CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to comple | te this form. | 1 Filer ID (Ethics Commi 00085171 | | 2 Total pages fil | led: 5 |
|-------------------------|-------------------------------|------------------|---|-----------------------------------|-----------------------|-------------------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE U | JSE ONLY |
| OFFICEHOLDER NAME | The Honorable | David L. | | | Date Received | |
| I W WILL | | | | | ELECTRONICA | ALLY EILED |
| | | | | | | ALLT FILED |
| | | LAST | | SUFFIX | 07/15/2025 | |
| | | Spiller | | | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; APT / | SUITE#; CIT | Υ; | ZIP CODE | Date Hand-delivered o | r Date Postmarked |
| OFFICEHOLDER MAILING | P.O. Box 447 | | | | | |
| ADDRESS | | | | | Receipt # | Amount |
| Change of Address | Jacksboro, TX 76458 | | | | | |
| | 3dck3b010, 17 70430 | | | | Date Processed | |
| | | | | | | |
| | | | | | Date Imaged | |
| | | | | | | |
| 5 CAMPAIGN TREASURER | | FIRST | | MI | | |
| NAME | Mr. | Mason G. | | | | |
| | | | | | | |
| | NICKNAME | LAST | | SUFFIX | | |
| | | Spiller | | | | |
| | | | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO E | BOX PLEASE); | AP' | Γ / SUITE #; CITY | ; STA | ATE; ZIP CODE |
| TREASURER | 112 E. Belknap Street | | | | | |
| ADDRESS | · | | | | | |
| (Residence or Business) | Jacksboro, TX 76458 | | | | | |
| | Jacksboro, 17 70456 | | | | | |
| | | | | | | |
| 7 CAMPAIGN | AREA CODE PHONE | NUMBER E | XTENSION | | | |
| TREASURER | (940) 229-9909 | | | | | |
| PHONE | | | | | | |
| 8 REPORT | | | | | | |
| TYPE | January 15 | 30th day before | election | Runoff | 15th day after car | mpaign treasurer |
| | | | | | appointment (office | |
| | X July 15 | 8th day before 6 | election | Exceeded modified reporting limit | Final Report (Atta | ach C/OH-FR) |
| | | | | | | |
| 9 PERIOD COVERED | Month Day Year | | | Month Day | Year | |
| COVERED | 01/01/2025 | TH | ROUGH | 06/30/202 | 25 | |
| | | | | | | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month Day Year | XPI | rimary | Runoff | Other | |
| | 03/03/2026 | │ □G | eneral | Special | | |
| | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGH | [(if known) | |
| | State Representative District | ct 68 | | | tative District 68 | |
| | State Representative Bloth | 0. 00 | | Ctato (topicoon | tativo Biotriot 00 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | GO T | O PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 15

| 13 C / OH NAME | Spiller, David L. (The | Honorable) | 14 Filer ID (I 00085171 | Ethics Commission Filers) |
|--|-------------------------------|--|--------------------------------|---------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | itures made by political co tt the candidate's or office on only if they receive not | holder's knowledge or | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| _ | GENERAL | | | |
| | CDECIFIC | COMMITTEE ADDRESS | | |
| | SPECIFIC | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDR | ESS | |
| | | | | |
| 16 CONTRIBUTION TOTALS | | ZED POLITICAL CONTRIBUTIONS (OTHER THES OF LOANS, OR CONTRIBUTIONS MADE EL | | \$ 0.00 |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA | NS) | \$ 17,850.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | ZED POLITICAL EXPENDITURES | | \$ 776.91 |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 29,412.83 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD | LAST DAY OF THE | \$ 306,980.91 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP | AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD | S OF THE LAST DAY | \$ 0.00 |
| 17 AFFIDAVIT | | | | • |
| | | I swear, or affirm, under pena true and correct and includes under Title 15, Election Code | all information required to | |
| | | The Ho | norable David L. Spille | r |
| | | | of Candidate or Officehold | |
| AFFIX NO | TARY STAMP / SEAL AB | OVE | | |
| Sworn to and subs | cribed before me, by the s | aid | , this the | day |
| | | ertify which, witness my hand and seal of office. | | |
| | | | | |
| Signature of offi | cer administering | Printed name of officer administering | Title of officer | administering oath |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | | | JV L | 3 of 15 |
|-----|--------|--|--------------------|--------|-----------------------|
| | ER NAN | | 19 Filer ID | (Ethic | cs Commission Filers) |
| | | avid L. (The Honorable) E SUBTOTALS | 00085171 | т — | |
| | | SCHEDULE | | | SUBTOTAL AMOUNT |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 17,550.00 |
| 2. | X | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 300.00 |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | | SCHEDULE E: LOANS | | \$ | _ |
| 5. | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 3 | \$ | 29,412.83 |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 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 (| OF C/OH | \$ | |
| 11. | . 🔲 | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 12. | . 🔲 | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER | RETURNED | \$ | |
| | | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A1 | | | |
|----------------------------------|---|--|------------------------------|-----------------------------|--|------------|--|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 1/4 Rpt: 4/15 | | | |
| 2 | FILER NAME Spiller, David | d L. (The Honorable) | | 3 | Filer ID (Ethics Commission 00085171 | on Filers) | | |
| 4 | | | 7 | Amount of Contribution (\$) | \$250.00 | | | |
| _ | Deine in all a con- | Austin, TX 78703 | O Frankrica (Con Instruction | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) Clevenger, Don Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$1,000.00 | | | |
| | Principal occu | Sunnyvale, TX 75182 pation / Job title (See Instructions) | Employer (See Instructions | | | | | |
| | i illoipai ooda | pation / vos title (eee metadotoris) | Employer (Geo metrocione | , | | | | |
| | Date 06/24/2025 | Full name of contributor out-of-state PAC (ID#:_ Consulting Engineers PAC Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$500.00 | | |
| | | Austin, TX 78701 | | | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | | |
| | Date 06/24/2025 | Full name of contributor out-of-state PAC (ID#:_ Delisi Communications PAC Contributor address; City; State; Zip Code Austin, TX 78701 | | | Amount of Contribution (\$) | \$1,000.00 | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | | |
| | Date 06/27/2025 | Full name of contributor out-of-state PAC (ID#:_ Erben & Yarbrough Contributor address; City; State; Zip Code Austin, TX 78701 | | | Amount of Contribution (\$) | \$500.00 | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | | |
| | | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUT | IONS | | SCHEDU | LE A1 |
|---|---|--|------------------------------|-----------------------------|--|--------------|
| | The Instruction Guide explains how to complete this form. | | | 1 | Total pages Schedule A1: Sch: 2/4 Rpt: 5/15 | |
| 2 | FILER NAME Spiller, David | I L. (The Honorable) | | 3 | Filer ID (Ethics Commission 00085171 | on Filers) |
| 4 | | | 7 | Amount of Contribution (\$) | \$300.00 | |
| _ | | Austin, TX 78701 | 1 | Ļ | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | is) | | |
| Date Full name of contributor out-of-state PAC (ID#:) HOMEPAC of the Texas Assn. of Builders Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$1,000.00 | | |
| | Principal occu | Austin, TX 78701 pation / Job title (See Instructions) | Employer (See Instructions | ns) | | |
| | Date 06/24/2025 | Full name of contributor out-of-state PAC (IE Hawkins, John Contributor address; City; State; Zip Code | D#:) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | Austin, TX 78703 pation / Job title (See Instructions) | Employer (See Instructions | ns) | | |
| | • | | | | | |
| | Date 06/24/2025 | Full name of contributor out-of-state PAC (IE Haynes, Adam Contributor address; City; State; Zip Code Austin, TX 78757 | D#:) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ns) | | |
| | Date 06/28/2025 | Full name of contributor out-of-state PAC (IE Henry, Matthew Contributor address; City; State; Zip Code Dallas, TX 75218 | D#:) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ns) | | |
| | | | ' | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A1 | | | |
|----------------------------------|---|--|------------------------------|-----------------------------|--|------------|--|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 3/4 Rpt: 6/15 | | | |
| 2 | FILER NAME Spiller, David | d L. (The Honorable) | | 3 | Filer ID (Ethics Commission 00085171 | on Filers) | | |
| 4 | | | 7 | Amount of Contribution (\$) | \$250.00 | | | |
| _ | Deinsinal | Austin, TX 78701 | O Frankrica (Con Instruction | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Lloyd Gosselink Rochelle & Townsend, PC Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$500.00 | | | |
| | Principal occu | Austin, TX 78701 pation / Job title (See Instructions) | Employer (See Instructions |) | | | | |
| | Date 06/24/2025 | Full name of contributor out-of-state PAC (ID#:_ Moak Casey PAC Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$250.00 | | |
| | 5 | Austin, TX 78701 | | | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | | |
| | Date 06/24/2025 | Full name of contributor out-of-state PAC (ID#:_Scott, Bruce Contributor address; City; State; Zip Code Austin, TX 78703 | | | Amount of Contribution (\$) | \$500.00 | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | | |
| | Date 06/24/2025 | Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701 |) | | Amount of Contribution (\$) | \$5,000.00 | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | | |
| | | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDU | LE A1 |
|---|--|--|---------------------------------|--|-----------------------------------|--------------|
| | The Instru | ction Guide explains how to complete this f | 1 | Total pages Schedule A1: Sch: 4/4 Rpt: 7/15 | | |
| 2 | FILER NAME Spiller, Davi | d L. (The Honorable) | | 3 | Filer ID (Ethics Commiss 00085171 | ion Filers) |
| 4 | Date 06/24/2025 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$1,000.00 |
| | | Austin, TX 78701 | | | | |
| 8 | Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 06/25/2025 Weekley, Richard Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$2,500.00 | |
| | | Houston, TX 77027 | | | | |
| | Principal occu Developer | ipation / Job title (See Instructions) | Employer (See Instructions Self | s) | | |
| | Date 06/24/2025 | Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors Of Texas PAC Contributor address; City; State; Zip Code | | • | Amount of Contribution (\$) | \$1,500.00 |
| | | Austin, TX 78701 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | S) | | |
| | | | | | | |

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: 8/15 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Spiller, David L. (The Honorable) 00085171 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/24/2025 Montford, John \$300.00 Venue Expense for 7 Contributor address; City; State; Zip Code Campaign Event San Antonio, TX 78257 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)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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 con | nple | ete this form. |
|---|--|--|------|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 1/7 Rpt: 9/15 | Spiller, David L. (The Honorable) | | 00085171 |
| 4 | Date | 5 Payee name | | |
| | 06/02/2025 | Baker, Josh | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Coc | de | |
| | \$2,500.00 | PO Box 2910 | | |
| | | Austin, TX 78768 | | |
| Ļ | BUBBOCE | | /b\ | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (D) | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Galaries/Wages/Goritract Labor | | Check if Austin, TX, officeholder living expense |
| | | | | Campaign Contract Labor |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office soug | ıb+ | Office held |
| 9 | expenditure to benefit C/Ol | | JIIL | Office field |
| _ | Date | Payee name | | |
| | 06/02/2025 | Barnes, Benjamin | | |
| | Amount (\$) | Payee address; City; State; Zip Coc | de | |
| | \$2,500.00 | PO Box 2910 | | |
| | | | | |
| | | Austin, TX 78768 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | | Campaign Contract Labor |
| | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office soug | jht | Office held |
| | experiditure to benefit C/O | | | |
| | Date | Payee name | | |
| | 02/12/2025 | Catalyst Advisors Group | | |
| | Amount (\$) | Payee address; City; State; Zip Coc 1108 Lavaca St 110-506 | de | |
| | \$500.00 | 1108 Lavaca St 110-506 | | |
| | | Austin, TX 78701 | | |
| | PURPOSE | | (h) | Description |
| | OF | Consulting Expense | (~) | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | | | Check if Austin, TX, officeholder living expense |
| | | | | Campaign Consulting Fee |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office soug | ıht | Office held |
| | expenditure to benefit C/O | | , | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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
OTHER (order a category pet listed above)

| | 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: 2/7 Rpt: 10/15 | Spiller, David L. (The Honorable) 00085171 |
| 4 | Date | 5 Payee name |
| | 03/05/2025 | Catalyst Advisors Group |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$500.00 | 1108 Lavaca St 110-506 |
| | | |
| | | Austin, TX 78701 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Campaign Consulting Fee |
| | | Sampaigh Consulting 1 cc |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ۱ | expenditure to benefit C/O | |
| \vdash | Date | Davies same |
| | 04/03/2025 | Payee name |
| | | Catalyst Advisors Group |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | 1108 Lavaca St 110-506 |
| | | |
| | | Austin, TX 78701 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Compaign Consulting Foo |
| | | Campaign Consulting Fee |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Data | |
| | Date | Payee name |
| | 05/02/2025 | Catalyst Advisors Group |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$593.45 | 1108 Lavaca St 110-506 |
| | | |
| | | Austin, TX 78701 |
| | 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 Design and Production of Campaign Materials |
| | | Design and Froduction of Campaign Materials |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

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

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

Reimbursement Solicitation/Fundraising Expense
ental Expense Transportation Equipment & Related Expense
Travel in District
ontract Labor OTHER (enter a category not listed above)

| | Candidate/Officeholder/Politica Credit Card Payment | Il 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: 3/7 Rpt: 11/15 | Spiller, David L. (The Honorable) 00085171 |
| 4 | Date | 5 Payee name |
| | 05/14/2025 | Catalyst Advisors Group |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$500.00 | 1108 Lavaca St 110-506 |
| | | |
| | | Austin, TX 78701 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Campaign Consulting Fee |
| | | Sampaigh Consulting 1 cc |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 05/28/2025 | Catalyst Advisors Group |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,462.66 | 1108 Lavaca St 110-506 |
| | | |
| | | Austin, TX 78701 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Design and Production of Campaign Materials |
| | | Besign and Household of Sampaign Materials |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| - | Date | Payee name |
| | 04/18/2025 | Payee name Clayton Spangler Photographic Design |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,098.00 | 235 Point Lick Dr |
| | | |
| | | Charleston, WV 25306 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense House Panoramic Photographs from State Office |
| | | Flouse Fanoramie Flougraphs nom State Office |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| L | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Travel in Distric Travel Out of Di t Labor OTHER (enter a

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

| | Candidate/Officeholder/Politica Credit Card Payment | | Ü | es/Contract Labor | | OTHER (enter a ca | ategory not listed above) |
|---|--|--|--------|---------------------|------|--------------------------|----------------------------|
| 1 | Total pages Schedule F1: | FILER NAME | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 4/7 Rpt: 12/15 | Spiller, David L. (The Honorable) | | | | 00085171 | |
| 4 | Date | Payee name | | | | | |
| | 03/19/2025 | Cooke County Republication Party | | | | | |
| 6 | Amount (\$) | Payee address; City; State; Zi | Code | | | | |
| | \$1,000.00 | 701 E. California St. #304 | | | | | |
| | | | | | | | |
| | | Gainesville, TX 76240 | | | | | |
| 8 | PURPOSE | a) Category (See Categories listed at the top of this schedule | (b | D escription | | | |
| | OF EXPENDITURE | Contributions/Donations Made By | | _ | | side of Texas. Comple | |
| | | Candidate/Officeholder/Political Committee | ; | Political Cont | | x, officeholder living e | xpense |
| | | | | Folitical Cont | טוו | ution | |
| ۵ | Complete ONLY if direct | Candidate/Officeholder name Office | sough | • | | Office held | ٠ |
| Ð | expenditure to benefit C/OI | Candidate/Oniceriolder Haine Onice | Sough | | | Office field | ı |
| | Date | Payee name | | | | | |
| | 06/02/2025 | Feather, Susanna | | | | | |
| | Amount (\$) | Payee address; City; State; Zi | Code | | | | |
| | \$10,000.00 | PO Box 2910 | | | | | |
| | , -, | | | | | | |
| | | Austin, TX 78768 | | | | | |
| | PURPOSE | a) Category (See Categories listed at the top of this schedule | (b | Description | | | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | | <u> </u> | | side of Texas. Comple | |
| | | | | Campaign Co | | x, officeholder living e | xpense |
| | | | | oampaign oc | ,,,, | raot Easor | |
| | Complete ONLY if direct | Candidate/Officeholder name Office | sough | | | Office held | d |
| | expenditure to benefit C/OI | | | | | | |
| | Date | Payee name | | | | | |
| | 05/01/2025 | Graham, Mary | | | | | |
| | Amount (\$) | Payee address; City; State; Zi | Code | | | | |
| | \$500.00 | PO Box 2910 | | | | | |
| | | | | | | | |
| | | Austin, TX 78768 | | | | | |
| | PURPOSE | a) Category (See Categories listed at the top of this schedule | (b | Description | | | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | | | | side of Texas. Comple | |
| | | | | | | , officeholder living e | xpense |
| | | | | Campaign Co | אוונ | I aci Labui | |
| | Complete ONLY if direct | Candidate/Officeholder name Office | sough | | | Office held | <u> </u> |
| | expenditure to benefit C/OI | Canada Cinocioladi namo | Jougin | • | | Cince nen | <u>-</u> |
| | | | | | | | |
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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 Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: | <u> </u> |
| | Sch: 5/7 Rpt: 13/15 | Spiller, David L. (The Honorable) 00085171 |
| 4 | Date | 5 Payee name |
| | 01/22/2025 | Lampasas Buyers Club |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$100.00 | P. O. Box 627 |
| | | |
| | | Lampasas, TX 76550 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITORE | Candidate/Officeholder/Political Committee |
| | | Charitable Contribution |
| _ | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 06/24/2025 | Legislative Solutions |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | PO Box 5643 |
| | | |
| | | Austin, TX 78763 |
| | 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 Advertising for Campaign Event |
| | | Advertising for Campaign Event |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Ol | |
| | Date | Davies same |
| | 01/22/2025 | Payee name Lometa Buyers Club |
| | | |
| | Amount (\$) \$100.00 | Payee address; City; State; Zip Code P. O. Box 280 |
| | \$100.00 | P. O. BOX 200 |
| | | L |
| | | Lometa, TX 76853 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Charitable Contribution |
| | | |
| | 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 Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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 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: 6/7 Rpt: 14/15 | Spiller, David L. (The Honorable) 00085171 | | | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | | |
| | 02/12/2025 | Moore Maker | | | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | | |
| | \$1,297.91 | 1 TeePee Flat Rd | | | | | | | | | |
| | | | | | | | | | | | |
| | | Matador, TX 79244 | | | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | |
| | OF EXPENDITURE | Contributions/Donations Made By | | | | | | | | | |
| | | Candidate/Officeholder/Political Committee | | | | | | | | | |
| | | Donations Donated as Charlasie | | | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| 9 | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | | | | |
| - | Date | Payee name | | | | | | | | | |
| | 02/24/2025 | Shutterfly | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$420.76 | 10 Almaden Blvd | | | | | | | | | |
| | Ψ420.70 | 10 Aimaden biva | | | | | | | | | |
| | San Jose, CA 95113 | | | | | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | |
| OF EXPENDITURE | | Printing Expense | | | | | | | | | |
| | | Check if Austin, TX, officeholder living expense | | | | | | | | | |
| | | Printing of Campaign Materials | | | | | | | | | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| | | | | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 01/29/2025 | Texas Conservative Coalition | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$2,000.00 PO Box 2659 | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Austin, TX 78768 | | | | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | | | |
| | | Officeholder Membership Dues | | | | | | | | | |
| | | Sinceriolael Membership Bacs | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| expenditure to benefit C/OH | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

| | Candidate/Officeholder/Political Committee Credit Card Payment | | 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 F1: | 2 FILER NAME | | | | | 3 | Filer ID | (Ethics Commi | ssion Filers) | |
| | Sch: 7/7 Rpt: 15/15 | Spiller, David L. | Spiller, David L. (The Honorable) | | | | | 00085171 | | | |
| 4 | Date | 5 Payee name | | | | | | | | | |
| | 02/24/2025 | Texas Correction | al Industries | | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; | City; State | ; Zip Coc | de | | | | | | |
| | \$372.38 | P.O. Box 4013 | | | | | | | | | |
| | | | | | | | | | | | |
| | | Huntsville, TX 77342 | | | | | | | | | |
| 8 | (See Categories listed at the top of this scriedule) | | | | | Description | | | | | |
| EXPENDITURE Contributions/Bondations wade by | | | | | | _ | avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense | | | | |
| | | Candidate/Office | noidei/Foilticai Comi | iiiiee | | Items Purcha | | | | able | |
| | Donations | | | | | | | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | | | | | | | eld | | | | |
| | Date | Payee name | | | | | | | | | |
| | 03/28/2025 | Texas Correctional Industries | | | | | | | | | |
| | Amount (\$) | Payee address; | City; State | ; Zip Coc | de | | | | | | |
| \$1,190.76 P.O. Box 4013 | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Huntsville, TX 77 | 342 | | | | | | | | |
| PURPOSE OF | | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | |
| EXPENDITURE | | Contributions/Donations Made By | | | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| Caranata of moon order of material committee | | | | | | and Donated as Charitable | | | | | |
| | | Donations | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | | | | | Office held | | | | |
| | Date | Payee name | | | | | | | | | |
| | 03/04/2025 | Texas House Republican Caucus | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$1,000.00 | PO Box 13305 | | | | | | | | | |
| | | | | | | | | | | | |
| | | Austin, TX 78711 | | | | | | | | | |
| | PURPOSE | (a) Category (See Cate | Category (See Categories listed at the top of this schedule) | | | | | | | | |
| | OF EXPENDITURE | Fees | | | | | de of Texas. Comp | | | | |
| | | | | | | Officeholder N | | officeholder living mhershin Du | | | |
| | | | | | | 5 | | | | | |
| | Complete ONLY if direct | Candidate/Officeholo | der name | Office soug | ht | | | Office he | eld | | |
| expenditure to benefit C/OH | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | 4 0 (4 0 10 10 | |