

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: 33	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Misty	MI D	OFFICE USE ONLY Date Received 7/15/2026 8:22:07AM	
	NICKNAME	LAST Spears	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 780963 San TX 78278			Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ()	PHONE NUMBER -	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Grant	MI	Receipt #	Amount \$
	NICKNAME	LAST Moody	SUFFIX	Date Processed 7/15/2026 8:22:07AM	
	Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 780963 San Antonio TX 78278				
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 766-7620	EXTENSION		
9 REPORT TYPE	July 15: Semi-Annual				
10 PERIOD COVERED	Month Day Year 1/1/2026 THROUGH 6/30/2026				
11 ELECTION	ELECTION DATE Month Day Year 6/7/2025		ELECTION TYPE		
			☐ Primary ☒ Runoff ☐ Other Description ☐ General ☐ Special		
12 OFFICE	OFFICE HELD (if any) District 9 Councilwoman		13 OFFICE SOUGHT (if known) Council District 9		

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Mrs Misty D Spears	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	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.	
	COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12007.20
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 7617.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6344.52
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT		
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.		
*** Electronically Certified *** _____ Signature of Candidate or Officeholder		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said <u>Mrs Misty D Spears</u> , this the <u>15th</u> day of <u>July</u> , <u>2026</u> , to certify which, witness my hand and seal of office.		
_____ Signature of officer administering oath	_____ Printed name of officer administering oath	_____ Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Mrs Misty D Spears		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12007.20
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	\$ 7617.40
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	\$ 0
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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 7

2 FILER NAME
Mrs Misty D Spears

3 Filer ID (Ethics Commission Filers)

4 Date
1/8/2026

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Blake Hartsell

7 Amount of contribution (\$)
103.20

6 Contributor address; City; State; Zip Code
**100 S Gardenview
San Antonio, TX 78213**

8 Principal occupation / Job title (See instructions)
Analyst

9 Employer (See instructions)
Applied Research Associates

Date
2/2/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Christopher Longoria

Amount of contribution (\$)
514.80

Contributor address; City; State; Zip Code
**3400 Salado Creek Dr. #1005
San Antonio, TX 78217**

Principal occupation / Job title (See instructions)
Connectivity Specialist Consultant

Employer (See instructions)
Charter Communications

Date
2/2/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Richard Wilson

Amount of contribution (\$)
103.20

Contributor address; City; State; Zip Code
**23910 West Interstate 10 Frontage Road
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
self

Date
2/3/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Linebarger Goggan Blair & Sampson, LLC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 17428
Austin, TX 78760**

Principal occupation / Job title (See instructions)
Business

Employer (See instructions)
Business

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 7

2 FILER NAME

Mrs Misty D Spears

3 Filer ID (Ethics Commission Filers)

4 Date
2/4/2026

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
W. Elisa Chan

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**613 CONTADORA
SAN ANTONIO, TX 78258**

8 Principal occupation / Job title (See instructions)
President

9 Employer (See instructions)
Unitech Consulting Engineers, Inc.

Date
2/8/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Monica Rojas

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**14003 Big Tree Drive
San Antonio, TX 78247**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Self

Date
2/12/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Joanna Weidman

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**7 Jordans Wood Circle
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
Greater San Antonio Chamber

Date
2/19/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Richard & Lisa Sheldon

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**4006 Green Oak Drive
San Antonio, TX 76710**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 7

2 FILER NAME

Mrs Misty D Spears

3 Filer ID (Ethics Commission Filers)

4 Date
2/19/2026

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Randy Cain

7 Amount of contribution (\$)
514.80

6 Contributor address; City; State; Zip Code
**820 Cambridge Oval
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
EY

Date
2/20/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
John Bellinger

Amount of contribution (\$)
514.80

Contributor address; City; State; Zip Code
**19431 Settlers Creek
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Self-Employed

Employer (See instructions)
Self-Employed

Date
2/23/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Families for Education & Opportunity

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**415 Mary Louise Dr.
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
PAC

Employer (See instructions)
PAC

Date
2/23/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Marc A. Rodriguez

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1122 Colorado Street
Austin, TX 78701**

Principal occupation / Job title (See instructions)
Lobbyist

Employer (See instructions)
Offices of Marc A. Rodriguez

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 7

2 FILER NAME
Mrs Misty D Spears

3 Filer ID (Ethics Commission Filers)

4 Date
2/23/2026

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Kristin Tips

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**PO Box 14000
San Antonio, TX 78214**

8 Principal occupation / Job title (See instructions)
Executive

9 Employer (See instructions)
RDTips

Date
2/24/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Brown & McDonald PLLC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**100 NE Loop 410 Ste. 1385
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Law Firm

Employer (See instructions)
Law Firm

Date
2/24/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Phillip Bakke

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**207 Roosevelt Ave
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Bakke Development Corporation

Date
2/24/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
John Beauchamp

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**711 Broadway #250
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Real Estate Developer

Employer (See instructions)
Hixon Properties Incorporated

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 7

2 FILER NAME

Mrs Misty D Spears

3 Filer ID (Ethics Commission Filers)

4 Date
2/24/2026

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mark Jones

7 Amount of contribution (\$)
103.20

6 Contributor address; City; State; Zip Code
**4019 Algo Ademas
San Antonio, TX 78261**

8 Principal occupation / Job title (See instructions)
LMFT counselor

9 Employer (See instructions)
Self

Date
2/25/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Adam Blanchard

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2019 Chaffin Way
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
Self-Employed

Employer (See instructions)
Self-Employed

Date
2/25/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Val Garcia

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**214 W. Agarita Ave.
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Trusted Driver

Date
2/25/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Brenda Johnson

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2 Lake Bridge Drive
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Self-Employed

Employer (See instructions)
Self-Employed

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6 of 7

2 FILER NAME
Mrs Misty D Spears

3 Filer ID (Ethics Commission Filers)

4 Date
2/25/2026

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Marco Barros

7 Amount of contribution (\$)
103.20

6 Contributor address; City; State; Zip Code
**14018 Sage Bluff
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)
Owner

9 Employer (See instructions)
Marco Barros Management

Date
2/26/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jack Guenther

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**153 Treeline Park #300
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Self-Employed

Employer (See instructions)
Self-Employed

Date
2/27/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gordon Hartman

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5210 Thousand Oaks Drive #1318
San Antonio, TX 78233**

Principal occupation / Job title (See instructions)
Self-Employed

Employer (See instructions)
Self-Employed

Date
2/27/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Leticia Van De Putte

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**602 Antler Drive
Castle Hills, TX 78213**

Principal occupation / Job title (See instructions)
Self-Employed

Employer (See instructions)
Self-Employed

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7 of 7

2 FILER NAME

Mrs Misty D Spears

3 Filer ID (Ethics Commission Filers)

4 Date
3/13/2026

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Jojhn Shields

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
721 Contour Dr.
San Antonio, TX 78212

8 Principal occupation / Job title (See instructions)
Self-Employed

9 Employer (See instructions)
Self-Employed

Date
3/19/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
David S. Zachry

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
PO Box 33240
San Antonio, TX 78265

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Zachry Company ////

Date
6/18/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jonathan Starr

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
3226 Spider Lily
San Antonio, TX 78258

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
RPSA law

Date
6/25/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Christine Nichol

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
414 Lazy Bluff
San Antonio, TX 78216

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
Retired

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1	
2 FILER NAME Mrs Misty D Spears		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description ☐ 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	Full name of contributor ☐ out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T	
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			

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1
2 FILER NAME Mrs Misty D Spears		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0
5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$ 9 In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)
Date	Full name of pledgor ☐ out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor ☐ out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor ☐ out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T
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		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Mrs Misty D Spears

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

15 ☐ Check if personal funds were deposited into political
account (See instructions)

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

☐ Check if personal funds were deposited into political
account (See Instructions)

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 1 of 11	2 FILER NAME Mrs Misty D Spears	3 Filer ID (Ethics Commission Filers)
4 Date 1/30/2026	5 Payee name Norma Denham & Associates	
6 Amount (\$) 1000.00	7 Payee address; City; State; Zip Code 15706 Knoll Cliff San Antonio, TX 78247	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Fundraising
	(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 Office sought Office held		

Date 1/30/2026	Payee name Plains Capital Bank		
Amount (\$) 10.00	Payee address; City; State; Zip Code 150 E Sonterra Blvd Ste 150 San Antoio, TX 78258		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description monthly service fee	
	☐ 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 Office sought Office held			

