    |
| 16 | GUARANTOR<br>INFORMATION           | 17 Name of guarantor             |          |                 |                               |  |                            | 19 Amount Guaranteed (\$)                      |    |
|    | X not applicable                   | 18 Guarantor address;            | City;    | State;          | Zip Code                      |  |                            |  |    |
| 20 | Principal occupation               | on                               |          |                 | 21 Employer (See Instructions | s)   |                            |  |    |
|    | Date of loan                       | Name of lender                   |          | out-of-state PA | C (ID#:                       |  | )                          | Loan Amount (\$)                               | _  |
|    | 12/26/2023                         | Spencer, Chris (Mr.)             |          |                 |                               |  |                            | \$60,000.0                                     | 0  |
|    | Is lender a financial institution? | Lender address;                  | City;    | State;          | Zip Code                      |  |                            | Interest Rate 5.                               | .0 |
|    | No                                 | Hughes Springs, TX 7             | 75656    |                 |                               |  |                            | Maturity Date 06/26/2024                       |    |
|    | Principal occupation               | on / Job title (See Instructions |          |                 | Employer (See Instructions    | s)   |                            | 00/20/2024                                     |    |
|    | · ····o·pai oooapaii               |                                  | -,       |                 |                               | ٠,   |                            |  |    |
|    | Description of Coll  X None        | ateral                           |          |                 | Check if personal funds we    | ere d  | eposited                   | I into political account (See Instructions)    |    |
|    | GUARANTOR<br>INFORMATION           | Name of guarantor                |          |                 |                               |  |                            | Amount Guaranteed (\$)                         |    |
|    | X not applicable                   | Guarantor address;               | City;    | State;          | Zip Code                      |  |                            |  |    |
|    | Principal occupation               | on                               |          |                 | Employer (See Instructions    | s)   |                            |  |    |
|    |                                    |                                  |          |                 |                               |  |                            |  |    |

|    | LOANS                              |                                   |                 |                               |                   | SCHEDULE E                                |  |
|----|------------------------------------|-----------------------------------|-----------------|-------------------------------|-------------------|---|--|
|    | The Instruction                    | on Guide explains how to          | complete this f | orm.                          |                   | ges Schedule E:<br>3 Rpt: 9/19            |  |
| 2  | FILER NAME Spencer, Chris (        | Mr.)                              |                 |                               | 3 Filer ID 000825 | (Ethics Commission Filers)                |  |
| 4  | TOTAL OF UN                        | IITEMIZED LOANS                   |                 |                               |                   | \$  |  |
| 5  | Date of loan                       | 7 Name of lender                  | out-of-state PA | C (ID#:                       | )                 | 9 Loan Amount (\$)                        |  |
| _  | 12/27/2023                         | Spencer, Chris (Mr.)              |                 |                               |                   | \$8,000.00                                |  |
| 6  | Is lender a financial institution? | 8 Lender address; City            | r; State;       | Zip Code                      |                   | 10 Interest Rate 5.0 11 Maturity Date     |  |
|    |                                    | Hughes Springs, TX 756            | 56              |                               |                   | 06/27/2024                                |  |
| 12 | Principal occupation               | 5)                                |                 |                               |                   |   |  |
| 14 | Description of Coll  X None        | ateral                            |                 | 15 Check if personal funds we | ere deposited     | into political account (See Instructions) |  |
| 16 | GUARANTOR<br>INFORMATION           | 17 Name of guarantor              |                 |                               |                   | 19 Amount Guaranteed (\$)                 |  |
|    | X not applicable                   | 18 Guarantor address; City        | r; State;       | Zip Code                      |                   |   |  |
| 20 | Principal occupation               | I<br>on                           |                 | 21 Employer (See Instructions | 5)                |   |  |
|    | Date of loan                       | Name of lender                    | out-of-state PA | C (ID#:                       | )                 | Loan Amount (\$)                          |  |
|    | 12/27/2023                         | Spencer, Chris (Mr.)              |                 |                               |                   | \$105,605.08                              |  |
|    | Is lender a financial institution? | Lender address; City              | r; State;       | Zip Code                      |                   | Interest Rate 5.0                         |  |
|    | No                                 | Hughes Springs, TX 756            | EG              |                               |                   | Maturity Date 06/27/2024                  |  |
|    | Principal occupation               | on / Job title (See Instructions) |                 | Employer (See Instructions    | <u>s)</u>         | 00/21/2024                                |  |
|    | · ····o·pai oooapaii               |                                   |                 |                               | -)                |   |  |
|    | Description of Coll  X None        | ateral                            |                 | Check if personal funds we    | ere deposited     | into political account (See Instructions) |  |
|    | GUARANTOR<br>INFORMATION           | Name of guarantor                 |                 |                               |                   | Amount Guaranteed (\$)                    |  |
|    | X not applicable                   | Guarantor address; City           | r; State;       | Zip Code                      |                   |   |  |
|    | Principal occupation               | on                                |                 | Employer (See Instructions    | 5)                |   |  |
|    |                                    |                                   |                 |                               |                   |   |  |

|    | LOANS                                  |   |                 |        |                               |          |                            | SCHEDULE E                                     |        |
|----|--|---|-----------------|--------|-------------------------------|----------|----------------------------|--|--------|
|    | The Instructio                         | n Guide explains how                                  | v to complete t | his f  | orm.                          | 1        | •                          | ges Schedule E:<br>3 Rpt: 10/19                |        |
| 2  | FILER NAME<br>Spencer, Chris (         | Mr.)  |                 |        |                               | Filer ID | (Ethics Commission Filers) |  |        |
| 4  | TOTAL OF UN                            | ITEMIZED LOANS  |                 |        |                               | <u> </u> |                            | \$   | _      |
| 5  | Date of loan                           | 7 Name of lender                                      | out-of-st       | ate PA | C (ID#:                       |          | )                          | 9 Loan Amount (\$)                             | _      |
| 6  | 12/28/2023<br>Is lender a<br>financial | Spencer, Chris (Mr.)  8 Lender address;               | City; Sta       | ate;   | Zip Code                      |          |                            | \$75,000.00<br><b>10</b> Interest Rate         |        |
|    | institution?<br>No                     | Hughos Springs TV 7                                   | 75656           |        |                               |          |                            | 5.0<br>11 Maturity Date<br>06/28/2024          | ,<br>— |
| 12 | Principal occupation                   | Hughes Springs, TX 7 on / Job title (See Instructions |                 |        | 13 Employer (See Instructions | 5)       |                            | 00/20/2024                                     | _      |
|    |  |   |                 |        |                               |          |                            |  |        |
| 14 | Description of Coll  X None            | ateral  |                 |        | 15 Check if personal funds we | ere c    | deposited                  | I into political account (See Instructions)    |        |
| 16 | GUARANTOR<br>INFORMATION               | 17 Name of guarantor                                  |                 |        |                               |          |                            | 19 Amount Guaranteed (\$)                      |        |
|    | X not applicable                       | 18 Guarantor address; (                               | City; Sta       | ate;   | Zip Code                      |          |                            |  |        |
| 20 | Principal occupation                   | I.  |                 |        | 21 Employer (See Instructions | 5)       |                            | L  | _      |
|    | Date of loan                           | Name of lender  | out-of-st       | ate PA | C (ID#:                       |          |                            | Loan Amount (\$)                               | =      |
|    | 12/29/2023                             | Spencer, Chris (Mr.)                                  |                 |        |                               |          |                            | \$7,000.00                                     | )      |
|    | Is lender a financial institution?     | Lender address;                                       | City; Sta       | ate;   | Zip Code                      |          |                            | Interest Rate 5.0                              | )      |
|    | No                                     | Hughes Springs, TX 7                                  | 75656           |        |                               |          |                            | Maturity Date 06/29/2024                       |        |
|    | Principal occupation                   | on / Job title (See Instructions                      |                 |        | Employer (See Instructions    | 5)       |                            | 00/23/2024                                     | _      |
|    |  |   |                 |        |                               |          |                            |  |        |
|    | Description of Coll  X None            | ateral  |                 |        | Check if personal funds we    | ere c    | deposited                  | l into political account<br>(See Instructions) |        |
|    | GUARANTOR<br>INFORMATION               | Name of guarantor                                     |                 |        |                               |          |                            | Amount Guaranteed (\$)                         |        |
|    | X not applicable                       | Guarantor address; (                                  | City; Sta       | ate;   | Zip Code                      |          |                            |  |        |
|    | Principal occupation                   | on  |                 |        | Employer (See Instructions    | 5)       |                            |  | _      |
|    |  |   |                 |        |                               |          |                            |  |        |

# POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

# SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

|   | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / -<br>al Cor | mmittee        | Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Exp<br>Legal Services | ense            | Polling Expense Printing Exper | ad/Rental Expense<br>se<br>nse<br>es/Contract Labor |     | Travel in District<br>Travel Out of Dis |                            |
|---|--|---------------|----------------|--|-----------------|--------------------------------|---|-----|---|----------------------------|
|   | Credit Cara r ayment   |               |                | The Instruction Guide  | e explains h    | now to comp                    | lete this form.                                     |     |   |                            |
| 1 | Total pages Schedule F1:   | 2             | FILER NAME     | Ξ  |                 |                                |   | 3   | Filer ID                                | (Ethics Commission Filers) |
|   | Sch: 1/1 Rpt: 11/19  |               | Spencer, C     | hris (Mr.)   |                 |                                |   |     | 00082584                                |                            |
| 4 | Date   | 5             | Payee name     |  |                 |                                |   | _   |   |                            |
|   | 12/14/2023   |               | Mesa Media     |  |                 |                                |   |     |   |                            |
| 6 | Amount (\$)  | 7             | Payee addre    | ss; City;  | State:          | Zip Code                       |   |     |   |                            |
| ľ | \$10,000.00  | ľ             |                | us Christi Drive   | Otato,          | Zip Code                       |   |     |   |                            |
|   | Ψ10,000.00   |               | 0000 Corpt     | 3 Chiloti Dhive  |                 |                                |   |     |   |                            |
|   |  |               | A T\(          | 70700  |                 |                                |   |     |   |                            |
| L |  |               | Austin, TX     | 78729<br>  |                 |                                |   |     |   |                            |
| 8 | PURPOSE  | (a)           | Category (S    | ee Categories listed at the to   | op of this sche | edule) (b)                     | Description   |     |   |                            |
|   | OF<br>EXPENDITURE  |               | Consulting     | Expense  |                 |                                |   |     | ide of Texas. Com                       |                            |
|   |  |               |                |  |                 |                                |   |     | , officeholder living                   | g expense                  |
|   |  |               |                |  |                 |                                | Consulting se                                       | CIV | ices                                    |                            |
| _ |  |               |                |  |                 |                                |   |     |   |                            |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol  |               | Candidate/Offi | iceholder name   | 0               | office sought                  |   |     | Office he                               | eld                        |
| L |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |
|   |  |               |                |  |                 |                                |   |     |   |                            |

# SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment |  |                | Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | ds/Memorials Expense Printing Expense Travel Out of OTHER (enter<br>vices Salaries/Wages/Contract Labor OTHER (enter<br>OTHER ) |                     |        |   |                   |  |
|--|--|----------------|--|---|---------------------|--------|---|-------------------|--|
|  | Credit Card Fayinent                                       |                | The Instruction Guide explain  | s how to co   | omplete this form.  |        |   |                   |  |
| 1  | Total pages Schedule G:                                    | 2 FILER        | NAME   |   |                     | 3      | Filer ID (Ethics Commis                 | sion Filers)      |  |
|  | Sch: 1/8 Rpt: 12/19  | Spend          | er, Chris (Mr.)  |   |                     |        | 00082584                                |                   |  |
| 4  | Date   | <b>5</b> Payee | name   |   |                     |        |   |                   |  |
|  | 12/04/2023   | Amerio         | can Airlines   |   |                     |        |   |                   |  |
| 6  | Amount (\$)  | <b>7</b> Payee | address; City; Stat  | e; Zip Co   | ode                 |        |   |                   |  |
|  | \$419.00   | 3200 E         | East Enfield Parkway   |   |                     |        |   |                   |  |
|  | Reimbursement from political contributions intended        | DFW /          | Airport, TX 75261  |   |                     |        |   |                   |  |
| 8  | PURPOSE  | (a) Catego     | ry (See Categories listed at the top of this s                           | chedule)  | (b) Description     | Ch     | neck if travel outside of Texas. Com    | plete Schedule T. |  |
|  | OF<br>EXPENDITURE  | Travel         | Out of District  |   |                     | Ch     | neck if Austin, TX, officeholder living | expense           |  |
|  |  |                |  |   | Flight to Austin to | o file | e                                       |                   |  |
|  |  |                |  |   |                     |        |   |                   |  |
| 9  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/     | Officeholder name  |   | Office sought       |        | Office held                             |                   |  |
|  | Date   | Payee          | name   |   |                     |        |   |                   |  |
|  | 10/18/2023   | BT WE          | EHCO Media   |   |                     |        |   |                   |  |
|  | Amount (\$)  | Payee          | address; City; Stat  | e; Zip Co   | ode                 |        |   |                   |  |
|  | \$4,937.51   | 707 O          | live   |   |                     |        |   |                   |  |
|  | Reimbursement from   |                |  |   |                     |        |   |                   |  |
|  | X political contributions intended                         | Texarl         | kana, TX 75501   |   |                     |        |   |                   |  |
|  | PURPOSE  | Catego         | TY (See Categories listed at the top of this s                           | chedule)  | Description         | Ch     | neck if travel outside of Texas. Com    | plete Schedule T. |  |
|  | OF<br>EXPENDITURE  | Advert         | ising Expense  |   |                     | Ch     | neck if Austin, TX, officeholder living | expense           |  |
|  | EXPENDITORE  |                |  |   | Newspaper ads       |        |   |                   |  |
|  |  |                |  |   |                     |        |   |                   |  |
|  | Complete ONLY if direct                                    | Candidate/     | Officeholder name  |   | Office sought       |        | Office held                             |                   |  |
|  | expenditure to benefit C/OH                                |                |  |   |                     |        |   |                   |  |
|  |  | 1              |  |   |                     |        |   |                   |  |
|  | Date 07/22/2023  | Payee          | name<br>County Citizens Tribune  |   |                     |        |   |                   |  |
|  |  |                |  | 7: 0  |                     |        |   |                   |  |
|  | Amount (\$)  | 1 1            | •  | e; Zip Co   | ode                 |        |   |                   |  |
|  | \$580.00   | 139 E.         | N. Front Street  |   |                     |        |   |                   |  |
|  | X Reimbursement from political contributions intended      | New B          | oston, TX 75570  |   |                     |        |   |                   |  |
|  | PURPOSE  | Catego         | ry (See Categories listed at the top of this s                           | chedule)  | Description         | =      | neck if travel outside of Texas. Com    |                   |  |
|  | OF<br>EXPENDITURE  | Advert         | ising Expense  |   | L L                 | Ch     | neck if Austin, TX, officeholder living | expense           |  |
|  |  |                |  |   | Newspaper ad        |        |   |                   |  |
|  |  | <u> </u>       |  |   | <u> </u>            |        |   |                   |  |
|  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/     | Officeholder name  |   | Office sought       |        | Office held                             |                   |  |
|  |  |                |  |   |                     |        |   |                   |  |
|  |  |                |  |   |                     |        |   |                   |  |
|  |  |                |  |   |                     |        |   |                   |  |

### SCHEDULE G

# Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | al Committee          | Legal Services  The Instruction Guide explain |            | Vages/Contract Labor omplete this form. |     | OTHER (enter a ca     | ategory not listed above)  |         |
|---|--|-----------------------|---|------------|---|-----|-----------------------|----------------------------|---------|
| 1 | Total pages Schedule G:                                | 2 FILER NAM           | E   |            |   | 3   | Filer ID (Eth         | nics Commission File       | ers)    |
|   | Sch: 2/8 Rpt: 13/19                                    | Spencer, C            | Chris (Mr.)                                   |            |   |     | 00082584              |                            |         |
| 4 | Date   | 5 Payee name          | e   |            |   |     |                       |                            |         |
|   | 07/25/2023   | Bowie Cou             | inty Citizens Tribune                         |            |   |     |                       |                            |         |
| 6 | Amount (\$)  | 7 Payee addre         | ess; City; Stat                               | te; Zip Co | ode                                     |     |                       |                            |         |
|   | \$800.00   | 139 E.N. F            | ront Street                                   |            |   |     |                       |                            |         |
|   | Reimbursement from                                     |                       |   |            |   |     |                       |                            |         |
|   | X political contributions intended                     | New Bosto             | n, TX 75570                                   |            |   |     |                       |                            |         |
| 8 | PURPOSE  | (a) Category (s       | See Categories listed at the top of this s    | schedule)  | (b) Description                         | Che | eck if travel outside | e of Texas. Complete Sche  | dule T. |
|   | OF<br>EXPENDITURE                                      | Advertising           | g Expense                                     |            | L                                       | Che | eck if Austin, TX, o  | fficeholder living expense |         |
|   |  |                       |   |            | Newspaper ad                            |     |                       |                            |         |
| 9 | Complete ONLY if direct                                | L<br>Candidate/Office | eholder name                                  |            | I Office sought                         |     | Off                   | fice held                  |         |
|   | expenditure to benefit                                 |                       |   |            | -                                       |     |                       |                            |         |
|   | C/OH   |                       |   |            |   |     |                       |                            |         |
|   | Date   | Payee name            | 9   |            |   |     |                       |                            |         |
|   | 08/08/2023   | Bowie Cou             | inty Citizens Tribune                         |            |   |     |                       |                            |         |
|   | Amount (\$)  | Payee addr            | ess; City; Stat                               | te; Zip Co | ode                                     |     |                       |                            |         |
|   | \$290.00   | 139 E.N. F            | ront Street                                   |            |   |     |                       |                            |         |
|   | Reimbursement from                                     |                       |   |            |   |     |                       |                            |         |
|   | X political contributions intended                     | New Bosto             | n, TX 75570                                   |            |   |     |                       |                            |         |
|   | PURPOSE  | Category (            | See Categories listed at the top of this s    | chedule)   | Description                             | Che | eck if travel outside | e of Texas. Complete Sche  | dule T. |
|   | OF<br>EXPENDITURE                                      | Advertising           | g Expense                                     |            |   | Che | eck if Austin, TX, o  | fficeholder living expense |         |
|   |  |                       |   |            | Newspaper ad                            |     |                       |                            |         |
|   |  |                       |   |            |   |     |                       |                            |         |
|   | Complete ONLY if direct expenditure to benefit         | Candidate/Office      | eholder name                                  |            | Office sought                           |     | Off                   | fice held                  |         |
|   | C/OH   |                       |   |            |   |     |                       |                            |         |
|   | Date   | Payee name            |   |            |   |     |                       |                            |         |
|   | 08/19/2023   | l ´                   | inty Citizens Tribune                         |            |   |     |                       |                            |         |
| _ | Amount (\$)  | Payee addre           |   | te; Zip Co | ndo.                                    |     |                       |                            |         |
|   | \$385.00   | l ´                   | ront Street                                   | ie, zip Ci | oue                                     |     |                       |                            |         |
|   |  | 155 E.N. 1            | Tont Street                                   |            |   |     |                       |                            |         |
|   | X Reimbursement from political contributions intended  | New Bosto             | on, TX 75570                                  |            |   |     |                       |                            |         |
|   | PURPOSE  | Category (            | See Categories listed at the top of this s    | schedule)  | Description                             | Che | eck if travel outside | e of Texas. Complete Sche  | dule T. |
|   | OF<br>EXPENDITURE                                      | Advertising           | g Expense                                     |            |   | Che | eck if Austin, TX, o  | fficeholder living expense |         |
|   |  |                       |   |            | Newspaper ad                            |     |                       |                            |         |
|   |  |                       |   |            |   |     |                       |                            |         |
|   | Complete ONLY if direct expenditure to benefit         | Candidate/Office      | eholder name                                  |            | Office sought                           | _   | Off                   | fice held                  |         |
|   | C/OH   |                       |   |            |   |     |                       |                            |         |
|   |  |                       |   |            |   |     |                       |                            |         |
|   |  |                       |   |            |   |     |                       |                            |         |
|   |  |                       |   |            |   |     |                       |                            |         |

# SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment |   |  | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Ex<br>Printing E<br>Salaries/V | xpense<br>Vages/Contract Labor |     | Transportation Equipme<br>Travel in District<br>Travel Out of District<br>OTHER (enter a catego |                            |  |  |
|---|---|--|---|--|--------------------------------|-----|---|----------------------------|--|--|
| L   | 2. Jan Gara Caymon                                    |  | The Instruction Guide explains  | how to co                              | omplete this form.             |     |   |                            |  |  |
| 1   | Total pages Schedule G:                               | 2 FILER NAMI                           | ≣   |  |                                | 3   | Filer ID (Ethics  | Commission Filers)         |  |  |
|   | Sch: 3/8 Rpt: 14/19                                   | Spencer, C                             | hris (Mr.)  |  |                                | (   | 00082584  |                            |  |  |
| 4   | Date  | 5 Payee name                           |   |  |                                | •   |   |                            |  |  |
|   | 08/31/2023  | Bowie Cou                              | nty Citizens Tribune  |  |                                |     |   |                            |  |  |
| 6   | Amount (\$)   | 7 Payee address; City; State; Zip Code |   |  |                                |     |   |                            |  |  |
|   | \$385.00  | 139 E.N. F                             | ront Street   |  |                                |     |   |                            |  |  |
|   | Reimbursement from political contributions intended   | New Bosto                              | New Boston, TX 75570  |  |                                |     |   |                            |  |  |
| 8   | PURPOSE   | (a) Category (s                        | ee Categories listed at the top of this sci                             | hedule)                                | (b) Description                | Che | eck if travel outside of To   | exas. Complete Schedule T. |  |  |
|   | OF  | Advertising                            |   | ,                                      |                                | Che | eck if Austin, TX, officeh  | older living expense       |  |  |
|   | EXPENDITURE   | Ĭ                                      | ,   |  | Newspaper ad                   |     |   |                            |  |  |
|   |   |  |   |  |                                |     |   |                            |  |  |
| 9   | Complete ONLY if direct expenditure to benefit C/OH   | I<br>Candidate/Office                  | holder name   |  | Office sought                  |     | Office  | held                       |  |  |
|   | Date  | Payee name                             |   |  |                                |     |   |                            |  |  |
|   | 09/28/2023  | 1 1                                    | nty Citizens Tribune  |  |                                |     |   |                            |  |  |
| _   | Amount (\$)   | Payee address; City; State; Zip Code   |   |  |                                |     |   |                            |  |  |
|   | \$385.00  | 139 E.N. Front Street                  |   |  |                                |     |   |                            |  |  |
|   |   | 100 2.14.11                            | one ou cet  |  |                                |     |   |                            |  |  |
|   | X Reimbursement from political contributions intended | New Bosto                              | n, TX 75570   |  |                                |     |   |                            |  |  |
|   | PURPOSE   | Category (S                            | ee Categories listed at the top of this sc                              | hedule)                                | Description                    | Che | eck if travel outside of T  | exas. Complete Schedule T. |  |  |
|   | OF<br>EXPENDITURE                                     | Advertising                            | Expense   |  |                                | Che | eck if Austin, TX, officeh  | older living expense       |  |  |
|   |   |  |   |  | Newspaper ad                   |     |   |                            |  |  |
|   |   |  |   |  |                                |     |   |                            |  |  |
|   | Complete ONLY if direct                               | Candidate/Office                       | holder name   |  | Office sought                  |     | Office  | held                       |  |  |
|   | expenditure to benefit C/OH                           |  |   |  |                                |     |   |                            |  |  |
|   |   |  |   |  |                                |     |   |                            |  |  |
|   | Date  | Payee name                             |   |  |                                |     |   |                            |  |  |
| L   | 10/20/2023  | Bowie Cou                              | nty Citizens Tribune  |  |                                |     |   |                            |  |  |
|   | Amount (\$)   | Payee addre                            | ess; City; State  | e; Zip Co                              | ode                            |     |   |                            |  |  |
|   | \$385.00  | 139 E.N. Fi                            | ront Street   |  |                                |     |   |                            |  |  |
|   | Reimbursement from                                    |  |   |  |                                |     |   |                            |  |  |
|   | X political contributions intended                    | New Bosto                              | n, TX 75570   |  |                                |     |   |                            |  |  |
|   | PURPOSE   | Category (S                            | ee Categories listed at the top of this sci                             | hedule)                                | Description                    | Che | eck if travel outside of To   | exas. Complete Schedule T. |  |  |
|   | OF<br>EXPENDITURE                                     | Advertising                            | Expense   |  |                                | Che | eck if Austin, TX, officeh  | older living expense       |  |  |
|   | LAI LADITONE  |  |   |  | Newspaper ad                   |     |   |                            |  |  |
|   |   |  |   |  |                                |     |   |                            |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Office                       | holder name   |  | Office sought                  |     | Office  | held                       |  |  |
|   |   |  |   |  |                                |     |   |                            |  |  |
|   |   |  |   |  |                                |     |   |                            |  |  |
|   |   |  |   |  |                                |     |   |                            |  |  |

# SCHEDULE G

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

|   | Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment |                 | mmittee        | Food/Beverage Expens<br>Gift/Awards/Memorials I<br>Legal Services<br>The Instruction Gu | Expense            |        | xpense<br>Nages/Contract Labor |    | Travel in District Travel Out of District OTHER (enter a cate | t<br>egory not listed above) |      |
|---|--|-----------------|----------------|---|--------------------|--------|--------------------------------|----|---|------------------------------|------|
| 1 | Total pages Schedule G:  | 2               | FILER NAME     |   |                    |        |                                | 1  | ,   | cs Commission Filers         | )    |
| L | Sch: 4/8 Rpt: 15/19  | L               | Spencer, C     | hris (Mr.)  |                    |        |                                |    | 00082584  |                              |      |
| 4 | Date   | 5               | Payee name     |   |                    |        |                                |    |   |                              |      |
|   | 10/31/2023   | L               | Bowie Cour     | nty Citizens Tribu  | ine                |        |                                |    |   |                              |      |
| 6 | Amount (\$)  | 7               | Payee addre    | ss; City;   | State;             | Zip Co | ode                            |    |   |                              |      |
|   | \$700.00   |                 | 139 E.N. Fr    | ont Street  |                    |        |                                |    |   |                              |      |
|   | Reimbursement from political contributions intended  |                 | New Bostor     | ı, TX 75570   |                    |        |                                |    |   |                              |      |
| 8 | PURPOSE<br>OF  | (a)             | Category (S    | ee Categories listed at th  | e top of this sche | edule) | (b) Description                | =  |   | of Texas. Complete Schedule  | e T. |
|   | EXPENDITURE  |                 | Advertising    | Expense   |                    |        | l L                            | Ch | eck if Austin, TX, offic                                      | ceholder living expense      |      |
|   |  |                 |                |   |                    |        | Magazine ad                    |    |   |                              |      |
| 9 | Complete ONLY if direct  |                 | ndidate/Office | nolder name   |                    |        | Office sought                  |    | Offic   | ce held                      |      |
| J | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Cal             | ididate/Office | ioluei IIaIIIe  |                    |        | Onice Sought                   |    | Offic   | SE HEIU                      |      |
|   | Date   |                 | Payee name     |   |                    |        |                                |    |   |                              |      |
|   | 11/16/2023   |                 | Bowie Cour     | nty Citizens Tribu  | ine                |        |                                |    |   |                              |      |
|   | Amount (\$)  |                 | Payee addre    | ss; City;   | State;             | Zip Co | ode                            |    |   |                              |      |
|   | \$385.00   |                 | 139 E.N. Fr    | ont Street  |                    |        |                                |    |   |                              |      |
|   | X Reimbursement from political contributions intended  |                 | New Boston     | n, TX 75570   |                    |        |                                |    |   |                              |      |
|   | PURPOSE  |                 | Category (S    | ee Categories listed at th  | e top of this sche | edule) | Description                    | _  |   | of Texas. Complete Schedule  | e T. |
|   | OF<br>EXPENDITURE  |                 | Advertising    | Expense   |                    |        | [                              | Ch | eck if Austin, TX, office                                     | ceholder living expense      |      |
|   |  |                 |                |   |                    |        | Newspaper ad                   |    |   |                              |      |
|   | Complete <u>ONLY</u> if direct expenditure to benefit  | Car             | ndidate/Office | nolder name   |                    |        | Office sought                  |    | Offic   | ce held                      |      |
|   | C/OH   |                 |                |   |                    |        |                                |    |   |                              |      |
| F | Date   |                 | Payee name     |   |                    |        |                                |    |   |                              |      |
|   | 12/13/2023   |                 | •              | nty Citizens Tribu  | ine                |        |                                |    |   |                              |      |
| H | Amount (\$)  | $\vdash$        | Payee addre    | ss; City;   | State;             | Zip Co | ode                            |    |   |                              |      |
|   | \$385.00   |                 | 139 E.N. Fr    | ont Street  |                    |        |                                |    |   |                              |      |
|   | Reimbursement from political contributions   |                 |                |   |                    |        |                                |    |   |                              |      |
|   | intended   |                 | New Bostor     | n, TX 75570   |                    |        |                                |    |   |                              |      |
|   | PURPOSE<br>OF  |                 |                | ee Categories listed at th  | e top of this sche | edule) | Description                    | _  |   | of Texas. Complete Schedul   | e T. |
|   | EXPENDITURE  |                 | Advertising    | Expense   |                    |        | Nowspaparad                    | cn | EUK II AUSUN, TX, OTH   | ceholder living expense      |      |
|   |  |                 |                |   |                    |        | Newspaper ad                   |    |   |                              |      |
|   | Complete ONLY if direct  | <u>I</u><br>Car | ndidate/Office | nolder name   |                    |        | Office sought                  |    | Offic   | ce held                      |      |
|   | expenditure to benefit C/OH  |                 |                | ·<br>   |                    |        |                                |    |   |                              |      |
|   |  |                 |                |   |                    |        |                                |    |   |                              |      |
|   |  |                 |                |   |                    |        |                                |    |   |                              |      |
|   |  |                 |                |   |                    |        |                                |    |   |                              |      |

# SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

|          | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica |   | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Ex<br>Printing E |                    |          | Travel in District<br>Travel Out of Dis | rtrict<br>category not listed above) |  |  |
|----------|---|---|---|--------------------------|--------------------|----------|---|--------------------------------------|--|--|
|          | Credit Card Payment   |   | The Instruction Guide explains  | how to co                | omplete this form. |          |   |                                      |  |  |
| 1        | Total pages Schedule G:   | 2 FILER NAME                                      | 3   |                          |                    | 3        | iler ID (E                              | thics Commission Filers)             |  |  |
|          | Sch: 5/8 Rpt: 16/19   | Spencer, C  | hris (Mr.)  |                          |                    |          | 00082584                                |                                      |  |  |
| 4        | Date  | <b>5</b> Payee name                               |   |                          |                    | <u> </u> |   |                                      |  |  |
|          | 11/27/2023  | ,   | s Marketing Group   |                          |                    |          |   |                                      |  |  |
| 6        | Amount (\$)   | nount (\$) 7 Payee address; City; State; Zip Code |   |                          |                    |          |   |                                      |  |  |
|          | \$1,520.00  | 1260 South  | Business IH 35  |                          |                    |          |   |                                      |  |  |
|          | Reimbursement from political contributions intended                                 | New Braun   | New Braunfels, TX 78130-5717  |                          |                    |          |   |                                      |  |  |
| 8        | PURPOSE   |   |   | andula)                  | (b) Description    | Che      | ock if travel outsin                    | de of Texas. Complete Schedule T.    |  |  |
| °        | OF  |   | ee Categories listed at the top of this sch                             | ieauie)                  | (b) Description [  | =        |   | officeholder living expense          |  |  |
|          | EXPENDITURE   | Printing Exp                                      | pense   |                          | Graphic design     | _        |   | <b>.</b>                             |  |  |
|          |   |   |   |                          | Crapino design     |          |   |                                      |  |  |
| 9        | Complete ONLY if direct   | Candidata/Office                                  | holder name   |                          | Office sought      |          |   | office hold                          |  |  |
| 9        | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                          | Candidate/Office                                  | noider name   |                          | Office sought      |          | O                                       | ffice held                           |  |  |
|          | Date  | Payee name  |   |                          |                    |          |   |                                      |  |  |
|          | 12/08/2023  | Driskill Hote                                     |   |                          |                    |          |   |                                      |  |  |
|          | Amount (\$)   | Payee addre                                       | ss; City; State   | · Zin Co                 | nde .              |          |   |                                      |  |  |
|          | . ,   | Payee address; City; State; Zip Code  604 Brazos  |   |                          |                    |          |   |                                      |  |  |
|          | \$11.50   | 004 Brazus  |   |                          |                    |          |   |                                      |  |  |
|          | Reimbursement from political contributions intended                                 | Austin, TX  | 78701   |                          |                    |          |   |                                      |  |  |
|          | PURPOSE   | Category (s                                       | ee Categories listed at the top of this sch                             | nedule)                  | Description        | Che      | eck if travel outsic                    | de of Texas. Complete Schedule T.    |  |  |
|          | OF  | Travel Out  | ,   | ,                        | l Ė                | Che      | eck if Austin, TX,                      | officeholder living expense          |  |  |
|          | EXPENDITURE   |   |   |                          | Breakfast          |          |   |                                      |  |  |
|          |   |   |   |                          |                    |          |   |                                      |  |  |
|          | Complete ONLY if direct   | L<br>Candidate/Office                             | holder name   |                          | Office sought      |          | 0                                       | office held                          |  |  |
|          | expenditure to benefit  |   |   |                          |                    |          |   |                                      |  |  |
|          | C/OH  |   |   |                          |                    |          |   |                                      |  |  |
|          | Date  | Payee name  |   |                          |                    |          |   |                                      |  |  |
|          | 12/08/2023  | Driskill Hote                                     |   |                          |                    |          |   |                                      |  |  |
| $\vdash$ | Amount (\$)   | Payee addre                                       | ss; City; State   | ; Zip Co                 | ode                |          |   |                                      |  |  |
|          | \$337.91  | 604 Brazos  | •   | ,                        |                    |          |   |                                      |  |  |
|          |   | 33.2.00   |   |                          |                    |          |   |                                      |  |  |
|          | X Reimbursement from political contributions intended                               | Austin, TX  | 78701   |                          |                    |          |   |                                      |  |  |
|          | PURPOSE   | Category (s                                       | ee Categories listed at the top of this sch                             | nedule)                  | Description        | _        |   | de of Texas. Complete Schedule T.    |  |  |
|          | OF<br>EXPENDITURE   | Travel Out  | of District   |                          |                    | Che      | eck if Austin, TX,                      | officeholder living expense          |  |  |
|          | THE LIBITORY  |   |   |                          | Hotel expense      |          |   |                                      |  |  |
|          |   |   |   |                          |                    |          |   |                                      |  |  |
|          |   | Candidate/Office                                  | holder name   |                          | Office sought      |          | 0                                       | ffice held                           |  |  |
|          | expenditure to benefit C/OH   |   |   |                          |                    |          |   |                                      |  |  |
| L        |   |   |   |                          |                    |          |   |                                      |  |  |
|          |   |   |   |                          |                    |          |   |                                      |  |  |
|          |   |   |   |                          |                    |          |   |                                      |  |  |
| 1        |   |   |   |                          |                    |          |   |                                      |  |  |

# SCHEDULE G

# **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | committee Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form. | OTHER (enter a category not listed above)              |
|---|--|---|--|
| 1 | Total pages Schedule G:                                | FILER NAME  | 3 Filer ID (Ethics Commission Filers)                  |
| _ | Sch: 6/8 Rpt: 17/19                                    | Spencer, Chris (Mr.)  | 00082584   |
| 4 | Date   | Payee name  |  |
|   | 12/08/2023   | Republican Party of Texas   |  |
| 6 | Amount (\$)  | Payee address; City; State; Zip Code  |  |
|   | \$750.00   | 400 Congress Avenue   |  |
|   | Reimbursement from political contributions intended    | Austin, TX 78701  |  |
| 8 | PURPOSE  | a) Category (See Categories listed at the top of this schedule) (b) Description                                   | Check if travel outside of Texas. Complete Schedule T. |
|   | OF<br>EXPENDITURE                                      | Fees  | Check if Austin, TX, officeholder living expense       |
|   | EXI ENDITORE   | Filing fee for stat   | e representative                                       |
|   |  |   |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OH    | andidate/Officeholder name Office sought  | Office held  |
|   | Date   | Payee name  |  |
|   | 12/08/2023   | Roaring Forks   |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |  |
|   | \$181.56   | 701 Congress  |  |
|   | •  | 701 Gongress  |  |
|   | X Reimbursement from political contributions intended  | Austin, TX 78701  |  |
|   | PURPOSE  | Category (See Categories listed at the top of this schedule)  Description   | Check if travel outside of Texas. Complete Schedule T. |
|   | OF<br>EXPENDITURE                                      | Food/Beverage Expense   | Check if Austin, TX, officeholder living expense       |
|   | EXI ENDITORE   | Lunch with comn   | nittee   |
|   |  |   |  |
|   |  | andidate/Officeholder name Office sought  | Office held  |
|   | expenditure to benefit C/OH                            |   |  |
|   | Date   | Davida nama   |  |
|   | 08/22/2023   | Payee name Ryan Data & Research   |  |
|   |  | •   |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |  |
|   | \$300.00   | P.O. Box 202675   |  |
|   | Reimbursement from political contributions             |   |  |
|   | intended   | Austin, TX 78720  |  |
|   | PURPOSE  | Category (See Categories listed at the top of this schedule) Description  | Check if travel outside of Texas. Complete Schedule T. |
|   | OF<br>EXPENDITURE                                      | Consulting Expense  | Check if Austin, TX, officeholder living expense       |
|   |  | Data file   |  |
|   |  |   |  |
|   |  | andidate/Officeholder name Office sought  | Office held  |
|   | expenditure to benefit C/OH                            |   |  |
|   | O/OIT  |   |  |
|   |  |   |  |

# SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politics<br>Credit Card Payment |     | mmittee        | Gift/Awards/Memorials Ex<br>Legal Services  The Instruction Guid |                 |        | xpense<br>Vages/Contract Labor |    | Travel III District Travel Out of District OTHER (enter a catego | ory not listed above)      |
|---|--|-----|----------------|--|-----------------|--------|--------------------------------|----|--|----------------------------|
| 1 | Total pages Schedule G:  | 2   | FILER NAME     | Ξ  |                 |        |                                | 3  | Filer ID (Ethics   | Commission Filers)         |
|   | Sch: 7/8 Rpt: 18/19  |     | Spencer, C     | hris (Mr.)   |                 |        |                                |    | 00082584   |                            |
| 4 | Date   | 5   | Payee name     |  |                 |        |                                |    |  |                            |
|   | 07/24/2023   |     | Texarkana      | Newspapers, Inc.   |                 |        |                                |    |  |                            |
| 6 | Amount (\$)  | 7   | Payee addre    | ss; City;  | State;          | Zip Co | ode                            |    |  |                            |
|   | \$1,353.00   |     | P.O. Box 62    | 21   |                 |        |                                |    |  |                            |
|   | Reimbursement from political contributions intended  |     | Texarkana,     | TX 75501   |                 |        |                                |    |  |                            |
| 8 | PURPOSE  | (a) | Category (s    | ee Categories listed at the t                                    | op of this sche | edule) | (b) Description                | =  |  | exas. Complete Schedule T. |
|   | OF<br>EXPENDITURE  |     | Advertising    | Expense  |                 |        |                                | Ch | neck if Austin, TX, officeh                                      | older living expense       |
|   |  |     |                |  |                 |        | Newspaper ad                   |    |  |                            |
| L |  | Ļ   |                |  |                 |        |                                |    | 250  |                            |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Car | ndidate/Office | holder name  |                 |        | Office sought                  |    | Office   | held                       |
|   | Date   |     | Payee name     |  |                 |        |                                |    |  |                            |
|   | 07/03/2023   |     | The Monito     | r  |                 |        |                                |    |  |                            |
|   | Amount (\$)  |     | Payee addre    | ss; City;  | State;          | Zip Co | ode                            |    |  |                            |
|   | \$339.40   |     | P.O. Box 39    | 9  |                 |        |                                |    |  |                            |
|   | Reimbursement from political contributions intended  |     | Naples, TX     | 75568  |                 |        |                                |    |  |                            |
|   | PURPOSE  |     | Category (s    | ee Categories listed at the t                                    | op of this sche | edule) | Description                    | Ch | neck if travel outside of Te                                     | exas. Complete Schedule T. |
|   | OF<br>EXPENDITURE  |     | Advertising    | Expense  |                 |        |                                | Ch | neck if Austin, TX, officeh                                      | older living expense       |
|   |  |     |                |  |                 |        | Newspaper ad                   |    |  |                            |
|   | Complete ONLY if direct expenditure to benefit C/OH  | Car | ndidate/Office | holder name  |                 |        | Office sought                  |    | Office   | held                       |
|   | Date   |     | Payee name     |  |                 |        |                                |    |  |                            |
|   | 07/21/2023   |     | The Paris N    |  |                 |        |                                |    |  |                            |
|   | Amount (\$)  | H   | Payee addre    | ss; City;  | State;          | Zip Co | ode                            |    |  |                            |
|   | \$956.88   |     | P.O. Box 10    | 078  |                 |        |                                |    |  |                            |
|   | Reimbursement from political contributions intended  |     | Paris, TX 7    | 5461-1078  |                 |        |                                |    |  |                            |
|   | PURPOSE  |     | Category (s    | ee Categories listed at the t                                    | op of this sche | edule) | Description                    | _  |  | exas. Complete Schedule T. |
|   | OF<br>EXPENDITURE  |     | Advertising    | Expense  |                 |        | <u> </u>                       | Ch | neck if Austin, TX, officeh                                      | older living expense       |
|   |  |     |                |  |                 |        | Newspaper ad                   |    |  |                            |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Car | ndidate/Office | holder name  |                 |        | Office sought                  |    | Office   | held                       |
|   |  |     |                |  |                 |        |                                |    |  |                            |

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 8/8 Rpt: 19/19 Spencer, Chris (Mr.) 00082584 Date Payee name 09/20/2023 The Paris News 6 Amount (\$) Payee address; City; State; Zip Code \$99.00 P.O. Box 1078 Reimbursement from political contributions intended Х Paris, TX 75461-1078 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Annual subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/19/2023 The Paris News Amount (\$) Payee address; City; State; Zip Code \$4,207.44 P.O. Box 1078 Reimbursement from political contributions Χ Paris, TX 75461-1078 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Newspaper ads Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH