

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:

9

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
MRS. SHELLY R.
NICKNAME LAST SUFFIX
SALDIVAR-SPOSARI

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Guadalupe County Elections

FEB 22 2022 HC

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 842-0927

Date Hand Delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
MR. LEON A.
NICKNAME LAST SUFFIX
SPOSARI

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1221 SPICEWOOD, SCHERTZ, TEXAS, 78154

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 842-3888

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 Day Year Month Day Year
01 / 31 / 2022 THROUGH 02 / 22 / 2022

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
 General Special
03 / 01 / 2022

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

GUADALUPE COUNTY DISTRICT CLERK

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.

COMMITTEE TYPE COMMITTEE NAME
 GENERAL COMMITTEE ADDRESS
 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

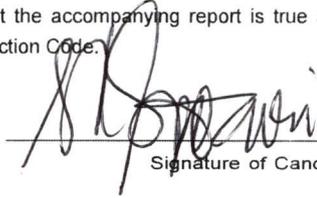
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME SHELLY SALDIVAR-SPOSARI		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)	\$	2975.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	3285.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	775.00
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 _____ this the _____ day of _____, 20_____, 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

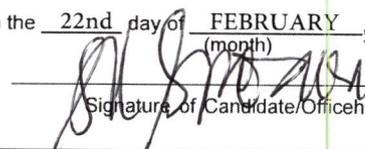
OR

(2) Unsworn Declaration

My name is SHELLY SALDIVAR SPOSARI, and my date of birth is MAY 31, 1973.

My address is 1221 SPICEWOOD, SCHERTZ, TX, 78154, USA.
(street) (city) (state) (zip code) (country)

Executed in GUADALUPE County, State of TEXAS, on the 22nd day of FEBRUARY, 2022.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME SHELLY SALDIVAR-SPOSARI		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2975.00
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3185.82
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1500.00
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/>	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: 3
2 FILER NAME SHELLY SALDIVAR-SPOSARI		3 Filer ID (Ethics Commission Filers)
4 Date 2/2/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS REAGAN 6 Contributor address; City; State; Zip Code 10411 TEICH LOOP NEW BRAUNFELS, TEXAS, 78132	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) USAF
Date 2/9/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOBBY GONZALES Contributor address; City; State; Zip Code 717 E. HUMPHRIES, SEGUIN, TEXAS, 78155	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 2/9/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENNIFER HANCOCK Contributor address; City; State; Zip Code 3050 HIDDEN MEADOW, SEGUIN, TEXAS, 78155	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/9/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAYNE LEHMAN Contributor address; City; State; Zip Code A327 BIG HAWK, NEW BRAUNFELS, TEXAS, 78130	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) LAW ENFORCEMENT		Employer (See Instructions) GUADALUPE COUNTY
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: 3
2 FILER NAME SHELLY SALDIVAR-SPOSARI		3 Filer ID (Ethics Commission Filers)
4 Date 2/9/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAURA DOGGETT 6 Contributor address; City; State; Zip Code 135 COTTONTAIL LN. NEW BRAUNFELS, TEXAS, 78130	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) SECURITY GUARD		9 Employer (See Instructions) ALLIED UNIVERSAL SECURITY SERVICES
Date 2/9/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATTY LORHAM Contributor address; City; State; Zip Code 2691 LEISSNER SCHOOL RD, SEGUIN, TEXAS, 78155	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 2/9/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ISABEL GONZALES Contributor address; City; State; Zip Code 523 SONKA, ST, SEGUIN, TEXAS, 78155	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 2/11/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHELLY SPOSARI Contributor address; City; State; Zip Code 1221 SPICEWOOD, SCHERTZ, TEXAS, 78154	Amount of contribution (\$) \$1500.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME SHELLY SALDIVAR-SPOSARI		3 Filer ID (Ethics Commission Filers)
4 Date 2/12/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONNIE KYPFER 6 Contributor address; City; State; Zip Code 216 GALVAN, SEGUIN, TEXAS, 78155	7 Amount of contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 2/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK JACKSON Contributor address; City; State; Zip Code 1217 SPICEWOOD, SCHERTZ, TEXAS, 78154	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) FOOD BROKER		Employer (See Instructions) RICHES FOODS
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 3	2 FILER NAME SHELLY SALDIVAR-SPOSARI	3 Filer ID (Ethics Commission Filers)
4 Date 02/01/2022	5 Payee name OFFICE DEPOT/OFFICEMAX	
6 Amount (\$) \$164.54	7 Payee address; 1500 E. COURT ST. SEGUIN, TEXAS, 78155	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description PUSH CARDS
	(c) <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 02/01/2022	Payee name SEGUIN GAZETTE ENTERPRISE	
Amount (\$) \$400.00	Payee address; 805 E. COURT ST. SEGUIN, TEXAS, 78155	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description NEWSPAPER AD
	<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 02/02/2022	Payee name SIP WINE GARDEN	
Amount (\$) \$447.62	Payee address; 232 BRITE RD. CIBOLO, TEXAS, 78108	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description MEET & GREET
	<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

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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: 3	2 FILER NAME SHELLY SALDIVAR-SPOSARI	3 Filer ID (Ethics Commission Filers)
4 Date 02/11/2022	5 Payee name 1ST SOURCE DIGITAL	
6 Amount (\$) \$1309.83	7 Payee address; City; State; Zip Code 4390 E. FM 1518, SELMA, TEXAS, 78154	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description SIGNS
	(c) <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 02/09/2022	Payee name 1916 BAR & BISTRO AT THE AUMONT	
Amount (\$) \$327.60	Payee address; City; State; Zip Code 301 N. AUSTIN ST. SEGUIN, TEXAD, 78155	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description MEET & GREET THE CANDIDATE
	<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 02/10/2022	Payee name LA CABANA	
Amount (\$) 41.23	Payee address; City; State; Zip Code 170 BUFFALO PLACE, CIBOLO, TEXAS, 78108	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE	Description CANDIDATE FORUM
	<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
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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: 3	2 FILER NAME SHELLY SALDIVAR-SPOSARI	3 Filer ID (Ethics Commission Filers)
4 Date 02/15/2022	5 Payee name KWED SEGUIN DAILY NEWS	
6 Amount (\$) \$495.00	7 Payee address; 609 E. COURT STREET, SEGUIN, TEXAS, 78155	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description SIGNS
	(c) <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
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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

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