JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

| The JC/OH Instruction | Guide explains how to con | nplete this form. | (| Filer ID Ethics Commission 00065741 | Filers) | 2 Total pages | filed: 21 | | | |
|--|---------------------------|-------------------|---------|---|------------------|---------------------|---|--|--|--|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | · ` | | MI | OFFICE USE ONLY | | | | |
| OFFICEHOLDER | The Honorable | Charles A. | | | | OFFICE | USE UNL I | | | |
| NAME | | Chance 74. | | | | Date Received | | | | |
| | | | | | | ELECTRONIC | CALLY FILED | | | |
| | NICKNAME | LAST | | | SUFFIX | 10/27/2024 | | | | |
| | Kin | Spain | | | Jr. | | | | | |
| | | - | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING | ADDRESS / PO BOX; AP | T / SUITE #; CI | ΓY; | | ZIP CODE | Date Hand-delivered | l or Date Postmarked | | | |
| ADDRESS | REDACTED PER 25 | 4.0313, GOV'T (| CODE | | | Receipt # | Amount | | | |
| Change of Address | | | | | | Date Processed | | | | |
| | | | | | | Date Processed | | | | |
| | | | | | | Date Imaged | | | | |
| 5 CAMPAIGN | MS/MRS/MR | FIRST | | | | MI | | | | |
| TREASURER | | | | | | IVII | | | | |
| NAME | Mr. | Geoffrey C. | | | | | | | | |
| | | | | | | | | | | |
| | NICKNAME | LAST | | | | SUFFIX | | | | |
| | | Westergaard | | | | | | | | |
| a | | | | | | | | | | |
| 6 CAMPAIGN TREASURER | STREET ADDRESS (NO P | O BOX PLEASE); | | APT / S | UITE #; CITY; | S | TATE; ZIP CODE | | | |
| ADDRESS | | | | | | | | | | |
| (Residence or Business) | REDACTED PER 25 | 4.0313, GOV'T (| CODE | Ξ | | | | | | |
| (, | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 7 CAMPAIGN | AREA CODE PHC | NE NUMBER | EXTE | NSION | | | | | | |
| TREASURER PHONE | (713) 291-0999 | | | | | | | | | |
| | | | | | | | | | | |
| 8 REPORT | | | | _ | _ | _ | | | | |
| TYPE | January 15 | 30th day befor | e elect | ion Run | off | | campaign treasurer fficeholder only) | | | |
| | July 15 | X 8th day before | electio | on 🗖 Exc | eeded modified | _ | ttach C/OH-FR) | | | |
| | | | cicolic | | orting limit | | | | | |
| 9 PERIOD | Month Day Year | | | | Month Day | Year | | | | |
| COVERED | 09/27/2024 | Т | HROL | JGH | 10/26/202 | | | | | |
| | | | | | | | | | | |
| 10 ELECTION | ELECTION DATE | | | F | | | | | | |
| | Month Day Year | | Primary | | Runoff | Other | | | | |
| | 11/05/2024 | | - | | | | | | | |
| | | X | Genera | .1 | Special | | | | | |
| | | | | | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 | OFFICE SOUGHT | (if known) | | | | |
| | Court Of Appeals, Justic | e Place 4 Distric | t 14 | | Court Of Appeals | s, Justice Place | 4 District 14 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| GO TO PAGE 2 | | | | | | | | | | |
| | | | | | | | | | | |
| Forms provided by Te | xas Ethics Commission | www.e | thics. | state.tx.us | | Ver | sion V4.1.0.48da51f7 | | | |

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 21

I

| 13 C / OH NAME | Spain Jr., Charles A. | (The Honorable) | 14 Filer ID 00065741 | (Ethics Com | mission Filers) | | | |
|--|---|--|--------------------------------|----------------|-----------------|--|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | litures made by political ut the candidate's or offic tion only if they receive r | ceholder's kno | owledge or | | | | | |
| Additional Pages | COMMITTEE TYPE | | | | | | | |
| | GENERAL | | | | | | | |
| | | | | | | | | |
| | SPECIFIC | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | <u>.</u> | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDF | ESS | | | | | |
| | | | | | | | | |
| 16 CONTRIBUTION TOTALS | , \$ | 0.00 | | | | | | |
| | | ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA | \$ | 1,165.00 | | | | |
| | <u> </u> | 0.00 | | | | | | |
| TOTALS | 3. TOTAL UNITEM | IZED POLITICAL EXPENDITURES | | \$ | 0.00 | | | |
| | 4. TOTAL POLIT | ICAL EXPENDITURES | | \$ | 31,428.17 | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | \$ | 593.15 | | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS / TING PERIOD | AS OF THE LAST DAY | \$ | 0.00 | | | |
| 17 AFFIDAVIT | | | | | | | | |
| | | I swear, or affirm, under pen true and correct and include under Title 15, Election Code | s all information required | | | | | |
| | | The Hone | orable Charles A. Spa | un Jr. | | | | |
| | | Signature | of Candidate or Officeh | older | | | | |
| AFFIX NO | TARY STAMP / SEAL AB | OVE | | | | | | |
| Sworn to and subso | cribed before me, by the s | aid | , this the | | day | | | |
| of | , 20, to c | ertify which, witness my hand and seal of office. | | | | | | |
| | | | | | | | | |
| Signature of offic | cer administering oath | Printed name of officer administering oath | Title of offic | er administeri | ing oath | | | |
| Forms provided by Te | xas Ethics Commissior | www.ethics.state.tx.us | | Version V | 4.1.0.48da51f7 | | | |

FORM JC/OH COVER SHEET PG 3

| 3 | of | 21 |
|---|----|----|
| | | |

| | 18 FILER NAME19 Filer ID(ESpain Jr., Charles A. (The Honorable)00065741 | | | | | | | | | |
|---------|--|----------|---------------------|--|--|--|--|--|--|--|
| | E SUBTOTALS | | | | | | | | | |
| NAME OF | SCHEDULE | | SUBTOTAL AMOUNT | | | | | | | |
| 1. X | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | | \$ 1,165.00 | | | | | | | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | | | | | | | |
| 3. | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | | \$ | | | | | | | |
| 4. | SCHEDULE E(J): LOANS (JUDICIAL) | | \$ | | | | | | | |
| 5. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ 19,601.57 | | | | | | | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | | | | | | | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | | | | | | | |
| 8. X | 8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | | | | | | | | |
| 9. X | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ 5,913.30 | | | | | | | |
| 10. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | | | | | | | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | | | | | | | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER | RETURNED | \$ | | | | | | | |
| | | | | | | | | | | |

SUBTOTALS - JC/OH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| Spain Jr., Charles A. (The Honorable) 00065741 4 Date 5 Full name of contributor nut-of-state PAC (Ibr:) 7 Amount of Contribution (\$) 10/08/2024 6 Contributor address: City; State: Zip Code 7 Amount of Contribution (\$) 54 6 Contributors Principal Occupation 9 Contributors Job Title Psychiaytist 7 10 Contributor's employen/law firm 11 Law firm of contributor's spouse (if any) 11 Law firm of contributor's spouse (if any) 12 If contributor's a child, law firm of parent(s) (if any) 24 Contributor's Principal Occupation Amount of Contributor's spouse (if any) 12 If contributor's Principal Occupation Contributor's Spouse (if any) Amount of Contribution (\$) \$25 10/03/2024 Full name of contributor nut-of-state PAC (Ibr:) Amount of Contribution (\$) \$25 10/03/2024 Full name of contributor nut-of-state PAC (Ibr:) Amount of Contributor's spouse (if any) \$25 10/03/2024 Full name of contributor nut-of-state PAC (Ibr:) Amount of Contributor's spouse (if any) \$26 10/03/2024 Full name of contributor nut-of-state PAC (Ibr:) Amount of Contributor's spouse (if any) \$37 09/30/2024 <td< th=""><th>The Instruc</th><th>ction Guide explains how to complete this f</th><th>form.</th><th>1 Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/21</th></td<> | The Instruc | ction Guide explains how to complete this f | form. | 1 Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/21 |
|--|----------------------|---|------------------------------|---|
| 10/08/2024 Busby. Christopher \$\$ 6 Contributor address; City; State; Zip Code \$\$ 8 Contributor's Principal Occupation 9 Contributor's Job Title Physician 11 Law firm of contributor's spouse (if any) 11 Law firm of contributor's spouse (if any) 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 11 It contributor is a child, law firm of parent(s) (if any) Out-of-state PAC (ID# | | arles A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00065741 |
| 8 Contributor's Principal Occupation 9 Contributor's Job Title Physician 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 11 Law firm of contributor is a child, law firm of parent(s) (if any) 11 Law firm of contributor's spouse (if any) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/03/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Contributor's Principal Occupation Contributor's Job Title Owner Contributor's spouse (if any) Contributor's employer/law firm Law firm of contributor's spouse (if any) SOK Salon on Kirby If contributor is a child, law firm of parent(s) (if any) If contributor is a child, law firm of parent(s) (if any) Out-of-state PAC (ID#: | | Busby, Christopher | | 7 Amount of Contribution (\$) \$50.00 |
| Physician Psychiaytist 10 Contributor's employer/law firm University of Texas Dell Medical School 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Amount of Contribution (s) Date Full name of contributor out-of-state PAC (ID#) 10/03/2024 Full name of contributor out-of-state PAC (ID#) Contributor's Principal Occupation Contributor's Job Title Contributor's Principal Occupation Contributor's spouse (if any) SoK Salon on Kirby Law firm of parent(s) (if any) If contributor is a child, law firm of parent(s) (if any) Amount of Contributor's spouse (if any) SoK Salon on Kirby If contributor is a child, law firm of parent(s) (if any) If contributor address; City; State; Zip Code Amount of Contributor (s) 09/30/2024 Full name of contributor out-of-state PAC (ID#) 09/30/2024 Full name of contributor Contributor's bot Title Admissions officer | | Austin, TX 78735-6498 | | |
| University of Texas Dell Medical School 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor 10/03/2024 Full name of contributor Clark, Kenneth \$25 Contributor address; City, State; Zip Code Amount of Contribution (\$) Houston, TX 77006-4712 Contributor's Job Title Contributor's employer/law firm Law firm of contributor's spouse (if any) SOK Salon on Kirby If contributor address; City, State; Zip Code If contributor is a child, law firm of parent(s) (if any) Amount of Contributor's spouse (if any) SOK Salon on Kirby Law firm of contributor's spouse (if any) Og/30/2024 Full name of contributor out-of-state PAC (ID#:) Og/30/2024 Full name of contributor out-of-state PAC (ID#:) Og/30/2024 Full name of contributor out-of-state PAC (ID#:) Outor's Detrin \$2 Contributor address; City, State; Zip Code Amount of Contribution (\$) Houston, TX 77011-2822 Contributor's Job Title Admissions officer Assistant director Contributor's employer/law firm Law firm of contributor's spouse (if any) | | rincipal Occupation | | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/03/2024 Clark, Kenneth \$25 Contributor address; City; State; Zip Code Houston, TX 77006-4712 \$26 Contributor's Principal Occupation Contributor's Job Title Owner Contributor's employer/law firm Law firm of contributor's spouse (if any) \$27 SOK Salon on Kirby If contributor out-of-state PAC (ID#:) Amount of Contributor's spouse (if any) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/30/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/30/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/30/2024 Houston, TX 77011-2822 Amount of Contributor's Job Title Contributor's Principal Occupation Contributor's Job Title Assistant director Contributor's employer/law firm Law firm of contributor's spouse (if any) The University of Houston | University of | Texas Dell Medical School | bouse (if any) | |
| 10/03/2024 Clark, Kenneth \$25 Contributor address; City, State; Zip Code Houston, TX 77006-4712 \$25 Contributor's Principal Occupation Contributor's Job Title Owner Contributor's employer/law firm Law firm of contributor's spouse (if any) \$25 SOK Salon on Kirby If contributor is a child, law firm of parent(s) (if any) Law firm of contributor's spouse (if any) Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 09/30/2024 Dacey, Derin Si \$30 Volutor's Principal Occupation Contributor's Job Title \$30 Houston, TX 77011-2822 Contributor's Job Title \$31 Contributor's Principal Occupation Contributor's Job Title \$32 Admissions officer Assistant director Contributor's spouse (if any) The University of Houston Law firm of contributor's spouse (if any) Law firm of contributor's spouse (if any) | 12 If contributor is | a child, law firm of parent(s) (if any) | | |
| Contributor's Principal Occupation Contributor's Job Title Cosmetologist Owner Contributor's employer/law firm Law firm of contributor's spouse (if any) SOK Salon on Kirby Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) 09/30/2024 Dacey, Derin Amount of Contribution (\$) Contributor's principal Occupation Contributor's Job Title Admissions officer Assistant director Contributor's employer/law firm Law firm of contributor's spouse (if any) The University of Houston Law firm of contributor's spouse (if any) | | Clark, Kenneth |) | Amount of Contribution (\$) \$250.00 |
| Cosmetologist Owner Contributor's employer/law firm Law firm of contributor's spouse (if any) SOK Salon on Kirby If contributor is a child, law firm of parent(s) (if any) If contributor is a child, law firm of parent(s) (if any) Amount of Contributor's spouse (if any) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/30/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/30/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/30/2024 Full name of contributor Contributor's contributor address; City; State; Zip Code Amount of Contributor's Job Title Houston, TX 77011-2822 Contributor's Job Title Assistant director Contributor's employer/law firm Law firm of contributor's spouse (if any) The University of Houston Law firm of contributor's spouse (if any) | | | | |
| SOK Salon on Kirby If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC (ID#:) 09/30/2024 Dacey, Derin Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Houston, TX 77011-2822 Contributor's Principal Occupation Contributor's Job Title Admissions officer Assistant director Law firm of contributor's spouse (if any) The University of Houston Law firm of contributor's spouse (if any) | | | | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/30/2024 Dacey, Derin \$1 Contributor address; City; State; Zip Code \$1 Houston, TX 77011-2822 Contributor's Principal Occupation Contributor's Job Title Admissions officer Assistant director Contributor's employer/law firm Law firm of contributor's spouse (if any) | SOK Salon o | n Kirby | Law firm of contributor's sp | bouse (if any) |
| 09/30/2024 Dacey, Derin \$1 Contributor address; City; State; Zip Code \$1 Houston, TX 77011-2822 Contributor's Principal Occupation Contributor's Principal Occupation Contributor's Job Title Admissions officer Assistant director Contributor's employer/law firm Law firm of contributor's spouse (if any) The University of Houston Contributor's spouse (if any) | If contributor is | a child, law firm of parent(s) (if any) | | |
| Contributor's Principal Occupation Contributor's Job Title Admissions officer Assistant director Contributor's employer/law firm Law firm of contributor's spouse (if any) The University of Houston Image: Contributor's spouse (if any) | | Dacey, Derin | | Amount of Contribution (\$) \$15.00 |
| Admissions officerAssistant directorContributor's employer/law firmLaw firm of contributor's spouse (if any)The University of Houston | | | | |
| Contributor's employer/law firm Law firm of contributor's spouse (if any) The University of Houston Law firm of contributor's spouse (if any) | | | | |
| | | | | oouse (if any) |
| | The Universit | ty of Houston | | |
| If contributor is a child, law firm of parent(s) (if any) | If contributor is | a child, law firm of parent(s) (if any) | | |
| Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.480 | Forms provided | by Texas Ethics Commission | | Version V4.1.0.48da51f7 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| The Instrue | ction Guide explains how to complete this f | 1 Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/21 | | | | | |
|----------------------|--|---|---|--|--|--|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | | |
| | narles A. (The Honorable) | | 00065741 | | | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | | | | |
| 10/06/2024 | Ownby, Dan | | \$750.00 | | | | |
| | 6 Contributor address; City; State; Zip Code | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Houston, TX 77096-4404 | | | | | | |
| 8 Contributor's F | Principal Occupation | | | | | | |
| Energy profe | essional | President | | | | | |
| 10 Contributor's e | employer/law firm | 11 Law firm of contributor's sp | bouse (if any) | | | | |
| West Shore | Pipe Line Company | | | | | | |
| 12 If contributor is | s a child, law firm of parent(s) (if any) | | | | | | |
| | | | | | | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | | | | |
| 09/28/2024 | Stipeche, Juliet | / | \$100.00 | | | | |
| | Contributor address; City; State; Zip Code | | • | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | | | | | | |
| | Houston, TX 77023-4816 | | | | | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | | | | | |
| Attorney | | Shareholder | The second se | | | | |
| | employer/law firm | Law firm of contributor's sp | nouse (if any) | | | | |
| | Stipeche, P.C. | | | | | | |
| | s a child, law firm of parent(s) (if any) | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|--|--|-----|---|--|-----------------|---|-------------------------------------|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 1/4 Rpt: 6/21 | | Spain Jr., Charles A. (The Honorable) | 00065741 | | | | | |
| 4 | Date | 5 | Payee name | | | | | | |
| | 10/09/2024 | | Brazoria County Democratic Party | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip Code | | | | | | |
| | \$1,000.00 | | 4010 Lotus Drive | | | | | | |
| | | | Pearland, TX 77584-4912 | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | | |
| | OF Contributions/Donations Made By EXPENDITURE Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense GOTV | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | Candidate/Officeholder name O |)ffice sou | Jht | | Office held | | |
| | Date | | Payee name | | | | | | |
| 10/02/2024 Harris County Democratic Party | | | | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | |
| \$5,000.00 4619 Lyons Avenue | | | | | | | | | |
| | | | Suite A | | | | | | |
| | | | Houston, TX 77020-4304 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By | Check if travel outside of Texas. Complete Schedule T. | | | | | |
| | | | Candidate/Officeholder/Political Commi | ittee | 2024 Victory | , TX | , officeholder living expense | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officeholder name O |)ffice sou | ht Office held | | | | |
| | Date | | Payee name | | | | | | |
| | 10/09/2024 | | Monarch Printing Company, Inc. | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | le | | | | |
| | \$1,000.00 | | 6605 McGrew Street | | | | | | |
| | | | Suite B | | | | | | |
| | | | Houston, TX 77087-3466 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | | |
| | OF EXPENDITURE | | Printing Expense | | | | ide of Texas. Complete Schedule T. | | |
| | | | | | Pushcards | I, TX | , officeholder living expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name O | office sou | Jht | | Office held | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|--|--|---|--|--|-----------------|-------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Prin mittee Legal Services Sala | Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | | | | 3 | Filer ID (Ethics Commission Filers) | | |
| - | Sch: 2/4 Rpt: 7/21 | | Spain Jr., Charles A. (The Honorable) | | | | 00065741 | | |
| 4 | Date 10/11/2024 | | Payee name Pleasant Hill Baptist Church | | | | | | |
| 6 | Amount (\$) \$1,000.00 | | 7 Payee address; City; State; Zip Code 5000 Cruse Road | | | | | | |
| | | | Houston, TX 77016-5838 | | | | | | |
| 8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Voter outreach | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | andidate/Officeholder name Office | e sought | | | Office held | | |
| | Date | | Payee name | | | | | | |
| 10/01/2024 Raise the Money, Inc. | | | | | | | | | |
| | Amount (\$) \$14.12 | | | | | | | | |
| | | | Little Rock, AR 72221-6466 | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Accounting/Banking | _{:)} (b) | Check if Austin | , тх, | de of Texas. Complete Schedule T. officeholder living expense ng processing fee | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name Office | e sought | | | Office held | | |
| | Date | | Payee name | | | | | | |
| | 10/08/2024 | | Raise the Money, Inc. | | | | | | |
| | Amount (\$) Payee address; City; State; Zip Code \$37.00 Post Office Box 26466 | | | | | | | | |
| | | | Little Rock, AR 72221-6466 | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Accounting/Banking | _{:)} (b) | Check if Austin | , тх, | de of Texas. Complete Schedule T. officeholder living expense ng processing fee | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officeholder name Office | e sought | | | Office held | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|---|--|----------------------------|---|--|---|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | nent/Reimbursement ead/Rental Expense nse ense ges/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) |
| | Sch: 3/4 Rpt: 8/21 | | Spain Jr., Charles A. (The Honoral | 00065741 | | | | |
| 4 | Date | 5 | Payee name | | | | | |
| | 10/08/2024 | | Raise the Money, Inc. | | | | | |
| 6 | Amount (\$) \$2.70 | 7 Payee address; City; State; Zip Code Post Office Box 26466 Little Rock, AR 72221-6466 | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of th | nis schedu | le) (I |) Description | | |
| OF EXPENDITURE Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online fundraising processing fee | | | | | | officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | Office held | |
| | Date | | Payee name | | | | | |
| 10/07/2024 | | | Spain, Charles | | | | | |
| Amount (\$) Payee address; City; | | | | | Zip Cod | 9 | | |
| | \$3,734.45 | | Post Office Box 56386 Houston, TX 77256-6386 | | | | | |
| PURPOSE OF EXPENDITURE | | | Check if Austin, T | | , TX, ent | side of Texas. Complete Schedule T. K. officeholder living expense t for political expenditures from reported on 10/7/2024 Schedule G | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | cholder name Office sought | | | Office held | |
| | Date | | Payee name | | | | | |
| | 10/26/2024 | | Spain, Charles | | | | | |
| | Amount (\$) Payee address; City; State; Zip Code \$5,913.30 Post Office Box 56386 | | | | | | | |
| | | | Houston, TX 77256-6386 | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of the Loan Repayment/Reimbursement | nis schedul | ile) (I | Check if Austin Reimbursem | , тх, ent | de of Texas. Complete Schedule T. officeholder living expense for political expenditures from eported on 10/28/2024 Schedule G |
| | Complete ONLY if direct expenditure to benefit C/OF | | andidate/Officeholder name | Offic | ce sougł | nt | | Office held |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|--|---|-----|--|--------------------------------------|----------------------|-------------|---|----------------------------|--|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | t | Travel in District Travel Out of Dis | quipment & Related Expense | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAM | E | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 4/4 Rpt: 9/21 | | Spain Jr., (| Charles A. (The | Honorable) | | | | 00065741 | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 10/10/2024 | | The Young | and The Politic | s LLC | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | Payee address; City; State; Zip Code | | | | | | |
| | \$1,000.00 | | 2722 Face | t Creek Drive | | | | | | |
| | | | Fresno, TX | 77545-6060 | | | | | | |
| 8 | PURPOSE | (a) | Category (5 | See Categories listed at | the top of this sche | edule) | (b) Description | | | |
| | OF EXPENDITURE | | Advertising | | | , | Check if trav | | ide of Texas. Com | |
| | | | | | | | Fort Bend (| | , officeholder living | expense |
| | | | | | | | I OIT DEHU C | Jouri | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Off | ficeholder name | C |)ffice souç | ght | | Office he | eld |
| | Date | | Payee name | 9 | | | | | | |
| | 10/11/2024 | | iAspire You | uth Program | | | | | | |
| | Amount (\$) | | Payee addre | ess; City; | State; | Zip Co | de | | | |
| \$900.00 16755 West Lake Houston Parkway | | | | | | | | | | |
| | | | Apt. 913 | | | | | | | |
| | | | Houston, T | X 77044-6370 | | | | | | |
| | PURPOSE | (a) | Category (s | See Categories listed at | the top of this sche | edule) | (b) Description | | | |
| | OF EXPENDITURE | | | ns/Donations M Officeholder/Po | | ittoo | | | ide of Texas. Com , officeholder living | |
