

**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 **2** Total pages filed:  
5

<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b> Date Received <b>City Clerk</b> <b>OCT 29 2018</b>
	<i>Mr.</i>	Griffin		
	NICKNAME	LAST	SUFFIX	
		Spell		

<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
	1115 N LBJ Dr #A3 San Marcos, TX 78666		<b>City of San Marcos</b>
			Receipt #
			Amount
			Date Processed
			Date Imaged

<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		<i>Rodney</i>	
	NICKNAME	LAST	SUFFIX
		<i>van Oudenkerke</i>	

<b>6</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<i>323 Scott St.</i> <i>San Marcos TX 78666</i>				

<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>512</i>	<i>216</i>	<i>3454</i>

<b>8</b> 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)

<b>9</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
			09/28/2018				10/27/2018

<b>10</b> ELECTION	ELECTION DATE	ELECTION TYPE
	Month Day Year <i>11/06/2018</i>	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Special <input type="checkbox"/> Other

<b>11</b> OFFICE	OFFICE HELD (if any) None	<b>12</b> OFFICE SOUGHT (if known) <i>San Marcos City Council</i> <i>Place 4</i>
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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2  
2 of 5

13 C / OH NAME Spell, Griffin	14 Filer ID
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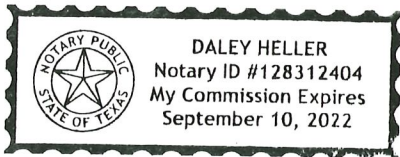
**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	160.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,660.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	111.41
	4. TOTAL POLITICAL EXPENDITURES	\$	1,859.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,324.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFADAVIT**



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.

*[Handwritten Signature]*  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said GRIFFIN SPELL, this the 29<sup>th</sup> day of OCTOBER, 20 18, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*                      DALEY HELLER                      PASSPORT ADMINISTRATOR  
 \_\_\_\_\_  
 Signature of officer administering                      Printed name of officer administering                      Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Spell, Griffin	<b>19 Filer ID</b>
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<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,660.00
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 FROM POLITICAL CONTRIBUTIONS	\$ 1,859.53
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/1 Rpt: 4/5
<b>2</b> FILER NAME Spell, Griffin		<b>3</b> Filer ID
<b>4</b> Date 10/22/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Berry (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code PO Box 1656  San Marcos, TX 78666	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutz, Daniel and Glenda <hr/> Contributor address; City; State; Zip Code 1760 Cypress Meadows  Dickinson, TX 77539	Amount of Contribution (\$)  \$800.00
Principal occupation / Job title (See Instructions) Enviornmental Manager		Employer (See Instructions) INEOS
Date 10/24/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Dave (Mr.) <hr/> Contributor address; City; State; Zip Code 128 E Holland  San Marcos, TX 78666	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner/Operator		Employer (See Instructions) Media Design
Date 10/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spell, Griffin (Mr.) <hr/> Contributor address; City; State; Zip Code 1115 N LBJ Dr #A3 San Marcos, TX 78666	Amount of Contribution (\$)  \$350.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed
Date 10/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) van Oudekerke, Rodney (Mr.) <hr/> Contributor address; City; State; Zip Code 323 Scott  San Marcos, TX 78666	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Texas Funeral Commission

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 5/5		2 FILER NAME Spell, Griffin		3 Filer ID	
4 Date 10/09/2018		5 Payee name PrintPlace			
6 Amount (\$) \$1,224.97		7 Payee address; City; State; Zip Code 1130 Avenue H E  Arlington, TX 76011			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign literature	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/19/2018		Payee name San Marcos Daily Record			
Amount (\$) \$495.00		Payee address; City; State; Zip Code P.O. Box 1109  San Marcos, TX 78666			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Advertisement	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/01/2018		Payee name Squarespace			
Amount (\$) \$28.15		Payee address; City; State; Zip Code 225 Varick 12th Floor New York City, NY 10014			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Hosting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	