CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH instruction C	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 4				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS	FIRST STACYE	MI	OFFICE USE ONLY				
NAME	NICKNAME	SPECK	SUFFIX	Date Received				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 3494 BUCK SAN ANGEL		CITY; STATE; ZIP CODE	JAN 24 2022	<u>}</u>			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (325)	PHONE NUMBER 716-5999	EXTENSION	Date Hand-delivered or Date Postmarked	d			
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MRS	FIRST PAMELA	MI	Receipt # Amount \$				
NAME	NICKNAME PAM	JONES	SUFFIX	Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS 6548 JOHN C CHRISTOVAL		UITE #; CITY;	STATE; ZIP CODE	-			
8 CAMPAIGN TREASURER PHONE	AREA CODE (325)	PHONE NUMBER 374-1520	EXTENSION					
9 REPORT TYPE	January 15	30th day before e	L	15th day after campaign treasurer appointment (Officeholder Only)				
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month 1	Day Year / 1 / 22	THROUGH 1	Day Year 20 / 22				
11 ELECTION	Month Day	Year Primary	Runoff Other Description Special					
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known JUSTICE OF TH	E PEACE PRECINCT 3	3			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPOR DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF THEY RECEIVE NOTICE OF SUCH EXPENDITURE	OR			
00	COMMITTEE TYPE COMMITTEE NAME							
Additional Pages	GENERAL COMMITTEE ADDRESS							
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS					
GO TO PAGE 2								

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) STACYE W SPECK 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 0.00 \$ **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** 0.00(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00TOTALS **TOTAL POLITICAL EXPENDITURES** 3,325.93 CONTRIBUTION 4,926.40 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 5,000.00 LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information **18 SIGNATURE** required to be reported by me under Title 15, Election Code. Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL to certify which, witness my hand and seal of office. 16000 Hadson Signature of officer administering oath Printed name of officer administering oath Notary Public, State of Texas (2) Unsworn Declaration Notary ID# 1142115-1 VONA HUDSON My Commission Expires 03-01-2023 My name is _ Commission Expires 03-01-2023 My address is ___ (state) (zip code) (country) (street) _____ County, State of _ Executed in ___ (month) Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

1	19 FILER NAME STACYE W SPECK 20 Filer ID (Ethics Cor			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			-	UBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	3,325.93
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	INDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wades/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 c	omplete this form.	Outer (eriter a catego	not illustrate above)			
1 Total pages Schedule F1:	2 FILER NAME STACYE W SPECK	3 Filer ID (Ethics Commission Filers)					
4 Date 01/03/2022	5 Payee name CRAZYCHEAPPOLITICALSIGNS.CO	ЭМ					
6 Amount (\$)	7 Payee address;	City; State; Zip Code					
775.50	11550 STONEHOLLOW DR. SUITE 160 AUSTIN, TX 78758						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	YARD SIGNS Check if Austin, TX, officeholder living expense					
	(c) Check if travel outside of Texas, Complete Schedule T.						
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name			-			
01/14/2022	PRINT PLACE						
Amount (\$)	Payee address;	City;	State;	Zip Code			
818.43	1130 AVE H EAST ARLINGTON, TX 76011						
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	MAILOUTS					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
01/20/2022	BY THE STREAM MEDIA						
Amount (\$)	Payee address;	City;	State;	Zip Code			
1,732.00	1620 W AVE N SAN ANGELO, TX 76904	C	a f				
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	CAMPAIGN VIDEO					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							