

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: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Wendy	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.5em;">RECEIVED</div> <p>Date Received FEB 26 2024</p> <p>Henderson County Election Administration</p> <p>Date Reported: _____ Date Filed: _____</p> <p>Receipt # _____ Amount \$ _____</p> <p>Date Processed _____</p> <p>Date Imaged _____</p>	
	NICKNAME LAST SUFFIX Kinabrew Spivey		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #, CITY, STATE, ZIP CODE Malakoff, TX 75148		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Scotty		
	NICKNAME LAST SUFFIX Thomas		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #, CITY, STATE, ZIP CODE Malakoff, TX. 75148		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	<input 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 checked="" 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 Day Year 2 / 6 / 24	THROUGH	Month Day Year 2 / 26 / 24
11 ELECTION	ELECTION DATE Month Day Year 3 / 5 / 24	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) County Commissioner Pet1	13 OFFICE SOUGHT (if known) same	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
<input type="checkbox"/> Additional Pages			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

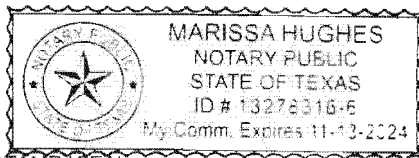
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5500
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,781.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1579.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 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.

Wendy Kynabrew Spivey
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Marissa Hughes #13278316 this the 26 day of February, 2024, 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

OR

(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 the _____ day of _____, 20____.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>Wendy Kinabrew Spivey</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5500
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 300/month
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,781.55
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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
2 FILER NAME Wendy Kinabrew Spivey		3 Filer ID (Ethics Commission Filers)
4 Date Feb 2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Dennison	7 Amount of contribution (\$) \$50
6 Contributor address; City; State; Zip Code Bluebonnet St Trinidad TX 75163		
8 Principal occupation / Job title (See Instructions) —		9 Employer (See Instructions)
Date Feb 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code —		
Principal occupation / Job title (See Instructions) —		Employer (See Instructions) —
Date Feb 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) matthew Robertson	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code Athens TX 75751		
Principal occupation / Job title (See Instructions) —		Employer (See Instructions)
Date Feb 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Forrest McClung	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code Henderson County		
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: **4**

2 FILER NAME

Wendy Kinabrew Spivey

3 Filer ID (Ethics Commission Filers)

4 Date

Feb
2024

5 Full name of contributor

ANONYMOUS

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$300

6 Contributor address;

Tool TX

City;

75143

State; Zip Code

8 Principal occupation / Job title (See Instructions)

—

9 Employer (See Instructions)

—

Date

Feb
2024

Full name of contributor

Mark Holley

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

Tool TX

City;

75143

State; Zip Code

Principal occupation / Job title (See Instructions)

—

Employer (See Instructions)

—

Date

Feb
2024

Full name of contributor

JAMES BALL

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

Tool, TX. 75143

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

—

Employer (See Instructions)

—

Date

Feb
2024

Full name of contributor

TOM & TERESA HINKLEMAN

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50

Contributor address;

Tool, TX. 75143

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

—

Employer (See Instructions)

—

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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
2 FILER NAME Wendy Kindrew Spivey		3 Filer ID (Ethics Commission Filers)
4 Date Feb 2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr & Mrs Ringley 6 Contributor address; City; State; Zip Code Tool, Tx 75143	7 Amount of contribution (\$) \$ 200
8 Principal occupation / Job title (See Instructions) -		9 Employer (See Instructions) -
Date Feb 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mickey Surls Contributor address; City; State; Zip Code Malakoff TX 75148	Amount of contribution (\$) \$ 500
Principal occupation / Job title (See Instructions) -		Employer (See Instructions) -
Date Feb 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen Robertson Contributor address; City; State; Zip Code Malakoff TX 75148	Amount of contribution (\$) \$ 1500
Principal occupation / Job title (See Instructions) -		Employer (See Instructions) -
Date Feb 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Tyler Contributor address; City; State; Zip Code Malakoff TX 75148	Amount of contribution (\$) \$ 500
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: 4
2 FILER NAME Wendy Kinabrew Spivey		3 Filer ID (Ethics Commission Filers)
4 Date: Feb 2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Owen	7 Amount of contribution (\$) \$ 250
	6 Contributor address; City: State; Zip Code Athens, Tx 75751	
8 Principal occupation / Job title (See Instructions) -		9 Employer (See Instructions) -
Date Feb 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hunter Snow	Amount of contribution (\$) \$ 750
Contributor address; City: State; Zip Code Malakoff, Tx 75148		
Principal occupation / Job title (See Instructions) -		Employer (See Instructions) -
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City: State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City: State; Zip Code	
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: <u>1</u>	
2 FILER NAME <u>Wendy Kinabrew Spivey</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>600</u>	
5 Date <u>monthly</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Larry Dunn</u>	8 Amount of Contribution \$ <u>300/month</u>	9 In-kind contribution description <u>sign (billboard)</u>
7 Contributor address; City; State; Zip Code <u>Athens TX 75751</u>		<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# _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<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)			

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Wendy Kinabrew Spivey	3 Filer ID (Ethics Commission Filers)
4 Date Feb 2024	5 Payee name J & L Marketing	
6 Amount (\$) \$3887.68	7 Payee address; City; State; Zip Code Louisville, KY. 40220	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Printing Expense/Advert. mail-outs 2X	
(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 Wendy K Spivey	Office sought Commissioner Pct 1
		Office held same
Date Feb 2024	Payee name The Monitor (media One)	
Amount (\$) \$1740	Payee address; City; State; Zip Code Henderson County Tx.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Printing/Advertising Exp. Newspaper Ads	
(c) <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 Wendy K Spivey	Office sought Commissioner Pct 1
		Office held same
Date Feb 2024	Payee name Signs By the Cheap	
Amount (\$) \$2151.87	Payee address; City; State; Zip Code internet purchase	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising/Printing Exp. Signs	
(c) <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 Wendy K. Spivey	Office sought Commissioner Pct 1
		Office held same

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: 4	2 FILER NAME Wendy Kinabrew Spivey	3 Filer ID (Ethics Commission Filers)
4 Date Feb 2024	5 Payee name Vista Print	
6 Amount (\$) \$190.91	7 Payee address; City; State; Zip Code internet purchase	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising/Printing exp.	(b) Description Pushcards
	(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 Wendy K. Spivey	Office sought Commissioner Pct 1
		Office held same
Date Feb 2024	Payee name Pendragon Consulting LLC	
Amount (\$) \$171.00	Payee address; City; State; Zip Code internet purchase	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description automated calls (Broadcasting service)
	<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 Wendy K. Spivey	Office sought Commissioner Pct 1
		Office held same
Date Feb 2024	Payee name Firehouse Subs	
Amount (\$) \$93.94	Payee address; City; State; Zip Code Athens TX 75751	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense/beverage	Description sandwiches/tea
	<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 Wendy K. Spivey	Office sought Commissioner Pct 1
		Office held same

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: 4	2 FILER NAME Wendy Kinbrew Spivey	3 Filer ID (Ethics Commission Filers)
4 Date Feb 2024	5 Payee name Build a sign	
6 Amount (\$) \$ 780.00	7 Payee address; City; State; Zip Code Internet purchase	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising/Printing expense	(b) Description signs 4x4's
	(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 Wendy K. Spivey	Office sought Commissioner Pct 1
		Office held same
Date Feb 2024	Payee name Kiwanis / Athens	
Amount (\$) \$ 100	Payee address; City; State; Zip Code Athens, TX 75751	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing/Advertising Exp.	Description Banner & media
	<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 Wendy K. Spivey	Office sought Commissioner Pct 1
		Office held same
Date Feb 2024	Payee name KCKL	
Amount (\$) \$ 736.00	Payee address; City; State; Zip Code Athens TX 75751	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description radio space (nd)
	<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 Wendy K. Spivey	Office sought Commissioner Pct 1
		Office held same

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Wendy Kinabrew Spivey	3 Filer ID (Ethics Commission Filers)
4 Date Feb 2024	5 Payee name KYYK	
6 Amount (\$) \$ 736.00	7 Payee address; City; State; Zip Code Athens TX 75751	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description radio space (ad)
	(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 Wendy K. Spivey	Office sought Commissioner Pct 1
		Office held same
Date Feb 2024	Payee name Always in Bloom	
Amount (\$) \$ 43.88	Payee address; City; State; Zip Code Athens, TX. 75751	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Balloons / flowers / table decorat.
	<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 Wendy K. Spivey	Office sought Commissioner Pct 1
		Office held same
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED