# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**
**COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission Filers)

2 Total pages filed:

**OFFICE USE ONLY**

Date Received: JAN 3 1 2014

Date Hand-delivered or Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Ms. | FIRST: Dianna | MI: M

NICKNAME | LAST: Spreiker | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ change of address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 2812 W Twohig, San Angelo TX 76901

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (325) | PHONE NUMBER: 653-1043 | EXTENSION: (work)

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Ret Msgt | FIRST: David | MI:

NICKNAME | LAST: Wolf | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 161 Woodruff, San Angelo, TX 76901

8 CAMPAIGN TREASURER PHONE

AREA CODE: (325) | PHONE NUMBER: 651-8456 | EXTENSION:

9 REPORT TYPE

- ☐ January 15
- ☒ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (officeholder only)
- ☐ July 15
- ☐ 8th day before election
- ☐ Exceeded $500 limit
- ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 1/1/14 THROUGH Month / Day / Year: 1/23/14

11 ELECTION

ELECTION DATE Month / Day / Year: 3/4/14

ELECTION TYPE: ☒ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): Co Treasurer

13 OFFICE SOUGHT (if known): Co Treasurer

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1 of 1

2 FILER NAME: Dianna Spieki

3 ACCOUNT # (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 1/15/14 | John Doss<br>157B Sun Valley Ln<br>S.A 76904 | 100.00 | |

☐ out-of-state PAC (ID#: ____)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Rancher

10 Employer (See Instructions): Self

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 1/15/14 | David Jenkins<br>2542 Sleepy Hollow<br>San Angelo TX 76904 | 150.00 | |

☐ out-of-state PAC (ID#: ____)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Owner Jenkins Feed

Employer (See Instructions): Self

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 1/23/14 | Kenneth Phillips<br>3118 Briarpark Ln<br>S.A. 76904 | 200.00 | |

☐ out-of-state PAC (ID#: ____)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Contract Dumper

Employer (See Instructions): Self

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 1/23/14 | Armando Martinez<br>1620 S Chadbourne<br>S.A. 76903 | 250.00 | |

☐ out-of-state PAC (ID#: ____)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Martinez Insurance-Owner

Employer (See Instructions): Self

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 1/23/14 | Crystal Conner<br>5122 Beverly Dr<br>S.A. 04 | 75.00 | |

☐ out-of-state PAC (ID#: ____)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Marketing

Employer (See Instructions): Shannon

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH**
**COVER SHEET PG 2**

**14** C/OH NAME: Dianna Spieker

**15** ACCOUNT # (Ethics Commission Filers): 1 of 1

**16** NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

**17** CONTRIBUTION TOTALS

| | | |
|---|---|---|
| | 1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | $ 100.00 |
| | 2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 775.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED | $ 4.00 |
| | 4. **TOTAL POLITICAL EXPENDITURES** | $ 1562.32 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 258.68 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 2864.00 |

**18** 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.

Dianna M Spieker

Signature of Candidate or Officeholder

NOTARY PUBLIC STATE OF TEXAS
VANESSA S. SIMON
Notary Public
STATE OF TEXAS
My Commission Expires 03/17/2017

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dianna M Spieker, this the 31 day of Jan, 20 14, to certify which, witness my hand and seal of office.

Vanessa S. Simon — Signature of officer administering oath

Vanessa S. Simon — Printed name of officer administering oath

Notary — Title of officer administering oath

# POLITICAL EXPENDITURES

**SCHEDULE F**

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

| | | | |
|---|---|---|---|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

**The Instruction Guide explains how to complete this form.**

| | | |
|---|---|---|
| 1 Total pages Schedule F: | 2 FILER NAME Dianna Spieker | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 1-23 | 5 Payee name San Angelo Live | |
| 6 Amount ($) 500.00 | 7 Payee address; City; State; Zip Code 36 W Beauregard Avenue Ste 603 San Angelo 76903 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Advertising | (b) Description (If travel outside of Texas, complete Schedule T) Ads- Social media websites |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date 1-23 | Payee name Ed Coyne | |
| Amount ($) 162.32 | Payee address; City; State; Zip Code 5202 High Point Drive San Angelo Tx 76904 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Website maintenance | Description (If travel outside of Texas, complete Schedule T) Website |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date 1-23 | Payee name San Angelo Live | |
| Amount ($) 900.00 | Payee address; City; State; Zip Code 36 W Beauregard Avenue Ste 603 San Angelo Tx 76903 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) artwork, pr. | Description (If travel outside of Texas, complete Schedule T) Advertising |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date | Payee name | |
| Amount ($) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**