CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	duide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	Drew Spive	SUFFIX	Data Received EGEIVEN	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #; C	PITY: STATE; ZIP CODE	Henderson County Election Administration	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Scotty	мі	Receipt # Amount \$	
	NICKNAME	Thomas	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	NO PO BOX PLEASE); APT / SU	JITE #: CITY;	STATE; ZIP CODE	
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year	Month	Day Year 15/2024	
11 ELECTION	ELECTION DA		ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
	3/5/	a4 General	Special		
12 OFFICE	OFFICE HELD (if any)	ioner Petl	13 OFFICE SOUGHT (If known		
14 NOTICE FROM POLITICAL COMMITTEE(S)					
000000000000000000000000000000000000000	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Kinabrew Spivey	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)	\$					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,000					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$					
	4. TOTAL POLITICAL EXPENDITURES	\$ 3678.51					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$790.24					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE \$ 0					
and the contract of the second s	wear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and correct and includes all information					
Wendy Kinalnew Spice							
	Please complete either option below	v :					
(1) Affidavit (1) Affidavit (1) Affidavit							
NOTARY STAMP/SEA	L						
Sworn to and subscribed before me by <u>melissa Barcharalt</u> this the 17th day of <u>January</u> ,							
20 24 , to certify which, witness my hand and seal of office.							
Signature of officer administe	rring oath Printed name of officer administering oath	Title of officer administering oath					
	OR						
(2) Unsworn Declarati	on						
My name is	, and my date of birth is						
My address is	,,	······································					
Executed in		state) (zip code) (country)					
	County, State of , on the day of (month	, 20 n) (year)					
	Signature of Candie	date/Officeholder (Declarant)					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER	mmission Filers)		
	ULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2000
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		\$3678.50
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 FUN	NDS	\$2500
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$
12.		IONS RETURNED	\$

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	1 Total pages Schedule A1:		
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date リフ/24	 5 Full name of contributor Stacey - Watt 6 Contributor address; 		State; Zip Code	7 Amount of contribution (\$)
0	pation / Job title (See Instructions)		9 Employer (See Instruct Seff	ctions)
Date	Full name of contributor	out-of-state PAC) (ID#:)	Amount of contribution (\$)
	Contributor address;	City;		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC) (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC) (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instrue	ctions)
	ATTACH ADDIT		DF THIS SCHEDULE AS I uction guide for additional	201-00-020-020-02-04

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 E Candidate/Officeholder/Politic Credit Card Payment	Fi Fi By G al Committee La	vent Expense ees ood/Beverage Expense ift/Awards/Memorials Ex egal Services The Instruction Guid	Office Ov Polling E printing E SalariesA	xpense Vages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
1 Total pages Schedule F1:	2 FILER NAM	Linabre	11) Shive	4	3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee name	2				
12-19-23 6 Amount (\$)	7 Payee addr		creen Pr	inting City:	State;	Zip Code
433.00	the state of the second second	1146 Mo	lakof	TV	75148	
8	(a) Category (See Categories listed at th	e top of this schedule)	(b) Description		
PURPOSE	Advertis	ing		4 Banner	'S	
EXPENDITURE	expense	se				
	(c) Ch	eck if travel outside of Texas	. Complete Schedule T.	Check if A	ustin, TX, officeholder livir	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		Kinabre	w Spiva	Office sought	Commissio	Office held same
Date	Payee name		Notic R	nste		
19-96-93	malat	off Bas	eball + S	xaball 1	ASSOC.	
Amount (\$)	Payee addr	ess;		City;	State;	Zip Code
400.00	mal	akoff			TX -	15148
	Category (S	ee Categories listed at the	top of this schedule)	Description	TX -	15148
PURPOSE OF		ee Categories listed at the	top of this schedule)		TX -	15148
PURPOSE	Category (s aduer- expense	ee Categories listed at the Hising providence of the providence of	inting	sign		
PURPOSE OF EXPENDITURE	Category (s adver- expense ch	ee Categories listed at the HSING PC eck if travel outside of Texas	inting pense . Complete Schedule T.	Sign Check if A	Ustin, TX, officeholder livin	ig expense
PURPOSE OF	Category (s adver- expense ch Candidate	ee Categories listed at the Hising providence of the providence of	inting pense Complete Schedule T.	Sign Check if Ar Office sought	ustin, TX, officeholder livin	
PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct	Category (s adver- expense ch Candidate	ee Categories listed at the Hising Pro- eck if travel outside of Texas / Officeholder name / Kinabrei	inting pense Complete Schedule T.	Sign Check if Ar Office sought	ustin, TX, officeholder livin	ig expense Office held
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PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OI Date 1-1-2-4	Category (s adver- expense candidate bendu Payee name Oeilly Payee addre Payee addre	ee Categories listed at the HSING PCX eck if travel outside of Texas (Officeholder nam Kinabrei e ess; (d)	inting pense complete Schedule T. s wSpivey ebitcard)	Sign Check if Ar Office sought Commission City;	ustin, TX, officeholder livin	office held
PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OI Date 1-1-24 Arnount (\$) 59.48	Category (s adver- expense candidate bendu Payee name Oeilly Payee addre Payee addre	ee Categories listed at the Hising Pro- eck if travel outside of Texas 1 Officeholder nam 1 Kinabrei 1 e	inting pense complete Schedule T. s wSpivey ebitcard)	Sign Check if A Office sought	ustin, TX, officeholder livin	office held
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PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OF Date 1-1-24 Amount (\$) 59.48 PURPOSE OF EXPENDITURE	Category (S adueries expense ch Candidate Wendu Payee name Deilly Payee addre Malak Category (Se Adueries Category (Se Adueries Category (Se Adueries Category (Se Adueries Category (Se Category (Se)	ee Categories listed at the HSING PCX eck if travel outside of Texas / Officeholder nam / Lindbrei e ess; / E A Categories listed at the Categories listed at the / Officeholder nam / Officeholder nam / Officeholder nam	inting pense complete Schedule T. S Spivey ebitard) top of this schedule) Complete Schedule T. B Spiver	Sign Check if A Office sought Commission City: TX Description Liptics & Check If Au	state; TS148 Hape for stin, TX, officeholder livin	office held

Forms provided by Texas Ethics Commission

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 Fees		ayment/Reimbursement erhead/Rental Expense	Solicitation/Fundrais Transportation Equi	sing Expense oment & Related Expense
Consulting Expense Contributions/Donations Made B	lv.	Food/Beverage Expense Gift/Awards/Memorials E			Travel In District Travel Out Of Distric	ann - na haolaidh aista "Scalana-dhannadha (Sra 🖬 Sann — Anna
Candidate/Officeholder/Politica		Legal Services		Wages/Contract Labor		ory not listed above)
Credit Card Payment		The Instruction Gu	ide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER N		(3 Filer ID (Ethic	s Commission Filers)
	11 por	1. Kimber	1 Saivar		•	
4 Date	5 Payee n	ame	n brod			
1-2-24	Fast		en Printin	20		
6 Amount (\$)	7 Payee a			City:	State;	Zip Code
\$633.26	POR	50x 1146 N	nalakoff	TK 751	48	
8	(a) Catego	ry (See Categories listed at	the top of this schedule)	(b) Description		
PURPOSE		1.		stickers fr	a signa	
OF	Adver	tising this	rense	STICKETS TO	or signs	
EXPENDITURE	1 123 22	101 5 01		(IC-elect)	scotty inor	nas-Treasure
	(c)	Check if travel outside of Texa	s. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
9 Complete ONLY if direct	-	date / Officeholder nam	ne	Office sought		Office held
expenditure to benefit C/O	н					
Date	Payee n	ame	1.000 - 100			
and the second second second						
1-10-24	The	Cheap Sic	ins			
Amount (\$)	Payee a	ddress;)	City;	State;	Zip Code
- 111	1		E			
14 Ud. 77	Mte	ernet du	1 chase			
	Categor	y (See Categories listed at th	e top of this schedule)	Description		
PURPOSE				5		
OF	adi .	octicion.		4×8 Sians	50)401	d signs
EXPENDITURE	advertising expense 4x8 signs solution signs					
		Check if travel outside of Texa	s. Complete Schedule T.	Check if Austin	n, TX. officeholder living	g expense
Complete ONLY if direct	Candio	late / Officeholder nan	ne	Office sought		Office held
expenditure to benefit C/OH						
Date	Payee n	ame				
12-19-23	Her	derson (jounty 7	Republican	n Part	4
Amount (\$)	Payee a			City;	State;	Zip Code
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150.00	1411	ens, 1x.	75151			
	Categor	(See Categories listed at th	e lop of this schedule)	Description		
PURPOSE					0	-
	Fees			running	i tor r	AFico
		Check if travel outside of Texa	s. Complete Schedule T.		n, TX, officeholder living	expense
Complete ONLY if direct	Candio	late / Officeholder na	me	Office sought		Office held
expenditure to benefit C/OH						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

1

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Candidate/Officeholder/Politi Credit Card Payment	Fees Of Food/Beverage Expense Pro By Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense Inting Expense Iaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
4	0 EN ED MANE	~				
1 Total pages Schedule G:	Wendy Kinabrey	Spivey	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name	, , ,				
	wendy Kinabrew:	Spivey Ca	mpaign acct			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
Reimbursement from political contributions intended						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedu	le) (b) Description				
OF	(c) Check if travel outside of Texas, Complete Schedule	ich money	from mypersonal act			
9	Candidate / Officeholder name	Office sought	Office held			
Complete ONLY if direct						
expenditure to benefit C/OH	Wendy Kinablew J	over lomm	P.P.F.I Com-Pct]			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	ule) Description				
EXPENDITORE	Check if travel outside of Texas. Complete Schedul	eT. Check if Austin	, TX, officeholder living expense			
	Candidate / Officeholder name	Office sought	Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/						
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Description				
	Check if travel outside of Texas. Complete Schedule	a 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			
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEED	ED			

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