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)	2 Total pages filed:			
	ANDIDATE / FFICEHOLDER	MS/MRS/MR MRS	FIRST STACYE	MI W	OFFICE USE ONLY			
N/	AME	NICKNAME	LAST	SUFFIX	Date Received			
			SPECK					
OF MA	ANDIDATE / FFICEHOLDER AILING DDRESS	3494 BUCK SAN ANGEL		CITY; STATE; ZIP CODE	JUL 15 2022 AMB:04			
(Change of Address							
OF	ANDIDATE/ FFICEHOLDER HONE	(325)	PHONE NUMBER 716-5999	EXTENSION	Date Hand-delivered or Date Postmarked			
	AMPAIGN REASURER	MS / MRS / MR	FIRST	MI	Receipt # Amount \$			
	NAME	MRS NICKNAME	LAST	SUFFIX	Date Processed			
		PAM	JONES	SUFFIX	Date Imaged			
	AMPAIGN	STREET ADDRESS	NO PO BOX PLEASE); APT / S	:UITE #; CITY;	STATE; ZIP CODE			
	REASURER ODRESS	6548 JOHN CURRY ROAD						
(Residence or Business) CHRISTOVAL, TX 76935								
8 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER	EXTENSION				
		(325)	374-1520					
9 RI	EPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
		July 15	8th day before ek	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
	ERIOD	Month	Day Year	Month	Day Year			
C	OVERED	5.	/ 15 / 22	THROUGH 6	/ 30 / 22			
11 El	ELECTION	ELECTION DA	TE	ELECTION TYPE				
		Month Day	Year Primary	Runoff Other Description				
		11 / 8 /	✓ 22 General	Special				
12 O	FFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	1)			
P	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.						
C.		COMMITTEE TYPE	COMMITTEE NAME		activ			
		GENERAL	COMMITTEE ADDRESS					
		SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
			COMMITTEE CAMPAIGN TR	EASURER ADDRESS				
GO TO PAGE 2								

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME STACYE W SPECK	16 Filer ID (Eth	Filer ID (Ethics Commission Filers)						
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TO PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN \$	100.00					
,	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAD)	ANS) \$						
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	38.41					
	4. TOTAL POLITICAL EXPENDITURES	\$						
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	E LAST DAY \$	1,593.22					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD	AS OF THE \$	7,500.00					
18 SIGNATURE 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.								
Signature of Candidate or Officeholder								
Please complete either option below:								
(1) Affidavit								
NOTARY STAMP/SEAL								
Sworn to and subscribed before me by 5tacye speek this the 15 day of July,								
20 <u>2</u> , to certify	which, witness my hand and seal of office.							
10m Hadso			Motory					
Signature of officer administe		Title of	officer administering oath					
(2) Unsworn Declarati		Notary Public, State of Notary ID# 11421 My Commission Expires	of Texas 15-1					
	, and my date of the	ifth is						
My address is	(street) (city)	(state) (zip cod	de) (country)					
Executed in	County. State of on the day of		, , ,					
	Signature of C	Candidate/Officeholder	(Declarant)					