

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: 14

| | | | | | |
|--|---|---|--|--|---|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR MRS | FIRST STACYE | MI W | OFFICE USE ONLY | |
| | NICKNAME | LAST SPECK | SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; 3494 BUCK RUN SAN ANGELO, TX 76901 | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (325) | PHONE NUMBER 716-5999 | EXTENSION | Date Received <i>Received 1-14-22</i> | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MRS | FIRST PAMELA | MI M | Receipt # | Amount \$ |
| | NICKNAME PAM | LAST JONES | SUFFIX | Date Processed | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; | | | STATE; | ZIP CODE |
| | 6548 JOHN CURRY RD. CHRISTOVAL, TX 76935 | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (325) | PHONE NUMBER 374-1520 | EXTENSION | Date Hand-delivered or Date Postmarked | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | |
| 10 PERIOD COVERED | Month 07 | Day 16 | Year 2021 | THROUGH | Month 12 / Day 31 / Year 2021 |
| 11 ELECTION | ELECTION DATE Month Day Year 03 / 01 / 2022 | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if known) JUSTICE OF THE PEACE PRECINCT 3 | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | | | |
| | | COMMITTEE ADDRESS | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| | | COMMITTEE CAMPAIGN TREASURER 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 (Ethics Commission Filers)

| | | |
|--------------------------------|---|------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 1933.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 6500.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2851.74 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 7476.83 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 5000.00 |

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.

Stacye W Speck

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

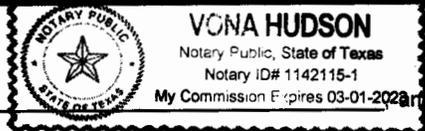
NOTARY STAMP / SEAL

Sworn to and subscribed before me by Stacye W Speck this the 14th day of January, 2022, to certify which, witness my hand and seal of office.

Vona Hudson Signature of officer administering oath
Vona Hudson Printed name of officer administering oath
Notary Title of officer administering oath

OR

(2) Unsworn Declaration



My name is _____ my date of birth is _____

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|---|--|---|
| 19 FILER NAME STACYE W SPECK | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 8433.00 |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 730.00 |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | | \$ |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 2851.74 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$ |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$ |

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: 1/5 |
| 2 FILER NAME STACYE W SPECK | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/26/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell Smith 6 Contributor address; City; State; Zip Code 3337 Canyon Creek San Angelo, TX 76904 | 7 Amount of contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 7/28/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emma Brown Contributor address; City; State; Zip Code 21773 Toenail Trail Christoval, TX 76935 | Amount of contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 7/30/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Pruitt Contributor address; City; State; Zip Code P.O. Box 10 Rankin, TX 79778 | Amount of contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 7/31/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gus Constancio Contributor address; City; State; Zip Code 1000 N. Chadbourne San Angelo, TX 76903 | Amount of contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | |

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: 2/5 |
| 2 FILER NAME STACYE W SPECK | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8/3/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham & Lylanie Smith 6 Contributor address; City; State; Zip Code P.O. Box 851 Rankin, TX 79778 | 7 Amount of contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 8/4/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy McMillan Contributor address; City; State; Zip Code P.O. BOX 291 Carlsbad, TX 76934 | Amount of contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 8/5/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitch Brininstool Contributor address; City; State; Zip Code 3129 Clearview Dr San Angelo, TX 76904 | Amount of contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 8/5/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve & Jeannie Mild Contributor address; City; State; Zip Code 5210 N. Bentwood Drive San Angelo, TX 76904 | Amount of contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

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: 3/5 |
| 2 FILER NAME STACYE W SPECK | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8/5/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald & Corrie White | 7 Amount of contribution (\$) \$150.00 |
| 6 Contributor address; City; State; Zip Code 3406 Ridgecrest Lane San Angleo, TX 76904 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 8/5/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrin & Angie Daigle | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 3606 Threawn San Angelo, TX 76904 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 8/5/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Smith | Amount of contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code 3114 Clearview Dr San Angelo, TX 76904 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 8/5/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicole Jones | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 6548 John Curry Rd. Christoval, TX 76935 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

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: 4/5 |
| 2 FILER NAME STACYE W SPECK | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8/10/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Samaniego 6 Contributor address; City; State; Zip Code 222 W Harris, San Angelo, TX 76903 | 7 Amount of contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 8/12/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Smith Contributor address; City; State; Zip Code 3114 Clearview Dr San Angelo, TX 76904 | Amount of contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 8/12/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phil Elliott Contributor address; City; State; Zip Code 5790 Green Oaks Dr Christoval, TX 76935 | Amount of contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/20/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phil Elliott Contributor address; City; State; Zip Code 5790 Green Oaks Dr Christoval, TX 76935 | Amount of contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | |

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: 5/5 |
| 2 FILER NAME STACYE W SPECK | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/30/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark & Cynthia Kimrey 6 Contributor address; City; State; Zip Code 13848 E Riviera Drive Burleson, TX 76028 | 7 Amount of contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/3/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby Eggemeyer Contributor address; City; State; Zip Code 35 E. Concho Ave, San Angelo 76903 | Amount of contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/15/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Allison Contributor address; City; State; Zip Code 1151 Knickerbocker Rd, San Angelo, TX 76903 | Amount of contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Angelo Police Officers PAC Contributor address; City; State; Zip Code 401 E Bearegard Ave, San Angelo, TX 76903 | Amount of contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <p style="text-align: right;">1/2</p> | |
| 2 FILER NAME STACYE W SPECK | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 80.00 | |
| 5 Date 08/05/2021 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEBRA SOSOLIK | 8 Amount of Contribution \$ \$250.00 | 9 In-kind contribution description CONDIMENTS |
| 7 Contributor address; City; State; Zip Code 16814 Koonce Lane Christoval, TX 76935 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 08/05/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRACI KING | Amount of Contribution \$ \$300.00 | In-kind contribution description HAMBURGERS |
| Contributor address; City; State; Zip Code 5501 FAIRWAY SAN ANGELO, TX 76904 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | | Employer (FOR NON-JUDICIAL)(See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 2/2 | |
| 2 FILER NAME STACYE W SPECK | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 08/05/2021 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EMMA BROWN | 8 Amount of Contribution \$ \$100.00 | 9 In-kind contribution description CHIPS |
| 7 Contributor address; City; State; Zip Code 21773 Toenail Trail Christoval, TX 76935 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | Employer (FOR NON-JUDICIAL) (See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

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
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: 1/4 | 2 FILER NAME STACYE W SPECK | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 7/25/2021 | 5 Payee name Dollar Tree | |
| 6 Amount (\$) \$85.52 | 7 Payee address; City; State; Zip Code 5150 Southland Blvd, San Angelo, TX 76904 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE | (b) Description DECORATIONS |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 8/1/2021 | Payee name Canva | |
| Amount (\$) \$240.00 | Payee address; City; State; Zip Code 75 E. Santa Clara St. 6th Floor San Jose, CA 95113 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | Description DONOR CARDS |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 8/5/2021 | Payee name Angelo Civic Hall | |
| Amount (\$) \$700.00 | Payee address; City; State; Zip Code 3636 N. Bryant San Angelo, TX 76901 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) EVENT EXPENSE | Description VENUE |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: 2/4 | 2 FILER NAME STACYE W SPECK | 3 Filer ID (Ethics Commission Filers) |
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| | |
|----------------------------|---------------------------------------|
| 4 Date 10/8/2021 | 5 Payee name Land of Boards |
|----------------------------|---------------------------------------|

| | | | | |
|----------------------------------|--|-------|--------|----------|
| 6 Amount (\$) \$125.00 | 7 Payee address; 7601 Bison Trail San Angelo, TX 76901 | City; | State; | Zip Code |
|----------------------------------|--|-------|--------|----------|

| | | |
|---|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE | (b) Description FOOD FOR MEET & GREET |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------------------|--------------------------------------|
| Date 10/8/2021 | Payee name San Angelo RNHA |
|--------------------------|--------------------------------------|

| | | | | |
|--------------------------------|--|-------|--------|----------|
| Amount (\$) \$300.00 | Payee address; 20 N. Howard St. San Angelo, TX 76901 | City; | State; | Zip Code |
|--------------------------------|--|-------|--------|----------|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description BACK THE BADGE SIGN |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> 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 10/21/2021 | Payee name By the Stream Media |
|---------------------------|--|

| | | | | |
|--------------------------------|---|-------|--------|----------|
| Amount (\$) \$216.50 | Payee address; 1620 W Ave N, San Angelo, TX 76904 | City; | State; | Zip Code |
|--------------------------------|---|-------|--------|----------|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description BROCHURES |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> 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 |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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) |
| 3/4 | STACYE W SPECK | |
| 4 Date | 5 Payee name | |
| 11/13/2021 | TGCRP | |
| 6 Amount (\$) | 7 Payee address; | City; State; Zip Code |
| \$375.00 | 2525 Johnson St Suite A, San Angelo, TX 76904 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | FEEES | FILING FEE |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| 11/15/2021 | Twister Cactus | |
| Amount (\$) | Payee address; | City; State; Zip Code |
| \$244.00 | 703 N. Main St, San Angelo, TX 76903 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | ADVERTISING EXPENSE | CAPS |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| 11/28/2021 | Home Depot | |
| Amount (\$) | Payee address; | City; State; Zip Code |
| \$190.57 | 4363 Houston Harte, San Angelo, TX 76904 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | ADVERTISING EXPENSE | SIGN SUPPLIES |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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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
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: 4/4 | 2 FILER NAME STACYE W SPECK | 3 Filer ID (Ethics Commission Filers) |
|---|--|--|

| | |
|-----------------------------------|-------------------------------------|
| 4 Date 12/3/2021 | 5 Payee name Lowes |
|-----------------------------------|-------------------------------------|

| | |
|--|---|
| 6 Amount (\$) \$50.40 | 7 Payee address; City; State; Zip Code 5301 Sherwood Way, San Angelo, TX 76904 |
|--|---|

| | | |
|---|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description SIGN SUPPLIES |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|---------------------------|--|
| Date 12/18/2021 | Payee name By the Stream Media |
|---------------------------|--|

| | |
|------------------------------------|---|
| Amount (\$) \$324.75 | Payee address; City; State; Zip Code 1620 W Ave N, San Angelo, TX 76904 |
|------------------------------------|---|

| | | |
|-------------------------------|---|---------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description BROCHURES |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|-------------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |
|--|-------------------------------|---------------|-------------|

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