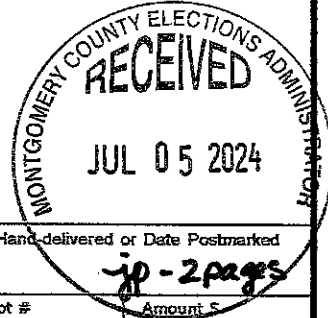


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 2
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Grady	MI T
	NICKNAME Trey	LAST Spikes	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 2241 N. 1st		APT / SUITE #; CITY; STATE; ZIP CODE Conroe TX 77301
	<input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (936)	PHONE NUMBER 538-3788	EXTENSION
	jp - 2 pages		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Amanda	MI F
	NICKNAME Spikes	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 200 Timberside Dr.		CITY; STATE; ZIP CODE Conroe TX 77304
	(Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 615-0155	EXTENSION
	15th day after campaign treasurer appointment (Officeholder Only)		
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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 01	Day 16	Year 2024
	THROUGH		Month Day Year 07 / 15 / 2024
11 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE		13 OFFICE SOUGHT (if known)
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.	
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Grady Trey Spikes		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,244.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 Grady Trey Spikes and my date of birth is 09/08/1969
 My address is 200 Timberside Dr. Conroe Tx 77304 U.S.
(street) (city) (state) (zip code) (country)
 Executed in Montgomery County, State of Texas, on the 5th day of July, 2024
(month) (year)

 Signature of Candidate/Officeholder (Declarant)