

# 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: <b>7</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI	<b>OFFICE USE ONLY</b>	
	NICKNAME LAST SUFFIX		
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2601 Flameleaf Dr Grapevine, TX 76051			
AREA CODE PHONE NUMBER EXTENSION (817) 301-2238			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI Nickname LAST SUFFIX Larry Oliver		Date Received  Date Hand-delivered or Date Postmarked: <b>7/14/22 KTH</b>
5 CANDIDATE / OFFICEHOLDER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 307 Pebblebrook Grapevine, TX 76051		Receipt # Amount \$ Date Processed Date Imaged
6 CAMPAIGN TREASURER NAME	AREA CODE PHONE NUMBER EXTENSION (817) 614-5527		
7 CAMPAIGN TREASURER ADDRESS	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 checked="" 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)		
8 CAMPAIGN TREASURER PHONE	PERIOD COVERED Month Day Year    THROUGH    Month Day Year 4 / 30 / 2022    THROUGH    7 / 15 / 2022		
9 REPORT TYPE	ELECTION ELECTION DATE: Month Day Year    ELECTION TYPE 5 / 7 / 22 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <u>School board</u>		
10 PERIOD COVERED	OFFICE HELD (if any)		OFFICE SOUGHT (if known) @ CLSD School board Place 4
11 ELECTION	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.		
12 OFFICE	COMMITTEE TYPE    COMMITTEE NAME <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		
13 OFFICE HELD (if any)	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS		
14 NOTICE FROM POLITICAL COMMITTEE(S)	Additional Pages <input type="checkbox"/>		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

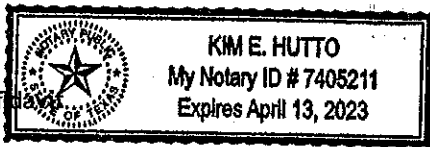
**FORM C/OH  
COVER SHEET PG 2**

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)	\$ <i>∅</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>3416.80</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>∅</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>10142.93</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>∅</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>∅</i>

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 Spradley* this the *14th* day of *July*, 20*22*, to certify which, witness my hand and seal of office.

*Kim E. Hutto*      *Kim E. Hutto*      *Board Clerk*  
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	\$ 3416.80
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	\$ 10142.93
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>5/2/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Eubankes</i>	7 Amount of contribution (\$) <i>\$1,000</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 173 Colleyville TX 76034</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/2/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary and Steve Humphrey</i>	Amount of contribution (\$) <i>\$500</i>
Contributor address; City; State; Zip Code <i>3531 Blueberry Grapevine TX 76051</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/2/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stetson Clark</i>	Amount of contribution (\$) <i>\$150</i>
Contributor address; City; State; Zip Code <i>4904 Wildwood Ct Colleyville TX 76034</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Darlene Florence</i>	Amount of contribution (\$) <i>\$200</i>
Contributor address; City; State; Zip Code <i>409 Azalea Grapevine TX 76051</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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>5/30/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda Olivier</i>	7 Amount of contribution (\$) <i>\$400</i>
6 Contributor address; City; State; Zip Code <i>307 Pebblebrook Grapevine TX 76051</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/31</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Florence</i>	Amount of contribution (\$) <i>\$300</i>
Contributor address; City; State; Zip Code <i>409 Azalea Grapevine TX 76051</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7/13/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Florence</i>	Amount of contribution (\$) <i>\$866.80</i>
Contributor address; City; State; Zip Code <del>409</del> <i>409 Azalea Grapevine, TX 76051</i>		
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)

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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Posting 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 *Kathy Florence - Spradley* 3 Filer ID (Ethics Commission Filers)

4 Date *5/11/22* 5 Payee name *Rally A/V/Visual*

6 Amount (\$) *\$100.00* 7 Payee address; City: *Grapevine, TX* State: *TX* Zip Code: *76051*

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) *Event* (b) Description *Audio Visual*  
 (c)  Check if travel outside of Texas. Complete Schedule T.  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 *5/5/22* Payee name *Richey Company*

Amount (\$) *\$108.25* Payee address; City: *Grapevine* State: *TX* Zip Code: *76051*

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) *Printing* Description *H- Stakes*  
 Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date *5/5/22* Payee name *GVRC*

Amount (\$) *\$407.60* Payee address; City: *Southlake* State: *TX* Zip Code: *76092*

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) *Advertising* Description *Texting*  
 Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY 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>Kathy Florence - Spradley</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5/5/22</i>	5 Payee name <i>Richey Company</i>
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6 Amount (\$) <i>\$ 550.28</i>	7 Payee address; City: State: Zip Code <i>#9 Echo Cove Grapevine TX 76051</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>T-shirts</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
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Date <i>5/14/22</i>	Payee name <i>NJ Graphic Design</i>
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Amount (\$) <i>\$7,000</i>	Payee address; City: State: Zip Code <i>203 E. WORN ST. Grapevine TX 76051</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <i>mailers</i>
	(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	Office sought	Office held
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Date <i>7/14/22</i>	Payee name <i>NJ Graphic Design</i>
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Amount (\$) <i>\$1976.80</i>	Payee address; City: State: Zip Code <i>203 E. WORN ST. Grapevine TX 76051</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <i>Signs</i>
	(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	Office sought	Office held
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