# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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#### FORM C/OH COVER SHEET PG 1

, 1							
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MSIMRSIMR FIRST Wendy	M)	OFFICE USE ONLY				
	NICKNAME KINADREW SD	SUFFIX	DECEIVEN				
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #.	city: state; zip code alakoff, TX 75148	FEB 2 6 2024				
Change of Address			Henderson County				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Deblection Adarbai Feeding				
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	Mi	Receipt # Amount \$				
NAME	NICKNAME LAST	SUFFIX	Date Processed				
	Thomas		Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		SUITE #: CITY: Nalakoff, TV. 7	STATE: ZIP CODE				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION					
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)				
	July 15 Sth day before e	lection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year	Month	Day Year				
COVERLD	2 16 /24	THROUGH 2	26/24				
11 ELECTION	ELECTION DATE Month Day Year						
	3/5/24 Genera	Description					
12 OFFICE	OFFICE HELD (IT any) COUNTY COMMISSIONER	Petl 13 OFFICE SOUGHT (IF KNOWN	)				
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE NAME						
Additional Pages	GENERAL COMMITTEE ADDRESS						
· · · · · · · · · · · · · · · · · · ·	SPECIFIC COMMITTEE CAMPAIGN TR	EASURER NAME					
	COMMITTEE CAMPAIGN TH	RASURER ADDRESS					
		$\sim$					
	GO TO	PAGE 2					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

17 CONTRIBUTION TOTALS       1.       TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS. OR CONTRIBUTIONS MADE ELECTRONICALLY)							
	$\Diamond$						
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	5500						
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$	Ø						
4. TOTAL POLITICAL EXPENDITURES \$	10,781.55						
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5. OF REPORTING PERIOD 5.	1579.49						
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD \$	0						
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.							
Wiendy Hundrow signature of Candidate for O	Difficeholder						
Please complete either option below:							
(1) Affidavit NOTARY STAMP/SEAL MARISSA HUGHES NOTARY PUBLIC STATE OF TEXAS ID # 13276316-6 My Comm. Expires 11-13-2024							
Sworn to and subscribed before me by Maxissa Hughus #13278316 this the 26 da	ay of <u>February</u> ,						
20 <u>24</u> , to certify which, witness my hand and seal of office.							
	le of officer administering oath						
(2) Unsworn Declaration							
My name is, and my date of birth is							
My address is,,,,	······································						
(street) (city) (state) (zip	code) (country)						
Executed in County, State of, on theday of, (month)							

# SUBTOTALS - C/OH

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#### FORM C/OH COVER SHEET PG 3

19 FILER NAME Wendy Kinabrew Spivey	20 Filer ID (Ethics Cor	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$5500
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	анунан алаан ал	s 300 month
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. SCHEDULE E: LOANS		s Q
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$10,781.55
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 💫
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$ 0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$ 0
	<u>an an an Anna a</u>	

4 3 1	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAM	V: Lo C'	3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor [] out-of-state PAC (ID#: )	7 Amount of contribution (\$)
-eb	Jim Dennison	<b>#</b> 50
2024	6 Contributor address; City; State; Zip Code	50
	Bluebonnet St Trinidad Tx 75163	
Principal oc	supation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
		500 Million Contraction Contra
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)
eb.	Hnonymous	#250
2024	Contributor address: City; State; Zip Code	200
~		
Principal occ	upation / Job title (See Instructions) Employer (See Instruc	lions)
Date	Full name of contributor	Amount of contribution (\$)
-h	matthew Robertson	
en.	Contributor address; City; State; Zip Code	≈ 500
2024	Athens TV 75751	
Principal occ	upation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
Feb	James Forrest Mcclung	なにつつ
	Contributor address; City; State; Zip Code	* 200
2024	Henderson County	
Principal occ	upation / Job title (See Instructions) Employer (See Instructions)	tions)