| | | | Canuluale/ | Oncentitien/Po | | lillee | Voter outre | | , onecholder inving | expense |
| | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Of | ficeholder name | C | office sou | ght | | Office he | eld |
| | expenditure to benefit C/OI | H | | | | | | | | |
| | | | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 10(a) | | | | | | | | | | |
|---|--|---|--|---------------------------|--|---|-----------------|--------------|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Fees Food/Beve Gift/Award | Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F | | Reimbursement tental Expense ontract Labor | Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego | ent & Related I | | | | |
| | | The Inst | ruction Guide explains h | now to complete | this form. | | | | | | |
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethi | ics Commiss | sion Filers) | | | |
| | Sch: 1/6 Rpt: 10/21 | Spain Jr., Charles / | A. (The Honorable) | | | 00065741 | | | | | |
| 4 | CREDIT CARD | Name of fina | ncial institution | | | | | | | | |
| | ISSUER | USAA Savir | | NDITURES GED TO A CRED | ит \$ | | | | | | |
| 6 | PAYMENT | (a) Amount Charged \$30.00 | (b) Date of Charge 10/01/2024 | (c) Date(s 10/24/20 | s) Credit Card Issu 024 | uer Paid | | | | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code | | | |
| | | Harris County Tejano Democrats | | | erry Springs Lan TX 77373-8185 | ie | | | | | |
| 8 | 8 PURPOSE OF (a) Category | | | | iption | | | | | | |
| - | EXPENDITURE | Member | | | | | | | | | |
| | X Political | Contributions/Donatic Candidate/Officehold | e | | | | | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | Т. | Check if Austin, 1 | TX, officeholder living exp | oense | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder | name O | ffice sought | | Office held | | | | | |
| e | xpenditure to benefit C/OH | | | | | | | | | | |
| PAYMENT (a) Amount Charged (b) Date of Charge | | | | (c) Date(s 10/24/2 | s) Credit Card Issu | uer Paid | | | | | |
| | | \$60.00 | 10/01/2024 | 10/24/20 | JZ4 | | | | | | |
| | PAYEE | (a) Payee name | | ., , | address; | City, | State, | Zip Code | | | |
| | | Harris County Dem | 4619 Ly Suite A | | | | | | | | |
| | | | | | Houston, TX 77020-4304 | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | Category e Categories listed at the top of this schedule) | | | (b) Description Sustaining membership | | | | | |
| | X Political | Contributions/Donatic Candidate/Officehold | | | Sustaining membership | | | | | | |
| | Non-Political | | of Texas. Complete Schedule | | Check if Austin, 1 | TX, officeholder living exp | oense | | | | |
| e | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Officeholder | name O | ffice sought | | Office held | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s 10/24/2 | s) Credit Card Issu | uer Paid | | | | | |
| | | \$135.00 | 10/01/2024 | 10/24/20 | JZ4 | | | | | | |
| | PAYEE | (a) Payee name | • | (b) Payee | address; | City, | State, | Zip Code | | | |
| | | Harris County Teja | no Democrats | | erry Springs Lan | ie | | | | | |
| | | | | Suite A | | | | | | | |
| _ | | (a) Category | | (b) Descr | TX 77373-8185 | | | | | | |
| | PURPOSE OF EXPENDITURE | (See Categories listed at the top | | Gala | ιμιστι | | | | | | |
| | X Political Contributions/Donations Made By Candidate/Officeholder/Political Committee | | | | | | | | | | |
| | Non-Political | | of Texas. Complete Schedule | | Check if Austin | TX, officeholder living exp | oense | | | | |
| | Complete ONLY if direct | Candidate/Officeholder | | ffice sought | | Office held | | | | | |
| e | xpenditure to benefit C/OH | | | - | | | | | | | |

| | EXPENDITORE | SCHEDULE F4 | | | | | | |
|---|--|---|--|---|---|--|--|--|
| | | | | | | | | |
| | | EXPI | ENDITURE CATEGOR | IES FOR BOX 10(a) | | | | |
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | I Committee Gift/Award Legal Serv | erage Expense is/Memorials Expense rices | Office Overhead/Rental Expense Polling Expense Printing Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 2/6 Rpt: 11/21 | Spain Jr., Charles / | A. (The Honorable) | | 00065741 | | | |
| 4 | CREDIT CARD | | ncial institution | 5 TOTAL OF UNITEMIZED | | | | |
| | ISSUER | | revious | EXPENDITURES CHARGED TO A CREDI CARD | \$ | | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | er Paid | | | |
| | | \$250.00 | 10/09/2024 | 10/24/2024 | | | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | |
| | | West Houston Dem | nocratic Club | 13114 Waldemere Drive | | | | |
| | | | | Houston, TX 77077-5513 | 3 | | | |
| 8 | PURPOSE OF | (a) Category | | (b) Description | | | | |
| | EXPENDITURE | (See Categories listed at the top Contributions/Donation | | Blue Surge Rally contribution | | | | |
| | X Political | Candidate/Officehold | | e | | | | |
| | Non-Political | (C) Check if travel outside | T. Check if Austin, T. | X, officeholder living expense | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder | ffice sought | Office held | | | | |
| e | xpenditure to benefit C/OH | | | | | | | |
| | PAYMENT | (a) Amount Charged \$20.00 | (b) Date of Charge 10/22/2024 | (c) Date(s) Credit Card Issu 10/24/2024 | er Paid | | | |
| | PAYEE | (a) Payee name | • | (b) Payee address; | City, State, Zip Code | | | |
| | | Duran dia Carrata Da | | 4010 Lotus Drive | 4010 Lotus Drive | | | |
| | | Brazoria County De | emocratic | | | | | |
| | | | | Pearland, TX 77584-4912 | | | | |
| | PURPOSE OF | (a) Category | | (b) Description | | | | |
| | | (See Categories listed at the top Contributions/Donation | , | Sustaining membership | | | | |
| | X Political | Candidate/Officehold | | e | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | T. Check if Austin, T. | X, officeholder living expense | | | |
| | Complete ONLY if direct | Candidate/Officeholder | r name O | ffice sought | Office held | | | |
| e | xpenditure to benefit C/OH | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | er Paid | | | |
| | | \$25.00 | 10/22/2024 | 10/24/2024 | | | | |
| | PAYEE | (a) Payee name | • | (b) Payee address; | City, State, Zip Code | | | |
| | | | | 13515 Southwest Freew | ay | | | |
| | | Fort Bend County [| Democratic | Suite 204 | | | | |
| L | | | Sugar Land, TX 77478-3 | 3547 | | | | |
| | PURPOSE OF | (a) Category | | (b) Description | | | | |
| | | (See Categories listed at the top Contributions/Donation | | Sustaining membership | | | | |
| | X Political | Candidate/Officehold | | e | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | T. Check if Austin, T. | X, officeholder living expense | | | |
| е | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Officeholder | r name O | ffice sought | Office held | | | |
| _ | | 1 | | | | | | |

| | | | | SCHEDULE F4 |
|--|---|---|--|---|
| | | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expr Fees Food/Beve / - Gift/Award I Committee Legal Serv | erage Expense s/Memorials Expense rices | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| | | ruction Guide explains ho | ow to complete this form. | |
| 1 Total pages Schedule F4: Sch: 3/6 Rpt: 12/21 | 2 FILER NAME Spain Jr., Charles A | (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00065741 |
| | | | 5 TOTAL OF UNITEMIZED | |
| 4 CREDIT CARD ISSUER | | revious | EXPENDITURES CHARGED TO A CREDI CARD | \$ |
| 6 PAYMENT | (a) Amount Charged \$15.00 | (b) Date of Charge 10/22/2024 | (c) Date(s) Credit Card Issu 10/24/2024 | er Paid |
| 7 PAYEE | (a) Payee name | • | (b) Payee address; | City, State, Zip Code |
| | Galveston County I | Democratic | Post Office Box 1071 | |
| | | | La Marque, TX 77568-10 | 071 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Contributions/Donatio | ons Made By | (b) Description Sustaining membership | |
| | Candidate/Officehold | | | |
| Non-Political | | of Texas. Complete Schedule T | | X, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | | fice sought | Office held |
| PAYMENT | (a) Amount Charged \$1,500.00 | (b) Date of Charge 10/23/2024 | (c) Date(s) Credit Card Issu 10/26/2024 | er Paid |
| PAYEE | (a) Payee name Galveston County [| Democratic | (b) Payee address; Post Office Box 1071 La Marque, TX 77568-10 | City, State, Zip Code |
| PURPOSE OF | (a) Category | | (b) Description | |
| EXPENDITURE | (See Categories listed at the top | , | GOTV | |
| X Political | Contributions/Donation Candidate/Officehold | , | | |
| Non-Political | | of Texas. Complete Schedule T | | X, officeholder living expense |
| Complete ONLY if direct | Candidate/Officeholder | • | fice sought | Office held |
| expenditure to benefit C/OH | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | er Paid |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code |
| PURPOSE OF | (a) Category | | (b) Description | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | | |
| Non-Political | | | | |
| Complete <u>ONLY</u> if direct | | | | |
| expenditure to benefit C/OH | | | | |

| EXPENDITORES MADE BY CREDIT CARD | | | | SCH | IEDULI | e F4 | |
|--|---|-------------------------------------|---|----------------------------------|--|-------------|-------------|
| | | | | | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expr Fees Food/Beve / - Gift/Award I Committee Legal Serv | rage Expense s/Memorials Expense | Loan Repayment/Reimburse Office Overhead/Rental Expe Polling Expense Printing Expense Salaries/Wages/Contract Lat | ense Tra Tra Tra Dor OT | licitation/Fundraising Ex ansportation Equipment avel in District avel Out of District HER (enter a category | & Related E | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethics | Commiss | ion Filers) |
| Sch: 4/6 Rpt: 13/21 | Spain Jr., Charles A | A. (The Honorable) | | | 00065741 | | , |
| 4 CREDIT CARD | - | ncial institution | 5 TOTAL OF UN | | | | |
| ISSUER | | nk, N.A. | EXPENDITUR CHARGED TO CARD | ES | \$ | | |
| 6 PAYMENT | (a) Amount Charged \$100.00 | (b) Date of Charge 10/15/2024 | (c) Date(s) Credit 10/26/2024 | Card Issuer | Paid | | |
| 7 PAYEE | (a) Payee name | • | (b) Payee addres | s; | City, | State, | Zip Code |
| | | | 115 Railroad S | treet | | | |
| | The Navasota Exar | niner | | | | | |
| | | | Navasota, TX 7 | 7868-3529 |) | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top | of this cohodula) | (b) Description | | | | |
| | Advertising Expense | or this schedule) | Navasota Exan | niner ad | | | |
| X Political | | | | | | | |
| Non-Political | | of Texas. Complete Schedule | | ck if Austin, TX, o | officeholder living exper | ise | |
| 9 Complete <u>ONLY</u> if direct | Candidate/Officeholder | name Of | fice sought | | Office held | | |
| expenditure to benefit C/OH | | | | O and to an a | Dela | | |
| PAYMENT | (a) Amount Charged \$550.00 | (b) Date of Charge 10/16/2024 | (c) Date(s) Credit 10/26/2024 | Card Issuer | Paid | | |
| PAYEE | (a) Payee name | I | (b) Payee addres | S; | City, | State, | Zip Code |
| | OutSmort Modio C | | 3406 Audubon | Place | | | |
| | OutSmart Media Co | ompany, LLC | Houston, TX 77 | 7006-4412 | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top Advertising Expense | of this schedule) | OutSmart ad | | | | |
| X Political | | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T | Che | ck if Austin, TX, o | officeholder living exper | ıse | |
| Complete ONLY if direct | Candidate/Officeholder | name Of | fice sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit 10/26/2024 | Card Issuer | Paid | | |
| | \$75.00 | 10/16/2024 | 10/20/2024 | | | | |
| PAYEE | (a) Payee name | I | (b) Payee addres | S; | City, | State, | Zip Code |
| | Couth Asian Bar As | accipation of | Post Office Box | 4178 | | | |
| | South Asian Bar As | | | | | | |
| | | | Houston, TX 77 | 210-4178 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | | | | |
| | Contributions/Donatio | ns Made By | Membership | | | | |
| X Political | Candidate/Officehold | | | | | | |
| Non-Political | | of Texas. Complete Schedule | | ck if Austin, TX, o | officeholder living exper | ıse | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Of | fice sought | | Office held | | |

| | | | D | S | CHEDULE F4 |
|--|---|--|---|--|--------------------------|
| | | | | | |
| | EXPE | ENDITURE CATEGORI | ES FOR BOX 10(a) | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | I Committee Gift/Award Legal Serv | orage Expense s/Memorials Expense ices | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form. | Solicitation/Fundraisin Transportation Equip Travel in District Travel Out of District OTHER (enter a cate | ment & Related Expense |
| 1 Total pages Schedule F4: | | • | • | 2 Eilor ID (E | thics Commission Filers) |
| Sch: 5/6 Rpt: 14/21 | Spain Jr., Charles A | (The Honorable) | | 00065741 | |
| 4 CREDIT CARD | • | ncial institution | 5 TOTAL OF UNITEN | | |
| ISSUER | | revious | EXPENDITURES CHARGED TO A C CARD | \$ | |
| 6 PAYMENT | (a) Amount Charged \$1,500.00 | (b) Date of Charge 10/07/2024 | (c) Date(s) Credit Card 10/26/2024 | l Issuer Paid | |
| 7 PAYEE | (a) Payee name | 1 | (b) Payee address; | City, | State, Zip Code |
| | | | Post Office Box 303 | } | |
| | Mexican-American | Bar | | | |
| | | | Houston, TX 77001 | -0303 | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | |
| EXPENDITURE | (See Categories listed at the top Contributions/Donation | | Gala | | |
| X Political | Candidate/Officehold | | e | | |
| Non-Political | | of Texas. Complete Schedule | | ustin, TX, officeholder living e | expense |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Of | fice sought | Office held | |
| expenditure to benefit C/OH | | | | | |
| PAYMENT | (a) Amount Charged \$110.00 | (b) Date of Charge 10/19/2024 | (c) Date(s) Credit Card 10/26/2024 | l Issuer Paid | |
| PAYEE | (a) Payee name | 1 | (b) Payee address; | City, | State, Zip Code |
| | Kata Drida | | First Christian Chur | ch | |
| | Katy Pride | | 22101 Morton Rand | h Road | |
| | | | Katy, TX 77449-781 | .9 | |
| PURPOSE OF | (a) Category | | (b) Description | | |
| | (See Categories listed at the top Contributions/Donatio | | Katy Pride | | |
| X Political | Candidate/Officehold | | е | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | Γ. Check if Aι | ıstin, TX, officeholder living e | expense |
| Complete ONLY if direct | Candidate/Officeholder | name Of | fice sought | Office held | |
| expenditure to benefit C/OH | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card | l Issuer Paid | |
| | \$500.00 | 10/14/2024 | 10/26/2024 | | |
| PAYEE | (a) Payee name | • | (b) Payee address; | City, | State, Zip Code |
| | Horold Dubliching (| | Post Office Box 153 | } | |
| | Herald Publishing (| | | | |
| | | | Houston, TX 77001 | -0153 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | | |
| | Advertising Expense | | Jewish-Herald Voic | e ao | |
| X Political | | | | | |
| Non-Political | | of Texas. Complete Schedule | | stin, TX, officeholder living | expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Of | fice sought | Office held | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expe Fees Food/Beve / - Gift/Awards | rage Expense F s/Memorials Expense F | oan Repayment/Reimbursement So Office Overhead/Rental Expense Tr Polling Expense Tr Printing Expense Tr | plicitation/Fundraising Expense ansportation Equipment & Related Expense avel in District avel Out of District THER (enter a category not listed above) |
|---|--|--|---|--|---|
| | | The Inst | ruction Guide explains ho | w to complete this form. | |
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 6/6 Rpt: 15/21 | Spain Jr., Charles A | A. (The Honorable) | | 00065741 |
| 4 | CREDIT CARD | Name of finar | ncial institution | 5 TOTAL OF UNITEMIZED | |
| | ISSUER | see pi | revious | EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
| 6 | PAYMENT | (a) Amount Charged \$53.30 | (b) Date of Charge 10/13/2024 | (c) Date(s) Credit Card Issue 10/26/2024 | r Paid |
| 7 | PAYEE | (a) Payee name Constant Contact | | (b) Payee address; 1601 Trapelo Road Suite 329 Waltham, MA 02451-735 | City, State, Zip Code |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Advertising Expense | of this schedule) | (b) Description Email platform | |
| | Non-Political | | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expense |
| | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Officeholder | name Offi | ce sought | Office held |
| Ĕ | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid |
| | | \$990.00 | 10/15/2024 | 10/26/2024 | |
| | PAYEE | (a) Payee name First Step Strategie | S | (b) Payee address; 3519 East Walnut Street Unit 3465 Pearland, TX 77588-1217 | City, State, Zip Code |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Consulting Expense | of this schedule) | (b) Description Sign placement | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expense |
| e | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Officeholder | name Offi | ce sought | Office held |
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| POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G | | | | |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing I | payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 Total pages Schedule G: Sch: 1/6 Rpt: 16/21 | 2 FILER NAME Spain Jr., Charles A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00065741 | |
| 4 Date 10/22/2024 | 5 Payee name Brazoria County Democratic Party | | | |
| 6 Amount (\$) \$20.00 X Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 4010 Lotus Drive Pearland, TX 77584-4912 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DerShip | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
| Date | Payee name | | | |
| 10/13/2024 | Constant Contact | | | |
| Amount (\$) \$53.30 X Reimbursement from political contributions intended | Payee address; City; State; Zip C 1601 Trapelo Road Suite 329 Waltham, MA 02451-7357 | ode | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
| Date 10/15/2024 | Payee name First Step Strategies | | | |
| Amount (\$) \$990.00 Reimbursement from political contributions | Payee address; City; State; Zip C 3519 East Walnut Street Unit 3465 | ode | | |
| | Pearland, TX 77588-1217 | i | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
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| | POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G | | | |
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| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | |
| 1 | Total pages Schedule G: Sch: 2/6 Rpt: 17/21 | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Spain Jr., Charles A. (The Honorable) 00065741 | | |
| 4 | Date 10/22/2024 | 5 Payee name Fort Bend County Democratic Party | | |
| 6 | Amount (\$) \$25.00 X Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 13515 Southwest Freeway Suite 204 Sugar Land, TX 77478-3547 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sustaining membership | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| F | Date | Payee name | | |
| | 10/22/2024 | Galveston County Democratic Party | | |
| | Amount (\$) \$15.00 X Reimbursement from political contributions intended | Payee address; City; State; Zip Code Post Office Box 1071 La Marque, TX 77568-1071 | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sustaining membership | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| | Date 10/23/2024 | Payee name Galveston County Democratic Party | | |
| | Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code Post Office Box 1071 | | |
| | Reimbursement from political contributions intended | La Marque, TX 77568-1071 | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
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| | POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G | | | | |
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| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | |
| 1 | Total pages Schedule G: Sch: 3/6 Rpt: 18/21 | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Spain Jr., Charles A. (The Honorable) 00065741 | | | |
| 4 | Date 10/01/2024 | 5 Payee name Harris County Democratic Party | | | |
| 6 | Amount (\$) \$60.00 X Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 4619 Lyons Avenue Suite A Houston, TX 77020-4304 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if Austin, TX, officeholder living expense Sustaining membership | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | | |
| F | Date | Payee name | | | |
| | 10/01/2024 | Harris County Tejano Democrats | | | |
| | Amount (\$) \$30.00 X Reimbursement from political contributions intended | Payee address; City; State; Zip Code 414 Cherry Springs Lane Suite A Spring, TX 77373-8185 | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Membership | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | | |
| | Date 10/01/2024 | Payee name Harris County Tejano Democrats | | | |
| | Amount (\$) \$135.00 | Payee address; City; State; Zip Code 414 Cherry Springs Lane | | | |
| | X Reimbursement from political contributions intended | Suite A Spring, TX 77373-8185 | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Gala Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | | |
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| | POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G | | | | |
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| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | |
| 1 | Total pages Schedule G: Sch: 4/6 Rpt: 19/21 | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Spain Jr., Charles A. (The Honorable) 00065741 | | | |
| 4 | Date 10/14/2024 | 5 Payee name Herald Publishing Co. | | | |
| 6 | Amount (\$) \$500.00 X Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code Post Office Box 153 Houston, TX 77001-0153 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense Jewish-Herald Voice ad | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | | |
| F | Date 10/19/2024 | Payee name Katy Pride | | | |
| | Amount (\$) \$110.00 X Reimbursement from political contributions intended | Payee address; City; State; Zip Code First Christian Church 22101 Morton Ranch Road Katy, TX 77449-7819 | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Katy Pride | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | | |
| | Date 10/07/2024 | Payee name Mexican-American Bar Association of Houston (MABAH) | | | |
| | Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code Post Office Box 303 | | | |
| | X Reimbursement from political contributions intended | Houston, TX 77001-0303 | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Gala Description Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gala | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | | |
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| | POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G | | | |
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| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | |
| 1 | Total pages Schedule G: Sch: 5/6 Rpt: 20/21 | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Spain Jr., Charles A. (The Honorable) 00065741 | | |
| 4 | Date 10/16/2024 | 5 Payee name OutSmart Media Company, LLC | | |
| 6 | Amount (\$) \$550.00 X Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 3406 Audubon Place Houston, TX 77006-4412 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense Check if Austin, TX, officeholder living expense OutSmart ad | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| F | Date | Payee name | | |
| | 10/16/2024 | South Asian Bar Association of Houston | | |
| | Amount (\$) \$75.00 X Reimbursement from political contributions intended | Payee address; City; State; Zip Code Post Office Box 4178 | | |
| | | Houston, TX 77210-4178 | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Membership Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| L | Date | Payee name | | |
| 1 | 10/15/2024 | The Navasota Examiner | | |
| | Amount (\$) \$100.00 | Payee address; City; State; Zip Code 115 Railroad Street | | |
| | Reimbursement from political contributions intended | Navasota, TX 77868-3529 | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense Check if Austin, TX, officeholder living expense Navasota Examiner ad | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
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| POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G | | | | | |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing I | payment/Reimbursement verhead/Rental Expense expense Expense Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 Total pages Schedule G: Sch: 6/6 Rpt: 21/21 | 2 FILER NAME Spain Jr., Charles A. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00065741 | | |
| 4 Date 10/09/2024 | 5 Payee name West Houston Democratic Club | | | | |
| 6 Amount (\$) \$250.00 | 7 Payee address;City;State;Zip C13114 Waldemere Drive | ode | | | |
| X Reimbursement from political contributions intended | Houston, TX 77077-5513 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contribution | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | | |
| | | | | | |