FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082137 13 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Adrian A. NAME Date Received **ELECTRONICALLY FILED** 10/07/2024 NICKNAME LAST **SUFFIX** Spears Ш CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 2834 Sierra Salinas MAILING Amount Receipt # **ADDRESS** Change of Address San Antonio, TX 78259 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Misty NAME NICKNAME LAST **SUFFIX** Spears STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 2834 Sierra Salinas **ADDRESS** (Residence or Business) San Antonio, TX 78259 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 846-3170 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff X appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 09/26/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 5 District 4

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 13

13 C / OH NAME	Spears II, Adrian A.	(Mr.)	14 Filer ID (00082137	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditual expenditual expenditual expenditual expenditures may have been made without a officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 9,325.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 8,208.11
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 5,857.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 5,163.35
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		Mr. A	drian A. Spears II	
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
		aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

					3 of 13	
18 FILER NAME Spears II, Adrian A. (Mr.) 19 Filer ID (Ethics Commission Filers) 00082137						
20 SCH	HEDUL ME OF	SUBTOTAL	_ AMOUNT			
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	9,100.00	
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	225.00	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$		
4.	X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	5,163.35	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	8,208.11	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$		
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$		
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	F C/OH	\$		
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$		
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$		
				•		

MONETARY POLITICAL CONTRIBUTIONS					S	CHEDULE A	4(J)1
	The Instruction Guide explains how to complete this form.			orm.	1 Total pages Sch: 1/2 R	Schedule A(J)1 pt: 4/13	:
2	FILER NAME Spears II, A	drian A. (Mr.)			3 Filer ID (E 00082137	thics Commission	on Filers)
4	Date 07/29/2024	Full name of contributor Bexar County Republican Contributor address; City; Sta San Antonio, TX 78209			7 Amount of C	Contribution (\$)	\$1,000.00
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	<u> </u>		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oouse (if any)		
12	! If contributor is	s a child, law firm of parent(s) (if ar	ny)				
	Date 09/26/2024	Republican Party of Texas Contributor address; City; Sta			Amount of C	Contribution (\$)	\$3,000.00
	Contributor's I	Austin, TX 78768 Principal Occupation		Contributor's Job Title			
Contributor's employer/law firm				Law firm of contributor's sp	oouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if ar	ny)				
	Date 07/24/2024	Full name of contributor Spears, Rebecca Contributor address; City; Sta	out-of-state PAC (ID#:_		Amount of C	Contribution (\$)	\$100.00
Contributor's Principal Occupation Contributor's			Contributor's Job Title				
Retired Contributor's employer/law firm			Retired Law firm of contributor's sp	nouse (if any)			
	Retired	s a child, law firm of parent(s) (if ar	ny)	24.1 0. 00.14.134.0. 0 0,			

MONET	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
The Instru	uction Guide explains how to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/13
2 FILER NAME Spears II, A	E Adrian A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00082137
4 Date 07/23/2024	 5 Full name of contributor out-of-state PAC (ID#: TLR PAC 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$5,000.00
	Austin, TX 78701		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	ouse (if any)
12 If contributor	is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 6/13 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Spears II, Adrian A. (Mr.) 00082137 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 08/13/2024 Documation \$225.00 Printing expense 7 Contributor address; City; State; Zip Code San Antonio, TX 78249 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

	LOANS (J	UDICIAL)				SCHEDULE E(J)
	The Instruction	n Guide explains how to complete this	form.	1		ges Schedule E(J): 2 Rpt: 7/13
2	FILER NAME Spears II, Adria	n A. (Mr.)		1	Filer ID	(Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS		<u> </u>		\$
5	Date of loan 07/24/2024	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$) \$600.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code	•••••		10 Interest Rate 0.00
	No	San Antonio, TX 78259				11 Maturity Date 11/05/2024
12	Lender's Principal	Occupation	13 Lender's Job Title			
	Attorney		Attorney			
14	Lender's Employer	r/Law Firm	15 Law Firm of lender's spouse (if any)			
	Self		Sierra & Spears, PLLC			
16	If lender is child, la	w firm of parent(s) (if any)				
17	Description of Coll X None	ateral	18 Check if personal funds were deposited into political account X (See Instructions)			
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount Guaranteed (\$)
	X not applicable	21 Guarantor address; City; State;	Zip Code			
23 Guarantor's Principal Occupation 24 Guarantor's Job Title						
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse	e (if any)	
27	If guarantor is child	d, law firm of parent(s) (if any)	-			