	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
FILER NAME	y Kinabrew Spivey		3 Filer ID (Ethics Commission Filers)
Date		C (ID#:)	7 Amount of contribution (\$)
eb			* > ~ ~
_024	6 Cuntributor address; City; TOOL TX 75143	\$300	
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
eb 1024	Contributor address; City;	State; Zlp Code	\$100
Principal occur	TOOL TX 75143 Dation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		(ID#:)	Amount of contribution (\$)
reb	JANYES Ball Contributor address; City;	State; Zip Code	\$ 100
2024	TOOL, TX. 75143		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
eb 2001	Contributor address; City;	VAN State; Zip Code	\$50
DLA	TOOI, TX. 75143		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
If the requested information is not applicable, DO NOT include this page in the	e report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4
2 FILER NAME Wendy Kinabrew Soivey	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
Feb Mrt Mrs Kingley 2024 G Contributor address; City: State; Zip Code TOOL, TX: 75/43	\$200
8 Principal occupation / Job title (See Instructions)     9 Employer (See Instructions)	tions)
Date Full name of contributor [] out-of-state PAC (ID#) Feb Mickey SURS Contributor address; City; State; Zip Code Malakoff TX 75148	Amount of contribution $($)$
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date     Full name of contributor     out-of-state PAC (ID#)       Veb     Duen Robertson       VDH     Contributor address;     City;       State;     Zip Code       Malakoff     TX       Principal occupation / Job title (See Instructions)     Employer (See Instructions)	Amount of contribution (\$) \$ 1500 ctions)
Date Full name of contributor [] out-of-state PAC (ID#:) TED Math Tyle( Contributor address; City; State; Zip Code Malakoff TX 75148	Amount of contribution $($)$
Principal occupation / Job title (See Instructions) Employer (See Instruc	l
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I If contributor is out-of-state PAC, please see Instruction guide for additional	

	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1			
in the reque		ans page in the				
The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1.			
2 FILER NAME	endy Kindbrew Spiver		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor	j	7 Amount of contribution (\$)			
Feb	James Quen		\$ 250			
4.CTC.		te; Zip Code				
8 Principal occu	Hithens, TX 75751 pation / Job title (See Instructions) 9 E	mployer (See Instruc	tions)			
01 103 101		••••••				
Date	Full name of contributor		Amount of contribution (\$)			
Feb		te; Zip Code	\$750			
2024	Malakoff, Tx 75148					
Principal occu		mployer (See Instruct	lions)			
Date	Full name of contributor Dut-of-state PAC (ID#		Amount of contribution (\$)			
	Contributor address, City; Stat					
Principal occu	pation / Job title (See Instructions)	mployer (See Instruc	tions)			
Date	Full name of contributor	¥	Amount of contribution (\$)			
	Contributor address; City; Sta	te; Zip Code				
Principal occu	pation / Job title (See Instructions)	mployer (See Instruc	liońs)			
			uni uni na seconda de la companya de la comp na seconda de la companya de la comp			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

Forms provided by Texas Ethics Commission

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1	MONETARY (IN-KIND) POLITIC RIBUTIONS	AL		SCHEDULE A2
If the requ	ested information is not applicable, <b>DO NOT inclu</b>	de this page	in the report.	
TI	he Instruction Guide explains how to complete this for	m.	1 Total pages Sched	ule A2:
2 FILER NAM	Hay Kinabrew Spivey		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 600	an san an a
5 Date Monthly	<ul> <li>Full name of contributor out-of-state PAC (ID#</li> <li>Lamy</li> <li>7 Contributor address; City; State;</li> </ul>	) Zip Code	8 Amount of Contribution \$ 300	9 In-kind contribution description Sign
	Athens TV 757	,	Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	s principal occupation (FOR UDICIAL)	13 Contribu	utor's job title (FOR JL	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) (ROR JUDICIAL)	2		
Date	Full name of contributor out-of-state PAC UD#		Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	     ide of Texas, Complete Schedule T.
Principal oc	L cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ		AL)(See Instructions)
Contributor	s principal occupation (FOR JUDICIAL)	Contrito	utor's job title (FOR JL	JDICIAL) (See Instructions)
Contributor	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	ise (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF			g requirements.

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### SCHEDULE F1

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

		EXPENDITU	IRE CATEG	ORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	~	Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials Legal Services	se s Expense	Office Over Poiling Exp Printing Exp Salaries/Wa	eense ages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
			fuide explains	how to co	omplete this form.		
1 Total pages Schedule F1:	Wend	ly Kinabri	ew Spi	vey	• 	3 Filer 1D (Ethi	cs Commission Filers)
4 Date Feb 2024	5 Payee na		rketir	n			
6 Amount (\$)	7 Payee ad	ooraaanda waxaa a	<u></u>	5	City;	State;	Zip Code
3887.68	Lou	sville,	KY.	402	20		
8	(a) Categor	y (See Categories listed a	at the top of this so	chedule)	(b) Description		
PURPOSE OF EXPENDITURE	Print	ing Expense	se/Ad	iert.	mail-ou	ts 2X	
	(c)	Check if travel outside of Te	-		,	stin, TX, officeholder livit	ig expense
9 Complete ONLY if direct	Candic	late / Officeholder na	ame		Office sought		Office held
expenditure to benefit C/O	x .	5 . A arms N	vey	<u> </u>	nnissio	ner Pc+1	same
Date	Payee na	ime					
Feb ZOZ4	The	Monitor	<u>r</u> (m	redic	z One)		
Amount (\$)	Payee ad	tdress;			City;	State;	Zip Code
#1740	Henry	terson	Gur	ity	Tx -		
	Category	<ul> <li>(See Categories listed a)</li> </ul>	I the top of this sch	nedule)	Description		······ · · ·
OF PURPOSE	0.1.	(n)	1	r.a	0		
EXPENDITURE	Printi	ng/Holver	tisina	EXP.	1 lewspc	2 per Ad	5
		Check if travel outside of Te	exas. Complete Sch	edule T.	Check if Au	stin, TX, officeholder livin	ng expense
Complete ONLY if direct		ate / Officeholder na	ame		Office sought		Office held
expenditure to benefit C/OI	Win	dy h Spîr	ley C	ann	issioner i	2+1	Same
Date	Payee n	ame					
Feb 2024 Amount (\$)	Sigi	<u>15 By -</u> Idress;	the C	'he a	City;	State;	Zip Code
*2151.87	inte	inct p	urch	ase			
BUBBAAC	Category	(See Categories listed at	t the top of this sch	redule)	Description		
PURPOSE OF EXPENDITURE	Adver	tising/Priv	otina	Gro.	Sians		
		Check if travel outside of Te	exas. Complete Sch	edule T.		stin, TX, officeholder livir	ig expense
Complete ONLY if direct	~	ate / Officeholder r	name		Office sought	<u> </u>	Office held
expenditure to benefit C/O	<u> </u>	Jendy K	Spiver	$\int C$	ommission	rrPct 1	Same
	AT	TACH ADDITIONA	AL COPIES C	OF THIS S	SCHEDULE AS NE	EDED	

#### 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	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense		
Consulting Expense Contributions/Donations Made E	Food/Beverage Expense By Gift/Awards/Memorials Expense	Polling Expense Printing Expense	Travel In District Travel Out Of District		
Candidate/Officeholder/Politic: Credit Card Payment	al Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)		
orodic data i ayment	The Instruction Guide explain	s how to complete this form.			
1 Total pages Schedule F1:	Wendy Kinabrew	Spived	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
Feb 2024	Vista Kint				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$190.91	internet purchase	) 			
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description			
PURPOSE					
OF EXPENDITURE	Advertising / Printing	vn. Pushcards	<b>`</b>		
EXCENDITORE		adh			
	(C) Check if travel outside of Texas. Complete S	chedule T. Check if Austin,	TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/O	" Wendy h. Divey	Commissioner Pa	- I same		
Date	Payee name				
El- Orall	$\bigcirc$				
1 teb 2024	Pendraaon Lana	Iting LLC			
Amount (\$)	Payee address;	City;	State; Zip Code		
\$ 171.00	internet purchase	•			
	Category (See Categories listed at the top of this s	chedule) Description	Broadcasting service)		
PURPOSE		L L	Service)		
OF EXPENDITURE	Advertising expens	a automated	colls		
EXPENDITORE	FUCE TISTY EXPEND	<u>e goioguieu</u>			
	Check if travel outside of Texas. Complete S	chedule T. Check if Austin,	TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
experience to benefit croc	"Wendy K. Sowey	Commissioner Pet	1 same		
Date	Payee name				
Feb 2024	Firehouse Subs	<u>ک</u>			
Amount (\$)	Payee address;	City;	State; Zip Code		
#02 011					
49.94	Athens Tx 757°	5			
	Category (See Categories listed at the top of this s	chedule) Description			
PURPOSE					
OF EXPENDITURE	Food Expense /he	verage sandwi	ches/tea		
	Check if travel outside of Texas. Complete So				
			TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
· · · · · · · · · · · · · · · · · · ·	Wendy K. pivey	LOUMISSIONER P	+1 some		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEED	ED		

#### SCHEDULE F1

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

		EXPENDIT	URE CATEO	SORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exp Gift/Awards/Memori Legal Services The Instruction	als Expense	Office Over Polling Exp Printing Exp Salaries/Wa		Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	Werk	ly Kinat	rews	rivey	v.	3 Filer ID (Ethic	s Commission Filers)
<sup>4</sup> Date Feb 2024		<u>a</u> sign	i i	-			
6 Amount (\$)	7 Payee ac				City;	State;	Zip Code
# 780.00	Inter	net pu	rchas	2			
8	(a) Categor	y (See Categoriès liste	d at the top of this :	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advert	ising Arin	tingerp	ense	signs	4x4's	
	(c)	Check if travel outside of	Texas. Complete So	chedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	1 1 1		name VEU	Ca	Office sought	Pet I	Office held
Date	Payee na	me	1				
Feb202H	Kiw	anis	1 A	thens	5		
Amount (\$)	Payee ac	ldress;	/		City;	State;	Zip Code
<b>\$</b> 100	Athe	ns, Tx	7579	51			
	Category	(See Calegories listed	at the top of this s	chedule)	Description		
PURPOSE OF	Driat	na la dura	dicion	En	Proves	• 0.000	1:0
EXPENDITURE		Check if Iravel outside of	TEXAS. Complete So	chedule T.	Check if Austi	A K(	g expense
Complete ONLY if direct		ate / Officeholder		•	Office sought		Office held
expenditure to benefit C/OH	Wind	y K.Spive	er l	'amm	issioner Pc	tl :	Same
Date	Payee na	ame					
Feb 2024	KCK	L_					
Amount (\$)	Payee ac	ldress;			City;	State;	Zip Code
*736.00	Ather	BTX	75751	L			
puppoer	Category	(See Categories listed	at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Adver	tising Exi	ense		radio g	xace (n	d)
		Check if travel outside of	Texas. Complete Sc	chedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	4 1	ate / Officeholder	name	<u>^</u>	Office sought	<u> </u>	Office held
	wen	J	1ey	<u>Gy</u>	mmissioner		Same
	AT	TACH ADDITION	IAL COPIES	OF THIS S	SCHEDULE AS NEE	EDED	

### SCHEDULE F1

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

<u></u>	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	······
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how 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)
1 Total pages Schedule F1:	2 FILER NAME KINGBREWS	Divey	3 Filer ID (Ethics Commission Filers)
4 Date Febzozy	5 Payee name KYYK	<u> </u>	
6 Amount (\$)	7 Payee address;	Çity;	State; Zip Code
\$736.00	HATICONS TX 75751		
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	radio sp	sace (ad)
	(c) Check il travel outside of Texas. Complete Sct	tedule T. Check if Austi	n. TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held Same
Date	Payee name		
Feb 2024	Always in Blook	۸	
Amount (\$)	Payee address;	City;	State; Zip Code
#43.88	Allers, TX. 7575	51	
	Category (See Categories listed at the top of this sc	hedule) Description	
PURPOSE OF EXPENDITURE	Event Expense	balloons/f	Towers / table decorat
	Check if travel outside of Texas. Complete Sch	nedule 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
	Wendy K. Spivey	Commissioner	Pet Same
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this scl	hedule) Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Sch	edule 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
	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS NEE	DED