Date 2/6/2026	Payee name Heart de San Antonio Republican PAC		
Amount (\$) 31.00	Payee address; City; State; Zip Code PO Box 120271 San Antonio, TX 78212		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description dues	
	☐ 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 Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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 of 11	2 FILER NAME Mrs Misty D Spears		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/2026	5 Payee name Amazon		
6 Amount (\$) 66.07	7 Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description halo
	(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 Office sought Office held			
Date 2/25/2026	Payee name Remember the Alamo Foundation		
Amount (\$) 817.50	Payee address; City; State; Zip Code 300 Alamo Plaza San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description ticket to event
	☐ 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 Office sought Office held			
Date 3/9/2026	Payee name Walgreens		
Amount (\$) 240.00	Payee address; City; State; Zip Code 20800 US Hwy 281 N San Antonio, TX 78259		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description Supplies for fundraising event
	☐ 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 Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 3 of 11	2 FILER NAME Mrs Misty D Spears		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/2026	5 Payee name Amazon		
6 Amount (\$) 117.17	7 Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description microphones and phone stand.
	(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 Office sought Office held			
Date 3/9/2026	Payee name Amazon		
Amount (\$) 120.07	Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description microphones and phone stand.
	☐ 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 Office sought Office held			
Date 3/10/2026	Payee name Bexar County Republican Women		
Amount (\$) 40.00	Payee address; City; State; Zip Code 13423 Blanco Rd. #317 San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Dues		Description Membership Fees
	☐ 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 Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 4 of 11	2 FILER NAME Mrs Misty D Spears		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/2026	5 Payee name CampaignPartner.com		
6 Amount (\$) 260.00	7 Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description 3 months of website.
	(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 Office sought Office held			
Date 3/16/2026	Payee name Plains Capital Bank		
Amount (\$) 2.60	Payee address; City; State; Zip Code 150 E Sonterra Blvd Ste 150 San Antoio, TX 78258		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking		Description Bank Fee
	☐ 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 Office sought Office held			
Date 3/16/2026	Payee name United Airlines		
Amount (\$) 747.00	Payee address; City; State; Zip Code 233 S. Wacker Drive Chicago, IL 60606		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel Out Of District		Description Travel expense
	☐ 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 Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 5 of 11	2 FILER NAME Mrs Misty D Spears		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/2026	5 Payee name San Antonio Christian School		
6 Amount (\$) 1500.00	7 Payee address; City; State; Zip Code 19202 Redland Road San Antonio, TX 78259		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description sponsorship
	(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 Office sought Office held			
Date 4/10/2026	Payee name Bucc-ees		
Amount (\$) 12.66	Payee address; City; State; Zip Code 2760 N I-35 New Braunfels, TX 78130		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description food expense
	☐ 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 Office sought Office held			
Date 4/13/2026	Payee name Austin CPT Parking		
Amount (\$) 21.00	Payee address; City; State; Zip Code 1711 San Jacinto Blvd Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Parking		Description Parking
	☐ 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 Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/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 F1: 6 of 11	2 FILER NAME Mrs Misty D Spears		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/2026	5 Payee name Bexar County Republican Women		
6 Amount (\$) 85.00	7 Payee address; City; State; Zip Code 13423 Blanco Rd. #317 San Antonio, TX 78216		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description two lunches
	(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 Office sought Office held			
Date 4/21/2026	Payee name Oak Hills Florist		
Amount (\$) 48.71	Payee address; City; State; Zip Code 1729 Babcock San Antonio, TX 78229		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense		Description flowers for colleague birthday
	☐ 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 Office sought Office held			
Date 4/24/2026	Payee name Oak Hills Florist		
Amount (\$) 75.78	Payee address; City; State; Zip Code 1729 Babcock San Antonio, TX 78229		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense		Description flowers for a bereavement
	☐ 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 Office sought Office held			
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 7 of 11	2 FILER NAME Mrs Misty D Spears		3 Filer ID (Ethics Commission Filers)
4 Date 4/24/2026	5 Payee name Tiffs Treats		
6 Amount (\$) 48.97	7 Payee address; City; State; Zip Code 1221 Broadway #114 San Antonio, TX 78205		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description cookies for a colleague birthday
	(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 Office sought Office held			
Date 4/30/2026	Payee name CampaignPartner.com		
Amount (\$) 35.00	Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description monthly fee for website
	☐ 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 Office sought Office held			
Date 5/4/2026	Payee name Norma Denham & Associates		
Amount (\$) 1800.00	Payee address; City; State; Zip Code 15706 Knoll Cliff San Antonio, TX 78247		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description consulting
	☐ 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 Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 8 of 11	2 FILER NAME Mrs Misty D Spears		3 Filer ID (Ethics Commission Filers)
4 Date 5/19/2026	5 Payee name Sarku Japanese Restaurant		
6 Amount (\$) 24.64	7 Payee address; City; State; Zip Code 2500 Funston San Antonio, TX 78234		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description business lunch
	(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 Office sought Office held			
Date 5/29/2026	Payee name Dicks Sporting Goods		
Amount (\$) 86.60	Payee address; City; State; Zip Code 321 NW Loop 410 #112 San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense		Description Retirement gift for colleague
	☐ 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 Office sought Office held			
Date 5/29/2026	Payee name Austin CPT Parking		
Amount (\$) 3.50	Payee address; City; State; Zip Code 1711 San Jacinto Blvd Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: parking		Description Parking in Austin
	☐ 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 Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 9 of 11	2 FILER NAME Mrs Misty D Spears		3 Filer ID (Ethics Commission Filers)
4 Date 6/1/2026	5 Payee name CampaignPartner.com		
6 Amount (\$) 35.00	7 Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description website expense monthly.
	(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 Office sought Office held			
Date 6/2/2026	Payee name Carolyn Pfeiffer		
Amount (\$) 35.00	Payee address; City; State; Zip Code 0000 north street San Antonio, TX 78232		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description NE Council of Presidents Luncheon
	☐ 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 Office sought Office held			
Date 6/3/2026	Payee name John The Greek		
Amount (\$) 17.98	Payee address; City; State; Zip Code 16602 San Pedro Ave. San Antonio, TX 78232		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description business lunch
	☐ 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 Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 10 of 11	2 FILER NAME Mrs Misty D Spears		3 Filer ID (Ethics Commission Filers)
4 Date 6/3/2026	5 Payee name AIPAC ACS		
6 Amount (\$) 149.00	7 Payee address; City; State; Zip Code 251 H St NW Washinton, DC 20001		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description Registration for event
	(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 Office sought Office held			
Date 6/4/2026	Payee name Blanco Cafe		
Amount (\$) 52.15	Payee address; City; State; Zip Code 201 West Commerce St San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description campaign business lunch
	☐ 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 Office sought Office held			
Date 6/10/2026	Payee name USPS		
Amount (\$) 100.00	Payee address; City; State; Zip Code 12951 Huebner Rd. San Antonio, TX 78230		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: PO Box		Description PO Box annual fee
	☐ 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 Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 11 of 11	2 FILER NAME Mrs Misty D Spears		3 Filer ID (Ethics Commission Filers)
4 Date 6/30/2026	5 Payee name CampaignPartner.com		
6 Amount (\$) 35.00	7 Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description monthly fee for website.
	(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			
Date	Candidate / Officeholder name Office sought Office held		
Amount (\$)	Payee name		
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 <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name Office sought Office held		
Amount (\$)	Payee name		
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 <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name Office sought Office held		
Amount (\$)	Payee name		
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 <u>ONLY</u> if direct expenditure to benefit C/OH			

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gifts/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 F2: 1 of 1	2 FILER NAME Mrs Misty D Spears	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 0
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) ☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME

Mrs Misty D Spears

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

.....
6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

.....
Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gifts/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 F4: 1 of 1	2 FILER NAME Mrs Misty D Spears	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) ☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	☐ Political ☐ Non-Political
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/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: 1 of 1	2 FILER NAME Mrs Misty D Spears	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee Name	
6 Amount (\$) ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	
	(b) Description	
	(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	Office sought Office held

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)	
	Description	
	☐ 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	Office sought Office held

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)	
	Description	
	☐ 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	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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 H: 1 of 1	2 FILER NAME Mrs Misty D Spears	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(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		
Date	Candidate / Officeholder name Office sought Office held	
Amount (\$)	Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name Office sought Office held	
Amount (\$)	Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name Office sought Office held	
Amount (\$)	Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH		

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME Mrs Misty D Spears		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Mrs Misty D Spears

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 of 1
2 FILER NAME Mrs Misty D Spears		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1 ☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1 ☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1 ☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

C/OH NAME
Mrs Misty D Spears

Filer ID (Ethics Commission Filers)

SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

OFFICEHOLDER

•• Complete this section *only* if you are an officeholder. ••

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder