

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00082584		2 Total pages filed: 20		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Chris	MI MI	Date Received ELECTRONICALLY FILED 09/10/2025	
	NICKNAME	LAST Spencer	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	☒ January 15	☐ Runoff	☐ Other (specify)	Receipt #	
	☐ July 15	☐ Exceeded modified reporting limit		Amount	
	☐ 30th day before election	☐ 15th day after campaign treasurer appointment (officeholder only)		Date Processed	
	☐ 8th day before election	☐ Final Report (Attach C/OH-FR)		Date Imaged	
5 ORIGINAL PERIOD COVERED	Month Day Year 07/01/2023	THROUGH	Month Day Year 12/31/2023		

6 EXPLANATION OF CORRECTION
Update information related to loans.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☒ **Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. Chris Spencer

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00082584		2 Total pages filed: 20	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.		FIRST Chris	MI	
	NICKNAME		LAST Spencer	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; 1497 County Road 2985 Hughes Springs, TX 75656		ZIP CODE	
		OFFICE USE ONLY			
		Date Received ELECTRONICALLY FILED 09/10/2025			
		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR Mr.		FIRST Jason E.	MI
		NICKNAME		LAST Spencer	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 275 Walnut Street Avinger, TX 75630-1530			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (903) 799-8869			
8 REPORT TYPE		☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only) ☐ July 15 ☐ 8th day before election ☐ Exceeded modified reporting limit ☐ Final Report (Attach C/OH-FR)			
9 PERIOD COVERED		Month Day Year THROUGH Month Day Year 07/01/2023 12/31/2023			
10 ELECTION		ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE ☒ Primary ☐ Runoff ☐ Other ☐ General ☐ Special	
11 OFFICE		OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative District 1	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME	Spencer, Chris (Mr.)	14 Filer ID	(Ethics Commission Filers)
		00082584	

15 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	☐ GENERAL	COMMITTEE ADDRESS
	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	56,525.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	30,093.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	352,255.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	305,630.08

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Chris Spencer

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

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

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18 FILER NAME Spencer, Chris (Mr.)		19 Filer ID (Ethics Commission Filers) 00082584
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 56,525.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☒ SCHEDULE E: LOANS	\$ 305,630.08
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,000.00
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	☒ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 20,093.20
10.	☐ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 5/20
2 FILER NAME Spencer, Chris (Mr.)		3 Filer ID (Ethics Commission Filers) 00082584
4 Date 12/18/2023	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Blomstrom, David (Mr.) 6 Contributor address; City; State; Zip Code Houston, TX 77469	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/27/2023	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bockmon, Danny (Mr.) Contributor address; City; State; Zip Code Daingerfield, TX 75638	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Bockmon Insurance
Date 12/21/2023	Full name of contributor ☐ out-of-state PAC (ID#: _____) Byrum, Lindsay (Mr.) Contributor address; City; State; Zip Code Willis, TX 77318	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/2023	Full name of contributor ☐ out-of-state PAC (ID#: _____) Deason, Darwin (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) Deason Capital Services
Date 12/28/2023	Full name of contributor ☐ out-of-state PAC (ID#: _____) Deason, Doug (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Deason Capital Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 6/20
2 FILER NAME Spencer, Chris (Mr.)		3 Filer ID (Ethics Commission Filers) 00082584
4 Date 12/31/2023	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Dunnington, Jannell (Ms.) 6 Contributor address; City; State; Zip Code Athens, TX 75752	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/15/2023	Full name of contributor ☐ out-of-state PAC (ID#: _____) Family Empowerment Coalition Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor ☐ out-of-state PAC (ID#: _____) Fowler, Sonda (Ms.) Contributor address; City; State; Zip Code Daingerfield, TX 75638	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2023	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hicks, B.F. (Mr.) Contributor address; City; State; Zip Code Mount Vernon, TX 75457	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/2023	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hollingsworth, Kirby (Mr.) Contributor address; City; State; Zip Code Mount Vernon, TX 75457	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Landlord		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 7/20
2 FILER NAME Spencer, Chris (Mr.)		3 Filer ID (Ethics Commission Filers) 00082584
4 Date 12/15/2023	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Jolly, Steven (Mr.) 6 Contributor address; City; State; Zip Code Sulphur, OK 73086	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/15/2023	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jones, Eric (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2023	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jordan, Lloyd (Mr.) Contributor address; City; State; Zip Code Lindale, TX 75771	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/23/2023	Full name of contributor ☐ out-of-state PAC (ID#: _____) Karalis, Ernie (Mr.) Contributor address; City; State; Zip Code Linden, TX 75563	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/27/2023	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mitchell, Kelly (Mr.) Contributor address; City; State; Zip Code Texarkana, TX 75503	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 8/20
2 FILER NAME Spencer, Chris (Mr.)		3 Filer ID (Ethics Commission Filers) 00082584
4 Date 12/28/2023	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Popolo, Joseph (Mr.) 6 Contributor address; City; State; Zip Code Dallas, TX 75225	7 Amount of Contribution (\$) \$3,300.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Charles Potomac Capital
Date 12/28/2023	Full name of contributor ☐ out-of-state PAC (ID#: _____) Popolo, Joseph (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$6,600.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Charles Potomac Capital
Date 12/12/2023	Full name of contributor ☐ out-of-state PAC (ID#: _____) Powers, Kenny (Mr.) Contributor address; City; State; Zip Code Linden, TX 75563	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Powers Pharmacy

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/3 Rpt: 9/20	
2 FILER NAME Spencer, Chris (Mr.)		3 Filer ID (Ethics Commission Filers) 00082584	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 12/06/2023	7 Name of lender ☐ out-of-state PAC (ID#: _____) Spencer, Chris (Mr.)		9 Loan Amount (\$) \$50,025.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Hughes Springs, TX 75656		10 Interest Rate 5.0
			11 Maturity Date 06/06/2024
12 Principal occupation / Job title (See Instructions) Self		13 Employer (See Instructions) Self	
14 Description of Collateral ☒ None		15 Check if personal funds were deposited into political account (See Instructions) ☒	
16 GUARANTOR INFORMATION ☒ not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	
Date of loan 12/26/2023	Name of lender ☐ out-of-state PAC (ID#: _____) Spencer, Chris (Mr.)		Loan Amount (\$) \$60,000.00
Is lender a financial institution? No	Lender address; City; State; Zip Code Hughes Springs, TX 75656		Interest Rate 5.0
			Maturity Date 06/26/2024
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self	
Description of Collateral ☒ None		Check if personal funds were deposited into political account (See Instructions) ☒	
GUARANTOR INFORMATION ☒ not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 2/3 Rpt: 10/20	
2 FILER NAME Spencer, Chris (Mr.)		3 Filer ID (Ethics Commission Filers) 00082584	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 12/27/2023	7 Name of lender ☐ out-of-state PAC (ID#: _____) Spencer, Chris (Mr.)		9 Loan Amount (\$) \$8,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Hughes Springs, TX 75656		10 Interest Rate 5.0
			11 Maturity Date 06/27/2024
12 Principal occupation / Job title (See Instructions) Self		13 Employer (See Instructions) Self	
14 Description of Collateral ☒ None		15 Check if personal funds were deposited into political account (See Instructions) ☒	
16 GUARANTOR INFORMATION ☒ not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	
Date of loan 12/27/2023	Name of lender ☐ out-of-state PAC (ID#: _____) Spencer, Chris (Mr.)		Loan Amount (\$) \$105,605.08
Is lender a financial institution? No	Lender address; City; State; Zip Code Hughes Springs, TX 75656		Interest Rate 5.0
			Maturity Date 06/27/2024
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self	
Description of Collateral ☒ None		Check if personal funds were deposited into political account (See Instructions) ☒	
GUARANTOR INFORMATION ☒ not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 3/3 Rpt: 11/20	
2 FILER NAME Spencer, Chris (Mr.)		3 Filer ID (Ethics Commission Filers) 00082584	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 12/28/2023	7 Name of lender ☐ out-of-state PAC (ID#: _____) Spencer, Chris (Mr.)		9 Loan Amount (\$) \$75,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Hughes Springs, TX 75656		10 Interest Rate 5.0
			11 Maturity Date 06/28/2024
12 Principal occupation / Job title (See Instructions) Self		13 Employer (See Instructions) Self	
14 Description of Collateral ☒ None		15 Check if personal funds were deposited into political account (See Instructions) ☒	
16 GUARANTOR INFORMATION ☒ not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	
Date of loan 12/29/2023	Name of lender ☐ out-of-state PAC (ID#: _____) Spencer, Chris (Mr.)		Loan Amount (\$) \$7,000.00
Is lender a financial institution? No	Lender address; City; State; Zip Code Hughes Springs, TX 75656		Interest Rate 5.0
			Maturity Date 06/29/2024
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral ☒ None		Check if personal funds were deposited into political account (See Instructions) ☒	
GUARANTOR INFORMATION ☒ not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 12/20	2 FILER NAME Spencer, Chris (Mr.)	3 Filer ID (Ethics Commission Filers) 00082584
4 Date 12/14/2023	5 Payee name Mesa Media	
6 Amount (\$) \$10,000.00	7 Payee address; City; State; Zip Code 6505 Corpus Christi Drive Austin, TX 78729	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Consulting services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/8 Rpt: 13/20	2 FILER NAME Spencer, Chris (Mr.)	3 Filer ID (Ethics Commission Filers) 00082584
4 Date 12/04/2023	5 Payee name American Airlines	
6 Amount (\$) \$419.00 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3200 East Enfield Parkway DFW Airport, TX 75261	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Flight to Austin to file
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2023	Payee name BT WEHCO Media	
Amount (\$) \$4,937.51 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 707 Olive Texarkana, TX 75501	
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 Newspaper ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2023	Payee name Bowie County Citizens Tribune	
Amount (\$) \$580.00 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 139 E.N. Front Street New Boston, TX 75570	
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 Newspaper ad
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/8 Rpt: 14/20	2 FILER NAME Spencer, Chris (Mr.)	3 Filer ID (Ethics Commission Filers) 00082584
4 Date 07/25/2023	5 Payee name Bowie County Citizens Tribune	
6 Amount (\$) \$800.00 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 139 E.N. Front Street New Boston, TX 75570	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Newspaper ad
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2023	Payee name Bowie County Citizens Tribune	
Amount (\$) \$290.00 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 139 E.N. Front Street New Boston, TX 75570	
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 Newspaper ad
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2023	Payee name Bowie County Citizens Tribune	
Amount (\$) \$385.00 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 139 E.N. Front Street New Boston, TX 75570	
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 Newspaper ad
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 3/8 Rpt: 15/20		2 FILER NAME Spencer, Chris (Mr.)		3 Filer ID (Ethics Commission Filers) 00082584	
4 Date 08/31/2023		5 Payee name Bowie County Citizens Tribune			
6 Amount (\$) \$385.00 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 139 E.N. Front Street New Boston, TX 75570			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Newspaper ad	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/28/2023		Payee name Bowie County Citizens Tribune			
Amount (\$) \$385.00 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 139 E.N. Front Street New Boston, TX 75570			
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 Newspaper ad	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/20/2023		Payee name Bowie County Citizens Tribune			
Amount (\$) \$385.00 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 139 E.N. Front Street New Boston, TX 75570			
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 Newspaper ad	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 4/8 Rpt: 16/20	2 FILER NAME Spencer, Chris (Mr.)	3 Filer ID (Ethics Commission Filers) 00082584
4 Date 10/31/2023	5 Payee name Bowie County Citizens Tribune	
6 Amount (\$) \$700.00 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 139 E.N. Front Street New Boston, TX 75570	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Magazine ad
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/16/2023	Payee name Bowie County Citizens Tribune	
Amount (\$) \$385.00 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 139 E.N. Front Street New Boston, TX 75570	
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 Newspaper ad
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2023	Payee name Bowie County Citizens Tribune	
Amount (\$) \$385.00 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 139 E.N. Front Street New Boston, TX 75570	
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 Newspaper ad
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 5/8 Rpt: 17/20	2 FILER NAME Spencer, Chris (Mr.)	3 Filer ID (Ethics Commission Filers) 00082584
4 Date 11/27/2023	5 Payee name Direct Texas Marketing Group	
6 Amount (\$) \$1,520.00 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1260 South Business IH 35 New Braunfels, TX 78130-5717	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Graphic design
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2023	Payee name Driskill Hotel	
Amount (\$) \$11.50 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 604 Brazos Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Breakfast
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2023	Payee name Driskill Hotel	
Amount (\$) \$337.91 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 604 Brazos Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Hotel expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 6/8 Rpt: 18/20		2 FILER NAME Spencer, Chris (Mr.)		3 Filer ID (Ethics Commission Filers) 00082584	
4 Date 12/08/2023		5 Payee name Republican Party of Texas			
6 Amount (\$) \$750.00 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 400 Congress Avenue Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Filing fee for state representative	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/08/2023		Payee name Roaring Forks			
Amount (\$) \$181.56 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 701 Congress Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Lunch with committee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/22/2023		Payee name Ryan Data & Research			
Amount (\$) \$300.00 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 202675 Austin, TX 78720			
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 Data file	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 7/8 Rpt: 19/20	2 FILER NAME Spencer, Chris (Mr.)	3 Filer ID (Ethics Commission Filers) 00082584
4 Date 07/24/2023	5 Payee name Texarkana Newspapers, Inc.	
6 Amount (\$) \$1,353.00 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 621 Texarkana, TX 75501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Newspaper ad
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/03/2023	Payee name The Monitor	
Amount (\$) \$339.40 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 39 Naples, TX 75568	
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 Newspaper ad
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/21/2023	Payee name The Paris News	
Amount (\$) \$956.88 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 1078 Paris, TX 75461-1078	
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 Newspaper ad
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 8/8 Rpt: 20/20	2 FILER NAME Spencer, Chris (Mr.)	3 Filer ID (Ethics Commission Filers) 00082584
4 Date 09/20/2023	5 Payee name The Paris News	
6 Amount (\$) \$99.00 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 1078 Paris, TX 75461-1078	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Annual subscription
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/19/2023	Payee name The Paris News	
Amount (\$) \$4,207.44 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 1078 Paris, TX 75461-1078	
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 Newspaper ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held