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: 5

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Jon MI: M	
	NICKNAME: 'Mike' LAST: Spencer SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: 5694 FM 852   APT / SUITE #:   CITY: Gilmer   STATE: Tx,   ZIP CODE: 75644

☐ Change of Address

Date Hand-delivered or Date Postmarked

Receipt #	Amount $
Date Processed	
Date Imaged	

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (903)   PHONE NUMBER: 790 7365   EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs.   FIRST: Deborah   MI: A
NICKNAME: 'Deb'   LAST: Spencer   SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 5694 FM 852   APT / SUITE #:   CITY: Gilmer,   STATE: Ts.   ZIP CODE: 75644

8 CAMPAIGN TREASURER PHONE

AREA CODE: (903)   PHONE NUMBER: 790-5924   EXTENSION

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 2 / Day 3 / Year 26   THROUGH   Month 2 / Day 23 / Year 26

11 ELECTION

ELECTION DATE: Month 3 / Day 3 / Year 25

ELECTION TYPE: ☒ Primary   ☐ Runoff   ☐ Other Description   ☐ General   ☐ Special

12 OFFICE — OFFICE HELD (if any)

13 OFFICE SOUGHT (if known): Comm, Pct 4

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

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CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

15 C/OH NAME *Jon M. Spencer*

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)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$
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.

_____
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by __*Mike Spencer*__ this the __23rd__ day of __Feb__,

20 __26__, to certify which, witness my hand and seal of office.

_____   __*Lory Harle*__   __*EA*__
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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ -0-
2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ -0-
3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ -0-
4. ☐ SCHEDULE E: LOANS	$ -0-
5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ -0-
6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ -0-
7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ -0-
8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ -0-
9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 53403²	$ 4840²
10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ -0-
11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ -0-
12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ -0

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME Jon M Spencer	3 Filer ID (Ethics Commission Filers)

4 Date 3/1/26 2/12/26	5 Payee name Neel + Partners	

| 6 Amount ($) 3417 37 ☐ Reimbursement from political contributions intended | 7 Payee address; 8601 Ice House Dr. Unit 710 ☐ Check if individual's residence address. | City; North Richland Hills TX. | State; | Zip Code 76180 |

8 **PURPOSE OF EXPENDITURE**	(a) Category (See Categories listed at the top of this schedule) Ad Exp	(b) Description Mailers & Text
	(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 Jon M. Spencer	Office sought Comm Pct 4	Office held N/A

Date 2/2/26	Payee name Hefner Campaign		

| Amount ($) $500 oc ☐ Reimbursement from political contributions intended | Payee address; P.O. 167 ☐ Check if individual's residence address. | City; Mt. Pleasant | State; TX | Zip Code 75456 |

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad	Description Block Walks
	☐ 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 Jon M Spencer	Office sought Comm Pct 4	Office held N/A

Date 2/20/26	Payee name Kirby Spencer		

| Amount ($) $500 ☐ Reimbursement from political contributions intended | Payee address; 13558 271 S ☐ Check if individual's residence address. | City; Gilmer | State; TX | Zip Code 75645 |

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Exp	Description Push Cards
	☐ 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 Jon M Spencer	Office sought Comm Pct 4	Office held N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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)

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1 Total pages Schedule G:	2 FILER NAME Jon M Spencer	3 Filer ID (Ethics Commission Filers)

4 Date 2/16/21	5 Payee name Gilmer Mirror	

6 Amount ($) 423 oz ☐ Reimbursement from political contributions intended	7 Payee address; P.O. 250 ☐ Check if individual's residence address.	City; Gilmer	State; TX	Zip Code 25644

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ad Exp	(b) Description Ad
	(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 3/1	Payee name ET4L	

Amount ($) 500 oe ☐ Reimbursement from political contributions intended	Payee address; 6861 TX 154 ☐ Check if individual's residence address.	City; Gilmer	State; TX	Zip Code 25644

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad	Description Push Card
	☐ 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	Payee name	

Amount ($) ☐ Reimbursement from political contributions intended	Payee address; ☐ Check if individual's residence address.	City;	State;	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ 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

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