# **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 fil	ed: 14
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mrs	FIRST Stacye	MI W	OFFICE	USE ONLY
NAME	NICKNAME	LAST Speck	SUFFIX	*Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 3494 Buck Run San Angelo, TX 7		CITY; STATE; ZIP CODE	JUL 18	3 2021
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 325 ) 716	PHONE NUMBER	EXTENSION		or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST <b>David</b>	MI	Receipt #  Date Processed	Amount \$
	NICKNAME	LAST <b>Jones</b>	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	TREASURER 6548 John Curry Road Christoval, TX 76935				
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 325 ) 374-	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before o	_	15th day af treasurer ap (Officeholde	
	X July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month 03	Day Year  / 08 / 2021	Month THROUGH 07	Day Year / 15 / 2021	
11 ELECTION	ELECTION DA  Month Day  03 01	Year X Primary  2022 General	ELECTION TYPE  Runoff Other Description  Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known Justice of the Peace Pct. 3	n)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES M S MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF 1	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
OOMMITTEE(O)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS	NAME OF THE STATE		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

CAMPAIGI	N FINANCE REPORT	COVER SHEET PG 2		
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)		
Speck StacyeW  17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$35.00		
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$2900.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$0.00		
	4. TOTAL POLITICAL EXPENDITURES	\$6463.93		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS     OF REPORTING PERIOD	\$2671.07		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$5000.00		
Signature of Candidate or Officeholder  Please complete either option below:				
DOLORES DEL RIO NOTARY PUBLIC STATE OF TEXAS ID # 129747354 My Comm. Expires 03-23-2022				
NOTARY STAMP/SEAL  Sworn to and subscribed before me by Day of This the Long day of This the				
20 T, 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				
(2) Unsworn Declarati	on on	·		
My name is	, and my date of birth is	<u> </u>		
My address is				
	(street) (city) (	(state) (zip code) (country)		
Executed in	County, State of , on the day of (month	, 20 h) (year)		
	Signature of Candi	date/Officeholder (Declarant)		

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Co	mmission Filers)			
STACYE W SPECK					
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$2935.00			
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONT	TRIBUTIONS	\$125.00			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4. X SCHEDULE E: LOANS	\$5000.00				
5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM I	\$6463.93				
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FRO	\$				
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM P	\$				
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIL	\$				
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM	POLITICAL CONTRIBUTIONS	\$			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AN TO FILER	ID CONTRIBUTIONS RETURNED	\$			

# **MONETARY POLITICAL CONTRIBUTIONS**

# SCHEDULE A1

S   Full name of contributor   out-of-state PAC (IDA Ronnie & Peggy Farmer	State; Zip Code  Employer (See Instructions)  D#:  Amount of contribution (\$)
Ronnie & Peggy Farmer    String   Contributor address;   City;   String   City;   Ci	\$250.00  State; Zip Code  Employer (See Instructions)  Amount of contribution (\$)  \$100.00
Ronnie & Peggy Farmer  6 Contributor address; City; S 2356 Old Sawmill Rd. Lake, MS 39092  Principal occupation / Job title (See Instructions)  9  Date Full name of contributor out-of-state PAC (ID# Tommy & Teresa Williams  Contributor address; City; S 3341 Shadyhill Dr. San Angelo, TX 76904  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (ID# Gary & Della Shaffer	\$250.00  State; Zip Code  Employer (See Instructions)  Amount of contribution (\$)  \$100.00
6 Contributor address; City; S 2356 Old Sawmill Rd. Lake, MS 39092  Principal occupation / Job title (See Instructions)  9  Date Full name of contributor out-of-state PAC (ID# Tommy & Teresa Williams Contributor address; City; 3341 Shadyhill Dr. San Angelo, TX 76904  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (ID# Gary & Della Shaffer	Employer (See Instructions)  D#:  Amount of contribution (\$)  \$100.00
Date  Full name of contributor  Tommy & Teresa Williams  O3/18/2021  Contributor address; City; S 3341 Shadyhill Dr. San Angelo, TX 76904  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Gary & Della Shaffer	Amount of contribution (\$) \$100.00  State; Zip Code
Tommy & Teresa Williams  Contributor address; City; S 3341 Shadyhill Dr. San Angelo, TX 76904  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (IDA Gary & Della Shaffer	\$100.00 State; Zip Code
Contributor address; City; S 3341 Shadyhill Dr. San Angelo, TX 76904  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (IDA Gary & Della Shaffer	State; Zip Code
Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (ID)  Gary & Della Shaffer	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#	Employer (See Instructions)
Gary & Della Shaffer	
03/40/2021	D#: Amount of contribution (\$)
	\$600.00
Contributor address; City; S 8118 Doss Lane	State; Zip Code
San Angelo, TX 76901  Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor Quit-of-state PAC (IDE	D#: ) Amount of contribution (\$)
O3/24/2021 Cathy Burgen	
Contributor address; City; S 204 NW 8th St. Andrews, TX 79714	State; Zip Code \$200.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

## **MONETARY POLITICAL CONTRIBUTIONS**

## SCHEDULE A1

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

	The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 2/3
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
S	ACYE W SPE	ECK			
4	Date 04/21/21	5 Full name of contributor Curtis Williams	_	(ID#:)	7 Amount of contribution (\$) \$100.00
		6 Contributor address; 222 W Harris San Angelo, TX 76903	City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	· ·	9 Employer (See Instruc	tions)
	Date 05/14/2021	Full name of contributor Gary Cole	out-of-state PAC	: (ID#:)	Amount of contribution (\$) \$100.00
		Contributor address; 222 W Harris San Angelo, TX 76903	City;	State; Zip Code	<b>V</b> 100100
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date 06/17/2021	Full name of contributor Michael & Rachelle Farmer	r	: (ID#:)	Amount of contribution (\$) \$200.00
			City;		
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date 06/21/2021	Full name of contributor David and Pamela Jones	out-of-state PAC	: (ID#:)	Amount of contribution (\$) \$500.00
		Contributor address; 6548 John Curry Rd. Christoval, TX 76935	City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
		ATTACHARDIT	IONAL CODIES	OF THIS SCHEDULE AS N	JEEDED.
		If contributor is out-of-state PAC			

# **MONETARY POLITICAL CONTRIBUTIONS**

## SCHEDULE A1

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

	The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 3/3
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
ş	TACYE W SPI	ECK			
4	Date 06/24/2021	5 Full name of contributor Valerie Priess	_	C (ID#:)	7 Amount of contribution (\$) \$250.00
		6 Contributor address; 808 Humble Road San Angelo, TX 76903	City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Date 06/26/2021	Full name of contributor Adam & Rosemary Czajko	wski	C (ID#:)	Amount of contribution (\$) \$500.00
		Contributor address; 1527 N. Monroe St. San Angelo, TX 76901	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date 07/09/2021	Full name of contributor David Newsom  Contributor address;	_	C (ID#:) State; Zip Code	Amount of contribution (\$) \$100.00
		222 W. Harris San Angelo, TX 76903			
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	_	C (ID#:)	Amount of contribution (\$)
-		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
		ATTACH ADDIT		OF THIS SCHEDULE AS Nuction guide for additional	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

in the requested information is not applicable, bo No i include this page in the report.					
TI	he Instruction Guide explains how to complete this form	m.	1 Total pages Sched	lule A2: <b>1</b>	
2 FILER NAM			3 Filer ID (Ethics Co	ommission Filers)	
STACYE W S	SPECK	···	<del> </del>		
4 TOTAL O	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$125.00		
5 Date 03/28/2021	6 Full name of contributor ☐ out-of-state PAC (ID#:		8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State; 222 W. HARRIS	Zip Code	\$125.00	Photographs	
	SAN ANGELO, TX 76903		Check if travel outs	ide of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code		 	
			Check if travel outsi	ide of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
				· · · · · · · · · · · · · · · · · · ·	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

# LOANS

## SCHEDULE E

If the requested	d information is not applicable, DO NO	OT include this page in the re	eport.
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
STACYE W SPE	СК		
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	e PAC (ID#:)	9 Loan Amount (\$)
3/19/2021	STACYE W SPECK		5000.00
6 Is lender a financial Institution?	8 Lender address; City; 3494 BUCK RUN	State; Zip Code	10 Interest rate 0%
Y 🔞	SAN ANGELO, TX 76901		11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	1
14 Description of Col	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
▼ not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
, ,			
Date of loan	Name of lender	e PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fun	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
If Id	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NE enstruction guide for additional re	

### 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
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)

Credit Card Payment	The instruction Guide explains how to o	complete this form.		,,
1 Total pages Schedule F1: 1/6	2 FILER NAME STACYE W SPECK		3 Filer ID (Ethio	s Commission Filers)
4 Date 03/12/2021	5 Payee name UNITED STATES POSTAL SERVICE			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$166.00	1 N. ABE ST SAN ANGELO, TX 76903			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	RENTAL EXPENSE	P.O. BOX RENTAL		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/14/2021	MAGNETSONTHECHEAP.COM			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$165.86	11550 Stonehollow Dr. Suite 160 Austin, TX 78758			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING	CAR MAGNETS	3	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/15/2021	ANGELO AWARDS			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$151.01	1605 W. AVENUE N SAN ANGELO, TX 76904			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING	NAME TAGS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

#### 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 2/6 STACYE W SPECK 4 Date 5 Payee name 03/15/2021 CANVA 6 Amount (\$) 7 Payee address; City; State: Zip Code \$64.00 75 E. SANTA CLARA ST. **SAN JOSE CA, 95113** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE PRINTING EXPENSE THANK YOU CARDS OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date SUCCESS PRINT SHOP 03/16/2021 Amount (\$) City; Zip Code Payee address; State: \$415.00 8015 ALLEN RD CHRISTOVAL, TX 76935 Category (See Categories listed at the top of this schedule) Description **ADVERTISING PURPOSE** T-SHIRTS OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/21/2021 CANVA Amount (\$) Payee address; City; State; Zip Code \$120.00 75 E. SANTA CLARA ST. SAN JOSE CA, 95113 Category (See Categories listed at the top of this schedule) Description **PURPOSE** PRINTING EXPENSE **BUSINESS CARDS** OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

'JUL 1 5 2021

## 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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Travel In District Travel Out Of District Other (enter a category not listed above)					
4					1	<u> </u>		
1 Total pages Schedule F1: 3/6	STACYE W					3 Filer	ID (Ethic	cs Commission Filers)
4 Date	5 Payee na	ame				******		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
03/21/2021	CANVA							
6 Amount (\$)	7 Payee a	ddress;		Ci	ity;		State;	Zip Code
\$65.00	75 E. SANT SAN JOSE	ГА CLARA ST. , CA 95113						
8	(a) Categor	y (See Categories listed at the top of this	schedule) (I	b) Desci	ription		•	
PURPOSE	PRINTING EX	PENSE	l <sub>e</sub>	SUSINES	S CARDS			
OF EXPENDITURE								
	(c)	Check if travel outside of Texas. Complete S	chedule T.		Check if Austin	n, TX, office	eholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office	sought			Office held
Date	Payee na	ame					,	
03/23/2021	CRAZYO	CHEAPPOLITICALSIGNS.COM						
Amount (\$)	Payee a	ddress;		Ci	ity;		State;	Zip Code
\$1540.61	11550 St Austin, T	tonehollow Dr. Suite 160 X 78758						
	Category	(See Categories listed at the top of this s	schedule)	Desci	ription			
PURPOSE OF EXPENDITURE	ADVERTIS	ING		YARE	SIGNS			
		Check if travel outside of Texas. Complete S	chedule T.		Check if Austin	, TX, office	eholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	=	late / Officeholder name		Office	sought			Office held
Date	Payee n	ame						
03/23/2021	MY CAN	MPAIGN STORE						
Amount (\$)	Payee a	ddress;		С	ity;		State;	Zip Code
\$1394.49		TTINGTON PKWY #201 ILLE, KY 40222						
	Category	(See Categories listed at the top of this s	schedule)	Desci	iption			
PURPOSE OF EXPENDITURE	ADVERTIS	ING		PENS	AND LAR	GE SIGI	NS	
		Check if travel outside of Texas, Complete S	chedule T.		Check if Austin	, TX, office	eholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		late / Officeholder name		Office	sought			Office held
	AT	TACH ADDITIONAL COPIES	OF THIS SC	HEDUL	E AS NEE	DED		

### 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
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

Candidate/Officeholder/Politica Credit Card Payment	Tilling	Expense Wages/Contract Labor complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		-	3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2021	5 Payee name HARLAND CLARK PPD		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$26.75	15955 LA CANTERA PARKWAY SAN ANTONIO, TX 78256		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ACCOUNTING/BANKING	CAMPAIGN CHECK	rs .
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/12/2021	MY CAMPAIGN STORE		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1147.96	304 WHITTINGTON PKWY #201 LOUISVILLE, KY 40222		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	ADVERTISING	BANNERS AND	SIGNS
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.		n, 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		
04/27/2021	SUCCESS PRINT SHOP		
Amount (\$)	Payee address;	City;	State; Zip Code
\$412.50	8015 ALLEN RD. CHRISTOVAL, TX 76935		
100000000000000000000000000000000000000	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING	T-SHIRTS	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	· · · · · · · · · · · · · · · · · · ·		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED

### 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 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

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  Credit Card Payment				
Ground aymork	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 5/6	2 FILER NAME STACYE W SPECK	3 Filer ID (Ethics Commission Filers)		
4 Date 05/01/2021	5 Payee name BY THE STREAM MEDIA			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
\$324.75	1620 W. AVE N SAN ANGELO, TX 76904			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	PRINTING EXPENSE	LOGO		
EXPENDITURE				
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
05/02/2021	AMY MCMILLIAN PHOTOGRAPHY			
Amount (\$)	Payee address;	City; State; Zip Code		
\$200.00	222 W. HARRIS SAN ANGELO, TX 76903			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	OTHER	PHOTOGRAPHY		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	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			
05/03/2021	FIRST FINANCIAL BANK			
Amount (\$)	Payee address;	City; State; Zip Code		
\$5.00	222 S. KOENIGHEIM ST. SAN ANGELO, TX 76903			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	ACCOUNTING/BANKING	FEE		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED		

JUL 15 2021

# 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 Gitt/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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/V	Vages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1: 6/6	2 FILER NAME STACYE W SPECK		3 Filer ID (Ethics Commission Filers)
4 Date 06/01/2021	5 Payee name FIRST FINANCIAL BANK		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$5.00	222 S. KOENIGHEIM ST. SAN ANGELO, TX 76903		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	ACCOUNTING/BANKING	FEE	
EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
06/13/2021	CANVA		
Amount (\$)	Payee address	City;	State; Zip Code
\$260.00	75 E. SANTA CLARA ST. SAN JOSE, CA 95113		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	PRINTING EXPENSES	FLYERS	
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
11,400	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	Н		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			