

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)

41-4489388

2 Total pages filed:

6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST
Jeri

MI
L

NICKNAME

LAST
SPENCE

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

10954 FIRE CREEK DRIVE
HOUSTON, TX 77043

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 791-0434

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

JAME

NICKNAME

LAST

SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

SAME

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(SAME)

9 REPORT TYPE

- January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
- July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
04 / 01 / 2026 THROUGH 04 / 23 / 2026

11 ELECTION

ELECTION DATE

Month Day Year
05 / 02 / 2026

ELECTION TYPE

- Primary Runoff
 General Special

Other Description

JBISA BOT P2

12 OFFICE

OFFICE HELD (if any)

None

13 OFFICE SOUGHT (if known)

JBISA BOT P2

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.

Additional Pages

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Jeri Spence

20 Filer ID (Ethics Commission Filers)

41-4489388

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1075.00</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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>318.44</i>
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	\$

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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: 2
2 FILER NAME Jeri Spence		3 Filer ID (Ethics Commission Filers) 41-4489388
4 Date 4/11 2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Cabrera	7 Amount of contribution (\$) _____ \$100
6 Contributor address; City; State; Zip Code 1407 Lynaview DR Houston, TX 77055		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) <u> </u>

Date 4/8/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Audrey Nath	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 1316 W BALL Houston, TX 77019		

Principal occupation / Job title (See Instructions) Audrey Nath, MD (neurologist)	Employer (See Instructions) SELF
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Date 4/6/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noelle McSherry	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 1316 Lakon St Houston, TX 77007		

Principal occupation / Job title (See Instructions) Technical Trainer	Employer (See Instructions) Rocrich AGV Solutions
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Date 4/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catlin Schreck	Amount of contribution (\$) \$5.00
Contributor address; City; State; Zip Code 1807 Woodbend Village Ct Houston TX 77055		

Principal occupation / Job title (See Instructions) Teacher	Employer (See Instructions) SBISD
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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: 2
2 FILER NAME Jeri Spence		3 Filer ID (Ethics Commission Filers) 41-4489386
4 Date 4/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mazur Parepally	7 Amount of contribution (\$) \$ 150.00
6 Contributor address; City; State; Zip Code 2826 Wedgewood Ln Houston, TX 77005		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/7/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Drews	Amount of contribution (\$) \$ 400.00
Contributor address; City; State; Zip Code 14522 Carolcrest Drive Houston, TX 77079		
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Inno Group

Date 4/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson Sharpless	Amount of contribution (\$) \$ 20.00
Contributor address; City; State; Zip Code 77078 8965 Vantage Pt Dr. 77078 Dallas TX		
Principal occupation / Job title (See Instructions) IT Development		Employer (See Instructions) Texas Instruments

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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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: <u>1</u>	2 FILER NAME <u>Jeri Spence</u>	3 Filer ID (Ethics Commission Filers) <u>41-44 89388</u>
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4 Date <u>4/20/2020</u>	5 Business name <u>US Postal Service</u>
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6 Amount (\$) <u>\$30.50</u>	7 Business address; <u>Branch</u> City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>ADVERTIZING</u>	(b) Description <u>STAMP S</u>
	(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
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Date <u>09/14/2020</u>	Business name <u>Mailchimp</u>
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Amount (\$) <u>\$122.32</u>	Business address; <u>online</u> City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTIZING</u>	Description <u>EMAIL MARKETING</u>
	<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
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Date <u>4/7/2020</u>	Business name <u>CANVA</u>
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Amount (\$) <u>\$165.62</u>	Business address; <u>online</u> City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTIZING</u>	Description <u>MAILERS / FLYERS</u>
	<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
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