

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2


14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	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 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Michael L. Ryals

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Michael L. Ryals, this the 4th day of April, 2019, to certify which, witness my hand and seal of office.

Georgia C. Antoine

Signature of officer administering oath

Georgia C. Antoine

Printed name of officer administering oath

Board Secretary

Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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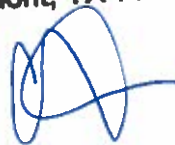
The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

Acct# S/L ID	Posting Date	Effective Date	Category	Source	Tran/Adj	Description	Gross Amount	New Balance
0007028755 S 0009	04/05/2019	04/05/2019	Withdrawal	ATM		7505 EASTEX FRWY M280314 BEAUMONT TX DUGOOD EASTEX MA 6011	-300.00	119.85
0007028755 S 0009	04/04/2019	04/04/2019	Withdrawal	ATM		7505 EASTEX FRWY M280314 BEAUMONT TX DUGOOD EASTEX MA 6011	-400.00	419.85
0007028755 S 0009	04/02/2019	04/02/2019	Deposit	Cash and check			572.00	819.85
 0007028755 S 0009	04/01/2019	04/01/2019	Withdrawal	POS		50017801 BEAUMONT TX OFFICE DE 3875 STAG 5943	-29.22	247.85
0007028755 S 0009	04/01/2019	04/01/2019	Deposit	Dividend			0.01	277.07
 0007028755 S 0009	03/31/2019	03/31/2019	Withdrawal	POS		50017804 BEAUMONT TX OFFICE DE 3875 STAG 5943	-90.48	277.06
0007028755 S 0009	03/28/2019	03/28/2019	Withdrawal	Check			-714.39	367.54
0007028755 S 0009	03/26/2019	03/26/2019	Deposit	Cash and check			300.00	1,081.93
0007028755 S 0009	03/22/2019	03/22/2019	Deposit	Check			50.00	781.93
0007028755 S 0009	03/18/2019	03/18/2019	Deposit	Check			175.00	731.93
0007028755 S 0009	03/14/2019	03/14/2019	Deposit	Check			125.00	556.93
0007028755 S 0009	03/12/2019	03/12/2019	Deposit	Check			175.00	431.93
0007028755 S 0009	03/11/2019	03/11/2019	Deposit	Check			125.00	256.93
0007028755 S 0009	03/08/2019	03/08/2019	Deposit	Check			25.00	131.93
0007028755 S 0009	02/28/2019	02/28/2019	Deposit	ACH		PAYPAL TRANSFER TRANSFER ROBERT DUNN	50.00	106.93
0007028755 S 0009	05/01/2017	05/01/2017	Deposit	Dividend			0.07	56.93
 0007028755 S 0009	04/29/2017	04/29/2017	Withdrawal	POS		FASTSIGNS BEAUMONT TXUS	-79.22	56.86
0007028755 S 0009	04/26/2017	04/26/2017	Deposit	Check			80.00	136.08
0007028755 S 0009	04/26/2017	04/26/2017	Withdrawal	Journal voucher	Transfer		-1,000.00	56.08
 0007028755 S 0009	04/25/2017	04/25/2017	Withdrawal	POS		SOUTHWESTERN PRINTI BEAUMONT TXUS	-146.14	1,056.08

DuGood Federal Credit Union
1795 N. Major Dr.
Beaumont, TX 77713



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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> / MR FIRST DENISE MI <input checked="" type="checkbox"/> NICKNAME LAST SUFFIX SPOONER	OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid red; padding: 5px; text-align: center; color: red; font-weight: bold; margin: 5px 0;">APR 26 2019</div> ga Date, Hand-delivered or Date Postmarked 4/26/19 Receipt # Amount \$ Date Processed 4/26/19 Date Imaged 4/26/19	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. BOX 127 BEAUMONT, TX 77704		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 273-0638		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> / MR FIRST AL MI VINCENT NICKNAME LAST SUFFIX BERNARD		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 4520 CARTWRIGHT ST BEAUMONT, TX 77707		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 782-1716		
9 REPORT TYPE	<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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 4 / 2019 4 / 26 / 2019		
11 ELECTION	ELECTION DATE Month Day Year 05 / 04 / 2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) BISD - TRUSTEE-AT-LARGE	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME DENISE WALLACE SPOONER

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)
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COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 277. ⁴³
	4. TOTAL POLITICAL EXPENDITURES	\$ 748. ⁵⁷
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Denise Wallace Spooner
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DENISE WALLACE SPOONER, this the 25th day of APRIL, 2019, to certify which, witness my hand and seal of office.

Al Vincent Bernard AL VINCENT BERNARD Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath