

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

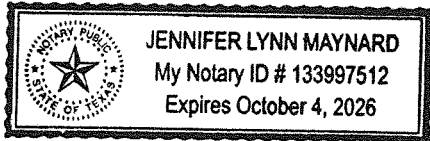
15 C/OH NAME <i>Jeri Spence</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>2,624.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>1,495.97</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1,495.97</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>2624.00</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Jeri Spence* this the *2* day of *April*,

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

J Maynard *Jennifer Maynard* *notary*
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

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1780.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 244.00
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 checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD / DEBIT CARD	\$ 1495.87
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:

1 of 3

2 FILER NAME

Jeri Spence

3 Filer ID (Ethics Commission Filers)

4 Date

3/11/

5 Full name of contributor out-of-state PAC (ID#: _____)

Julie Spence

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address; City; State; Zip Code

2026 4403 Misty Hollow Drive Missouri City TX 77459

8 Principal occupation / Job title (See Instructions)

IT manager

9 Employer (See Instructions)

Celeros Flow Technologies

Date

3/14

Full name of contributor out-of-state PAC (ID#: _____)

April Reed

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

1515 Sandy Springs Rd #2401 Houston TX 77012

Principal occupation / Job title (See Instructions)

Financial Analyst

Employer (See Instructions)

EO

Date

3/19

Full name of contributor out-of-state PAC (ID#: _____)

Linda Bennett

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

414 W. 24th Street Houston TX 77008

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/19

Full name of contributor out-of-state PAC (ID#: _____)

James Shaddix

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

~~11920~~ 11920 N. Durette Drive Houston, TX 77024

Principal occupation / Job title (See Instructions)

Retired

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:

2 of 3

2 FILER NAME

Jeri Spence

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

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

7 Amount of contribution (\$)

Nancy George

\$ 50.00

6 Contributor address;

City;

State;

Zip Code

4413 Coyle St. Houston TX 77023

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

3/25

Juan José Reyes

\$ 100.00

Contributor address;

City;

State;

Zip Code

13910 Myrtle Dr. Houston TX 77079-3304

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

2/27

Jeri Spence

\$ 105.00

Contributor address;

City;

State;

Zip Code

10954 Fire Creek Drive Houston TX 77043

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Retired

Date

Full name of contributor

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

Amount of contribution (\$)

3/19

Susan McKinley

\$ 50.00

Contributor address;

City;

State;

Zip Code

unknown phone: 281-832-0764

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

retired

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:
3 of 3

2 FILER NAME *Jeri Spence* 3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michelle Palmer</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>
	6 Contributor address; City; State; Zip Code <i>unknown phone: 713-972-4764 email: michelle4560e@gmail.com</i>	

8 Principal occupation / Job title (See Instructions) <i>Teacher</i>	9 Employer (See Instructions) <i>Aldine ISD</i>
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Fortwengler</i>	Amount of contribution (\$) <i>\$ 100</i>
	Contributor address; City; State; Zip Code <i>unknown: phone 832 305 6134 email mfort312@gmail.com</i>	

Principal occupation / Job title (See Instructions) <i>Property manager</i>	Employer (See Instructions) <i>Chisos Realty</i>
--	---

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: <i>1 of 2</i>	
2 FILER NAME <i>Jeri Spence</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>844.00</i>	
5 Date <i>3/24/2024</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diana Alexander</i>	8 Amount of Contribution \$ <i>\$600.00</i>	9 In-kind contribution description <i>Graphics / Consulting</i>
7 Contributor address; City; State; Zip Code <i>8024 10238 Rothbury St Houston TX 77043</i>		<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 <i>3/31</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adette Steber</i> <i>Linda Bennett</i>	Amount of Contribution \$ <i>\$122.00</i>	In-kind contribution description <i>200 STAMPS</i>
Contributor address; City; State; Zip Code <i>416 W. 24th Street Houston TX 77008</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Retired</i>		Employer (FOR NON-JUDICIAL)(See Instructions) <i>_____</i>	
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)			

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: <i>2 of 2</i>	
2 FILER NAME <i>Jeri Spence</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>844.00</i>	
5 Date <i>3/31</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Noelle Steber</i>	8 Amount of Contribution \$ <i>\$61</i>	9 In-kind contribution description <i>100 STAMPS</i>
7 Contributor address; City; State; Zip Code <i>noelle.steber@gmail.com</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>ADMIN</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>Harris County District 4</i>	
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#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

1 of 2

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: <i>1 of 2</i>	2 FILER NAME: <i>Jeri Spence</i>	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ <i>1495.87</i>
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5 CREDIT CARD ISSUER	Name of financial institution <i>Regions Bank</i>
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6 PAYMENT	(a) Amount Charged <i>\$ 256.22</i>	(b) Date Expenditure Charged <i>3/19/2026</i>	(c) Date(s) Credit Card Issuer Paid <i>3/19/2026</i>
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7 PAYEE <i>Wix</i>	(a) Payee name <i>Wix</i>	(b) Payee address; City, State, Zip Code <i>online</i>
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>web site</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Jeri Spence</i>	Office Sought <i>SBISD BOT PA</i>	Office Held <i>none</i>
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PAYMENT	(a) Amount Charged <i>\$ 145.62</i>	(b) Date Expenditure Charged <i>3/13/2026</i>	(c) Date(s) Credit Card Issuer Paid <i>3/13/2026</i>
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PAYEE	(a) Payee name <i>Canva</i>	(b) Payee address; City, State, Zip Code <i>online</i>
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Flyers</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Jeri Spence</i>	Office Sought <i>SBISD BOT PA</i>	Office Held <i>none</i>
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PAYMENT	(a) Amount Charged <i>\$ 13.19</i>	(b) Date Expenditure Charged <i>3/19/2026</i>	(c) Date(s) Credit Card Issuer Paid <i>3/19/2026</i>
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PAYEE	(a) Payee name <i>Bro Daddy</i>	(b) Payee address; City, State, Zip Code <i>online</i>
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Powder name</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 29 2	2 FILER NAME: Jeni Spence	3 FILER ID (Ethics Commission Filers):
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 1496.87
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5 CREDIT CARD ISSUER	Name of financial institution
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6 PAYMENT	(a) Amount Charged \$ 10.81	(b) Date Expenditure Charged 3/24/2026	(c) Date(s) Credit Card Issuer Paid 3/24/2026
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7 PAYEE	(a) Payee name Microsoft	(b) Payee address; City, State, Zip Code Online
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Other/office	(b) Description Excel
	(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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PAYMENT	(a) Amount Charged \$ 1050.03	(b) Date Expenditure Charged 3/25/2026	(c) Date(s) Credit Card Issuer Paid 3/25/2026
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PAYEE	(a) Payee name Sprint2print	(b) Payee address; City, State, Zip Code 8747 Clay Rd Houston TX 77080
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description yard 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	Office Sought	Office Held
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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED