## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	suide explains how to complete this form.  1 Filer ID (Ethics Commission Filers) 2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MI OFFICE USE ONLY		
NAME	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  JAN 0 3 2022  113 W Beauregard Ave		
Change of Address	San angulo Tx 76903		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION  Date Hand-delivered or Date Postmarked  (336) 659-6530 (coax)  Receipt #   Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI S Date Processed		
	NICKNAME LAST SUFFIX  Date Imaged		
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
ADDRESS (Residence or Business)	San angelo Tx 76905		
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION		
PHONE	(306) 656-7750		
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 Sth day before election Exceeded Modified Final Report (Attach C/OH - FR)  Reporting Limit		
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 1 / 2021 THROUGH 12 / 31 / 2021		
11 ELECTION	ELECTION DATE  Month  Day  Year  General  Special  ELECTION TYPE  Other Description		
12 OFFICE	OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)  CO TCOMES		
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'S OR OFFICEHOLDER'S KNOWLEDGE OF CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  COMMITTEE TYPE   COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TREASURER MAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	GO TO PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	llanna Spiekol		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC     PLEDGES, LOANS, OR GUAR     CONTRIBUTIONS MADE ELECT		\$ Ø
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS)	\$ Ø
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.	\$ 75000
	4. TOTAL POLITICAL EXPEND	DITURES	\$ 75000
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT O		FTHE \$ \$
18 SIGNATURE IS	wear, or affirm, under penalty of perjury,	, , , , , ,	e and correct and includes all information
red	quired to be reported by me under Title 15, E	Election Code.	
		Lanna M	Soukie
			andidate or Officeholder
	Please comp	olete either option below	v:
(1) Affidavit	Jennifer Marie Notary P STATE OF ID#13119 My Comm. Exp.	ublic TEXAS 427-8	
NOTARY STAMP/SEA			
Sworn to and subscribed	before me by Dizinga	pieker this the	_3'd day of January,
20 <u>33</u> , to certify	which, witness my hand and seal of office.		
In	Jennite	- M. Engleit	Notary of Public
Signature of officer administe	ring oath Printed name of off	icer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declarati	on		
		, and my date of birth is	
My name is	on		
My name is		,,	state) (zip code) (country)
My name is		(city) (s	state) (zip code) (country)

#### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19	FILER NAME . 20 Filer ID (Ethics Con	nmission Filers)
	Diama Spicker	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <b>Ø</b>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s 🌣
4.	SCHEDULE E: LOANS	s Ø
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \$\D\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s <b>Ø</b>
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>(</b>
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ Ø
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 75000
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <b>Ø</b>
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>\( \phi \)</b>
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <b>(</b>

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees of Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printir	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense es/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Total pages Schedule G.	Diana Spicker		,,
Date	5 Payee name Sole Ko		
Reimbursement from political contributions intended	7 Payee address; 2813 W Tushing Out	city;	State; Zip Code Records Tu 76901
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Coc Check if travel outside of Texas. Complete Schedule T.		9 Fee n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name  Dama Spicker	Office sought	Surer Co Treasu
Date	Payee name		
Amount (\$)  Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		
Complete ONLY if direct expenditure to benefit C/		Office sought	in, TX, officeholder living expense Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
political contributions intended  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 Austi	in, TX, officeholder living expense
		Office sought	Office held