	LOANS (J	UDICIAL)				SCHEDULE E(J)
	The Instruction	n Guide explains how to complete this 1	orm.	1		ges Schedule E(J): 2 Rpt: 8/13
2	FILER NAME Spears II, Adria	n A. (Mr.)		1	Filer ID 000821	(Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS				\$
5	Date of loan 09/26/2024	7 Name of lender out-of-state PA Spears, Adrian	.C (ID#:)	9 Loan Amount (\$) \$4,563.35
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest Rate 0.00
	No	San Antonio, TX 78259				11 Maturity Date 11/05/2024
12	Lender's Principal	Occupation	13 Lender's Job Title			
	Attorney		Attorney			
14	Lender's Employer Sierra & Spears,		15 Law Firm of lender's spouse (if any)			
16	If lender is child, la	w firm of parent(s) (if any)	I			
17	Description of Coll X None	ateral	18 Check if personal funds were deposited into political account (See Instructions)			
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount Guaranteed (\$)
	X not applicable	21 Guarantor address; City; State;	Zip Code			
23 Guarantor's Principal Occupation 24 Guarantor's Job Title						
25	Guarantor's Emplo	yer/Law Firm	26 Law Firm of guarantor's sp	ouse	e (if any)	
27	If guarantor is child	d, law firm of parent(s) (if any)				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commi	ssion Filers)
	Sch: 1/5 Rpt: 9/13	Spears II, Adrian A. (Mr.) 00082137	
4	Date	5 Payee name	
	07/25/2024	Awaloo Printing & Sign Shop	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4,000.00	1230 Duke Rd.	
		San Antonio, TX 78264	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		signage and push cards	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH .	
F	Date	Payee name	
	09/13/2024	Bexar County Republican Woman	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$64.00	259 Emporia Blvd. 33	
		San Antonio, TX 78209	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense 2 lunches	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH .	
F	Date	Payee name	
	08/09/2024	Bexar County Republican Woman	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$64.00	259 Emporia Blvd. 33	
		San Antonio, TX 78209	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense 2 lunches	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
ı			

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/5 Rpt: 10/13	Spears II, Adrian A. (Mr.) 00082137
4	Date	5 Payee name
	07/02/2024	Campaign Partner
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$52.00	Data Ecology LLC
		PO Box 118
		Still River, MA 01467
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		website fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Davies warms
	08/02/2024	Payee name Compaign Partner
		Campaign Partner
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.00	Data Ecology LLC
		PO Box 118
		Still River, MA 01467
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense website fees
		website ices
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	09/02/2024	Campaign Partner
		· -
	Amount (\$) \$52.00	
	Φ32.00	Data Ecology LLC
		PO Box 118
		Still River, MA 01467
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense website fees
		website rees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials Indicated Contributions/ Contributi

Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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 Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/5 Rpt: 11/13	Spears II, Adrian A. (Mr.) 00082137
4	Date	5 Payee name
	08/30/2024	Documation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,169.59	4560 Lockhill Selma Rd.
		San Antonio, TX 78249
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Push card printing
		Tush cara printing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	08/31/2024	Greater Harmony Hills Neighborhood Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.13	339 Fantasia
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		newsletter ad
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	09/26/2024	Plains Capital Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	PO Box 271
		Lubbock, TX 79408
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fees for 3 months
		Dank rees for 3 months
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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)

San Antonio Republican Women 7 Payee address; City; State; Zip Code PO Box 700523 San Antonio, TX 78270 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 2 lunches
4 Date 09/12/2024 5 Payee name San Antonio Republican Women 6 Amount (\$) 7 Payee address; City; State; Zip Code PO Box 700523 San Antonio, TX 78270 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if use outside of Texas. Complete Schedule T. Check if use outside of Texas. Complete Schedule T. Check if use outside of Texas. Complete Schedule T. Check if use outside of Texas. Complete Schedule T. Check if use outside of Texas. Complete Schedule T. Check if use outside of Texas. Complete Schedule T. Check if use outside of Texas. Complete Schedule T. Check if use outside of Texas. Complete Schedule T. Check if use outside of Texas. Complete Schedule T. State: Zip Code San Antonio Republican Women Date O9/21/2024 San Antonio Republican Women Amount (\$) Payee address; City; State; Zip Code PO Box 700523 San Antonio, TX 78270 PURPOSE OF San Antonio Republicated at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
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San Antonio, TX 78270 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 2 lunches Office sought Office held Date 09/21/2024 Payee name 09/21/2024 San Antonio Republican Women Amount (\$) Payee address; City; State; Zip Code PO Box 700523 San Antonio, TX 78270 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
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Purpose Purpose (a) Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Event Expense Event Expense Event Expense Event Expense Event Expense Candidate/Officeholder name Office sought Office held Office held Office held Office held Office held Office held Payee name San Antonio Republican Women Amount (\$) Payee address; City; State; Zip Code PO Box 700523 San Antonio, TX 78270 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held
9 Complete ONLY if direct expenditure to benefit C/OH Date O9/21/2024 Payee name San Antonio Republican Women Amount (\$) Payee address; City; State; Zip Code PO Box 700523 San Antonio, TX 78270 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense 2 lunches Office sought Office held Office held
9 Complete ONLY if direct expenditure to benefit C/OH Date O9/21/2024 Payee name San Antonio Republican Women Amount (\$) Payee address; City; State; Zip Code PO Box 700523 San Antonio, TX 78270 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
Date 09/21/2024 Payee name San Antonio Republican Women Amount (\$) Payee address; City; State; Zip Code PO Box 700523 San Antonio, TX 78270 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
Date 09/21/2024 Payee name San Antonio Republican Women Amount (\$) Payee address; City; State; Zip Code PO Box 700523 San Antonio, TX 78270 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
O9/21/2024 San Antonio Republican Women Amount (\$) Payee address; City; State; Zip Code PO Box 700523 San Antonio, TX 78270 PURPOSE OF EVENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
O9/21/2024 San Antonio Republican Women Amount (\$) Payee address; City; State; Zip Code PO Box 700523 San Antonio, TX 78270 PURPOSE OF EVENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
Amount (\$) Payee address; City; State; Zip Code \$300.00 PO Box 700523 San Antonio, TX 78270 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
\$300.00 PO Box 700523 San Antonio, TX 78270 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
San Antonio, TX 78270 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
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PURPOSE OF EVEN DITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
OF Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE Event Expense Light of the control
Wild West Gala
Wild Wood Gala
Complete ONLY if direct Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH
Date Payee name
08/09/2024 Spears, Adrian
Amount (\$) Payee address; City; State; Zip Code
\$1,147.19 2834 Sierra Salinas
San Antonio, TX 78259
PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Loan Panaymont/Poimbursoment Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
OF EXPENDITURE Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Repayment of loan Office sought Office held
OF EXPENDITURE Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Repayment of loan
Complete ONLY if direct Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Repayment of loan Office sought Office held

SCHEDULE F1

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 Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/5 Rpt: 13/13	Spears II, Adrian A. (Mr.) 00082137
4	Date	5 Payee name
	09/16/2024	Spears, Adrian
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	2834 Sierra Salinas
		Can Antonia TV 702E0
_	DUDDO05	San Antonio, TX 78259
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Repayment of loan
		repayment of loan
Ļ		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		·
	Date	Payee name
	08/29/2024	Static Shock Marketing
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	6800 Bayberry Dr.
		Killoon TV 76542
		Killeen, TX 76542
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Digital advertising
		Digital advertising
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	· 	
	Date	Payee name
	07/26/2024	Stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.20	354 Oyster Point Blvd
		South San Francisco, TX 94080
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	