

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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:40%; font-size: 0.8em;">FIRST</td> <td style="width:40%; font-size: 0.8em;">MI</td> </tr> <tr> <td>Mrs.</td> <td>Courtney</td> <td></td> </tr> <tr> <td style="border-top: 1px dotted black; font-size: 0.8em;">NICKNAME</td> <td style="border-top: 1px dotted black; font-size: 0.8em;">LAST</td> <td style="border-top: 1px dotted black; font-size: 0.8em;">SUFFIX</td> </tr> <tr> <td></td> <td>Spradley</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mrs.	Courtney		NICKNAME	LAST	SUFFIX		Spradley		<div style="border: 2px solid black; padding: 5px; text-align: center;"> OFFICE USE ONLY </div> <div style="padding: 5px;"> Date Received RECEIVED OCT 25 2021 BY: <u>JK</u> 11:50 AM </div> <div style="padding: 5px;"> Date Hand-delivered or Date Postmarked </div> <table style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:30%;">ADDRESS / PO BOX;</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:20%;">CITY;</td> <td style="width:15%;">STATE;</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td>7710 Cherry Park T202</td> <td></td> <td>Houston, TX</td> <td></td> <td>77095</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	7710 Cherry Park T202		Houston, TX		77095									
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	Cogwin																			
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:40%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:20%;">CITY;</td> <td style="width:15%;">STATE;</td> <td style="width:10%;">ZIP CODE</td> </tr> <tr> <td>7710 Cherry Park T202</td> <td></td> <td>Houston, TX</td> <td></td> <td>77095</td> </tr> </table>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	7710 Cherry Park T202		Houston, TX		77095									
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>	<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)											
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:20%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td style="width:20%;"></td> <td style="width:20%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td>10</td> <td>4</td> <td>21</td> <td style="text-align: center;">THROUGH</td> <td>10</td> <td>24</td> <td>21</td> </tr> </table>	Month	Day	Year		Month	Day	Year	10	4	21	THROUGH	10	24	21					
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11 ELECTION	<table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:40%;">ELECTION DATE</td> <td style="width:60%;">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td>Primary Runoff Other Description</td> </tr> <tr> <td>11 / 2 / 21</td> <td><input checked="" type="checkbox"/> General <input type="checkbox"/> Special _____</td> </tr> </table>	ELECTION DATE	ELECTION TYPE	Month Day Year	Primary Runoff Other Description	11 / 2 / 21	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special _____													
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12 OFFICE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">OFFICE HELD (if any)</td> <td style="width:50%;">13 OFFICE SOUGHT (if known)</td> </tr> <tr> <td></td> <td style="font-size: 1.2em; font-weight: bold;">Position 5, CFISD</td> </tr> </table>	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		Position 5, CFISD															
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14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	<p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:20%; border-right: 1px solid black;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td style="border-right: 1px solid black;">GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-right: 1px solid black;">SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-right: 1px solid black;"></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS											
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Courtney Spradley

16 Filer ID (Ethics Commission Filers)

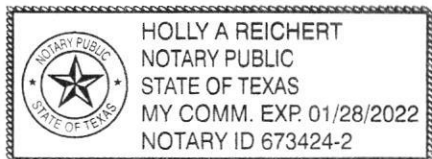
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,270.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,806.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,658.59
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

C. Spradley
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Courtney Spradley this the 25th day of October, 2021, to certify which, witness my hand and seal of office.

Holly A. Reichert Signature of officer administering oath
 Holly A. Reichert Printed name of officer administering oath
 Notary Public 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 Courtney Spradley		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,270.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3,806.51
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. 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 Courtney Spradley		3 Filer ID (Ethics Commission Filers)
4 Date 10/04/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Stephanie Barnett 6 Contributor address; City; State; Zip Code 14302 Coles Crossing Dr. N Cypress, TX 77429	7 Amount of contribution (\$) 30.00
8 Principal occupation / Job title (See Instructions) Assistant		9 Employer (See Instructions) Sonic Automotive
Date 10/05/2021	Full name of contributor out-of-state PAC (ID#: _____) Kirby Beck Contributor address; City; State; Zip Code 17703 Prairie Flax Ct Cypress, TX 77433	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Communications Specialist		Employer (See Instructions) Harris County
Date 10/05/2021	Full name of contributor out-of-state PAC (ID#: _____) Debbie Majors Contributor address; City; State; Zip Code 19175 Cypress Church Cypress, TX 77433	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/05/2021	Full name of contributor out-of-state PAC (ID#: _____) Lisa Theriot Contributor address; City; State; Zip Code 16315 Melody View Crt Cypress, TX 77429	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) N/A		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 FILER NAME Courtney Spradley		3 Filer ID (Ethics Commission Filers)
4 Date 10/07/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Patti Spencer 6 Contributor address; City; State; Zip Code 12606 Pebble Creek Ln Cypress, TX 77429	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 10/07/2021	Full name of contributor out-of-state PAC (ID#: _____) Samuel Francis Contributor address; City; State; Zip Code 13814 High Ferry Cypress, TX 77429	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Tax		Employer (See Instructions) Conoco Phillips
Date 10/08/2021	Full name of contributor out-of-state PAC (ID#: _____) Michael Wasson Contributor address; City; State; Zip Code 8625 Wyndham Village Jersey Village, TX 77040	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Alert Logic
Date 10/08/2021	Full name of contributor out-of-state PAC (ID#: _____) Jason Manlove Contributor address; City; State; Zip Code 15318 Chichester Jersey Village, TX 77040	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) self
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.

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2 FILER NAME Courtney Spradley		3 Filer ID (Ethics Commission Filers)
4 Date 10/08/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Nickie Moorer	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 15910 Lakeview Jersey Village, TX 77040		
8 Principal occupation / Job title (See Instructions) Sales Manager		9 Employer (See Instructions) Resource Staffing
Date 10/08/2021	Full name of contributor out-of-state PAC (ID#: _____) Diana Burton	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 15934 Clippr Pointe Cypress, TX 77429		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/10/2021	Full name of contributor out-of-state PAC (ID#: _____) Anna Perry	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 14928 Mueshcke #610 Cypress, TX 77433		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/10/2021	Full name of contributor out-of-state PAC (ID#: _____) Amanda McKinney	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 18919 Cove Mill Cypress, TX 77433		
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) DXP
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.

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2 FILER NAME Courtney Spradley		3 Filer ID (Ethics Commission Filers)
4 Date 10/11/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Jennifer Roberts 6 Contributor address; City; State; Zip Code 16510 Provence Houston, TX 77095	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions) Mom		9 Employer (See Instructions)
Date 10/11/2021	Full name of contributor out-of-state PAC (ID#: _____) Stacey Buzzell Contributor address; City; State; Zip Code 13611 Rollins Green Cypress, TX 77429	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) Schlumberger
Date 10/11/2021	Full name of contributor out-of-state PAC (ID#: _____) Todd Perrodin Contributor address; City; State; Zip Code 16806 Wellford Point Houston, TX 77095	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Liberty Litigation
Date 10/12/2021	Full name of contributor out-of-state PAC (ID#: _____) Lori Armstrong Contributor address; City; State; Zip Code 15919 Mesa Gardens Houston, TX 77095	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) self		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.		

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2 FILER NAME Courtney Spradley		3 Filer ID (Ethics Commission Filers)
4 Date 10/12/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Larry Seidel	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 20723 Fairhaven Crossing Cypress, TX 77433	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 10/12/2021	Full name of contributor out-of-state PAC (ID#: _____) Edmund Grillo	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 20726 East Farwood Terrace Cypress, TX 77433	
Principal occupation / Job title (See Instructions) self		Employer (See Instructions)
Date 10/13/2021	Full name of contributor out-of-state PAC (ID#: _____) Caleb Potter	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 15326 Rocky Bridge Cypress, TX 77433	
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) CFISD
Date 10/17/2021	Full name of contributor out-of-state PAC (ID#: _____) Tammy Okabayashi	Amount of contribution (\$) 20.00
	Contributor address; City; State; Zip Code 14027 Juniper Bend Cypress, TX 77433	
Principal occupation / Job title (See Instructions) student		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

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2 FILER NAME Courtney Spradley		3 Filer ID (Ethics Commission Filers)
4 Date 10/18/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Billie Owens 6 Contributor address; City; State; Zip Code 15123 Redding Crest Cypress, TX 77429	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 10/18/2021	Full name of contributor out-of-state PAC (ID#: _____) Melinda Jennings Contributor address; City; State; Zip Code 9627 Hanging Moss Trl Houston, TX 77064	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 | 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 Courtney Spradley	3 Filer ID (Ethics Commission Filers)
4 Date 10/15/2021	5 Payee name Champion Promotions & Printing	
6 Amount (\$) 390.78	7 Payee address; City; State; Zip Code 7710 Cherry Park T525 Houston, TX 77095	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing expense	(b) Description Campaign card printing
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Courtney Spradley	Office sought Position 5
4 Date 10/15/2021	5 Payee name Champion Promotions & Printing	
6 Amount (\$) 238.15	7 Payee address; City; State; Zip Code 7710 Cherry Park T525 Houston, TX 77095	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense	Description Campaign card printing
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Courtney Spradley	Office sought Position 5
4 Date 09/28/2021	5 Payee name Raconteur Media	
6 Amount (\$) 3,000.00	7 Payee address; City; State; Zip Code PO Box 26511 Austin, TX 78755	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description ads
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Courtney Spradley	Office sought Position 5

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Courtney Spradley	3 Filer ID (Ethics Commission Filers)
4 Date 10/11/2021	5 Payee name Rebecca Warriner	
6 Amount (\$) 35.00	7 Payee address; City; State; Zip Code N/A	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) event expense	(b) Description booth fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Courtney Spradley	Office sought Position 5
Date 10/24/2021	Payee name Andeot	
Amount (\$) 49.50	Payee address; City; State; Zip Code 1340 Poydras Street #1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) accounting expense	Description donation fees
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Courtney Spradley	Office sought Position 5
Date 10/23/2021	Payee name Lowe's	
Amount (\$) 11.54	Payee address; City; State; Zip Code 14128 Cypress Rosehill Cypress, TX 77429	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description T-Bars for signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Courtney Spradley	Office sought Position 5

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:	2 FILER NAME Courtney Spradley	3 Filer ID (Ethics Commission Filers)
4 Date 10/23/2021	5 Payee name Ace Hardware	
6 Amount (\$) 45.84	7 Payee address; City; State; Zip Code Louetta and Grant Cypress, TX 77429	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description T-Bars for signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Courtney Spradley	Office sought Position 5
10 Date 10/24/2021	11 Payee name Home Depot	
12 Amount (\$) 35.70	13 Payee address; City; State; Zip Code 17928 Spring Cypress Cypress, TX 77429	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description sledgehammer for signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Courtney Spradley	Office sought Position 5
14 Date	15 Payee name	
16 Amount (\$)	17 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED