

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: 11 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS <input checked="" type="checkbox"/> MRS / MR | FIRST Kathy | MI E |
| | NICKNAME | LAST Florence-Spradley | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2601 Flameleaf Drive Grapevine Tx 76051 | | |
| | 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (817) | PHONE NUMBER 658-5657 |
| 6 CAMPAIGN TREASURER NAME | MS / MRS <input checked="" type="checkbox"/> MR | FIRST Larry | MI |
| | NICKNAME | LAST Oliver | SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 307 Pebblebrook Grapevine TX 76051 | | |
| | 8 CAMPAIGN TREASURER PHONE | AREA CODE (817) | PHONE NUMBER 614-5527 |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" 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 Day Year 2 / 7 / 22 | | Month Day Year 4 / 6 / 22 |
| 11 ELECTION | ELECTION DATE Month Day Year 5 / 7 / 22 | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special School board |
| | 12 OFFICE <small>(If any)</small> | 13 OFFICE SOUGHT (if known) GCISD School board Place 4 | |
| 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 | COMMITTEE NAME | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

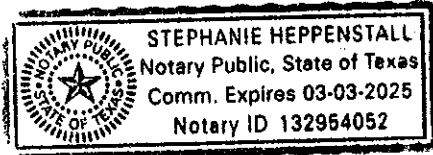
**FORM C/OH
COVER SHEET PG 2**

| | | |
|--|---|--|
| 15 C/OH NAME <i>Kathy - Florence - Spradley</i> | | 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) | \$ 10680.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3599.30 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 7071.00 |
| 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.

Kathy Florence Spradley
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Kathy - Florence - Spradley* this the 6 day of April

20 22, to certify which, witness my hand and seal of office.

Stephanie Heppenstall Stephanie Heppenstall administrative assistant
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>Kathy Florence-Spradley</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 | \$ <i>10680</i> |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 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 | \$ <i>3599.30</i> |
| 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: |
| 2 FILER NAME <i>Kathy Florence - Spradley</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>2/26/22</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andrew and Casey Reid</i> | 7 Amount of contribution (\$) <i>\$250</i> |
| 6 Contributor address; City; State; Zip Code <i>533 Indian Creek Trophy Club TX 76242</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>3/16/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Keith Grantham</i> | Amount of contribution (\$) <i>\$100</i> |
| Contributor address; City; State; Zip Code <i>10802 b Pinehurst Austin, TX 78747</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3/14/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dale and Barbara Fout</i> | Amount of contribution (\$) <i>\$500</i> |
| Contributor address; City; State; Zip Code <i>1501 Briarcrest Grapevine TX 76051</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3/19/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Clarence Drennan</i> | Amount of contribution (\$) <i>\$105</i> |
| Contributor address; City; State; Zip Code <i>2144 Branchwood Grapevine, TX 76051</i> | | |
| 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: |
| 2 FILER NAME <i>Kathy Florence - Spradley</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>3/21/22</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Aurora East</i> | 7 Amount of contribution (\$) <i>\$100</i> |
| 6 Contributor address; City; State; Zip Code <i>3521 Windsor Forest grapevine TX 76051</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>3/22/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Debby Stansell</i> | Amount of contribution (\$) <i>\$200</i> |
| Contributor address; City; State; Zip Code <i>3421 Stonecrest grapevine TX 76051</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3/23/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amey Adams</i> | Amount of contribution (\$) <i>\$200</i> |
| Contributor address; City; State; Zip Code <i>5409 Rustic Trail Colleyville TX 76034</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3/23/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Emily Reeves</i> | Amount of contribution (\$) <i>\$50</i> |
| Contributor address; City; State; Zip Code <i>3507 Regent grapevine TX 76051</i> | | |
| 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

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|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Kathy Florence - Spradley</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>3/23/22</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lynette Stowe</i> | 7 Amount of contribution (\$) <i>\$300</i> |
| 6 Contributor address; City; State; Zip Code <i>1212 Chelsea Grapevine TX 76051</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>3/24/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vic Ware</i> | Amount of contribution (\$) <i>\$200</i> |
| Contributor address; City; State; Zip Code <i>1001 W. Northwest Hwy Grapevine, TX 76051</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3/25/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kosse maykus</i> | Amount of contribution (\$) <i>\$500</i> |
| Contributor address; City; State; Zip Code <i>421 Smith Grapevine TX 76051</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3/15/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Margaret Grantham</i> | Amount of contribution (\$) <i>\$200</i> |
| Contributor address; City; State; Zip Code <i>3408 Glade Rd Colleyville TX 76034</i> | | |
| 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

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| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Kathy Florence - Spradley</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>2/20/22</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephen and Mary Humphrey</i> | 7 Amount of contribution (\$) <i>\$575</i> |
| 6 Contributor address; City; State; Zip Code <i>3531 Blueberry Grapevine TX 76051</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>3/1/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kevin and Brandi Elder</i> | Amount of contribution (\$) <i>\$1,000</i> |
| Contributor address; City; State; Zip Code <i>3500 Cambridge Ct Colleyville, TX 76034</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3/1/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patricia Fry</i> | Amount of contribution (\$) <i>\$1,000</i> |
| Contributor address; City; State; Zip Code <i>3500 Cambridge Ct Colleyville, TX 76034</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3/2/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Scott and Lisa Miller</i> | Amount of contribution (\$) <i>\$1,000</i> |
| Contributor address; City; State; Zip Code <i>2505 Highland park Ct Colleyville, TX 76034</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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.

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|---|----------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
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| 2 FILER NAME <i>Kathy Florence Spradley</i> | 3 Filer ID (Ethics Commission Filers) |
|--|---------------------------------------|

| | | |
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| 4 Date <i>2/22/22</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David and Darlene Florence</i> | 7 Amount of contribution (\$) <i>+500</i> |
| 6 Contributor address; City; State; Zip Code <i>409 Azalea Grapevine TX 76051</i> | | |

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|---|-------------------------------|
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|-------------------------------|

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|--|--|--|
| Date <i>2/22/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Larry and Linda Oliver</i> | Amount of contribution (\$) <i>+250</i> |
| Contributor address; City; State; Zip Code <i>307 Pebblebrook Grapevine, TX 76051</i> | | |

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|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

| | | |
|---|--|--|
| Date <i>2/14/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Eubanks</i> | Amount of contribution (\$) <i>+1,000</i> |
| Contributor address; City; State; Zip Code <i>7009 Lismorect Colleyville, TX 76039</i> | | |

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| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

| | | |
|--|---|--|
| Date <i>2/22/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bob Stevenson</i> | Amount of contribution (\$) <i>+100</i> |
| Contributor address; City; State; Zip Code <i>2113 Taxco dr. Carrollton, TX 75006</i> | | |

| | |
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| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

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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: 6 |
| 2 FILER NAME Kathy Florence - Spradley | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/26/22 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason and Jennifer Parker | 7 Amount of contribution (\$) \$200 |
| | 6 Contributor address; City; State; Zip Code 2645 Flameleaf Grapevine TX 76051 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 3/26/22 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nick Keyes | Amount of contribution (\$) \$100 |
| | Contributor address; City; State; Zip Code 6906 Longwood dr Colleyville TX 76034 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/28/22 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna Cobb | Amount of contribution (\$) \$2,000 |
| | Contributor address; City; State; Zip Code 707 W. LD Lockett Colleyville TX 76034 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/30/22 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarence Drennan | Amount of contribution (\$) \$250 |
| | Contributor address; City; State; Zip Code 2144 Branchwood Grapevine TX 76051 | |
| 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> | | |

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 | 2 FILER NAME Katny Florence - Spradley | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/28/22 | 5 Payee name wix.com | |
| 6 Amount (\$) \$20.52 | 7 Payee address; wix.com 500 Terry A Francois Blvd 6th Floor San Francisco CA 94158 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Other | (b) Description website |
| | (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 3/1/22 | Payee name NJ graphic Design Inc. | |
| Amount (\$) \$74.53 | Payee address; 203 E. Worth St Grapevine, TX 76051 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Stationary |
| | (c) <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 3/7/22 | Payee name NJ graphic Design | |
| Amount (\$) \$166.86 | Payee address; 203 E. Worth St Grapevine TX 76051 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing expense | Description Push cards |
| | (c) <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 |

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 <i>Katny Florence-Spradley</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>3/24/22</i> | 5 Payee name <i>wix.com</i> | |
| 6 Amount (\$) <i>\$30.31</i> | 7 Payee address; City; State; Zip Code <i>wix.com 500 Terry A Francois Blvd 6th floor San Francisco CA 94158</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>other</i> | (b) Description <i>website</i> |
| | (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 <i>3/25/22</i> | Payee name <i>91 Design</i> | |
| Amount (\$) <i>\$3307.04</i> | Payee address; City; State; Zip Code <i>4115 Steeplechase dr Colleyville TX 76034</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>printing expense</i> | Description <i>political signage</i> |
| | <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 | |
| 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 |