

**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:
10

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr.</i>	FIRST Griffin	MI	OFFICE USE ONLY
	NICKNAME	LAST Spell	SUFFIX	Date Received City Clerk OCT 09 2018

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

5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	NICKNAME <i>Rodney</i>	LAST <i>Van Oudekerke</i>	SUFFIX	

6 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); <i>323 Scott</i> <i>San Marcos, TX 78666</i>	APT / SUITE #;	CITY;	STATE;	ZIP CODE
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7 CAMPAIGN TREASURER PHONE	AREA CODE <i>512</i>	PHONE NUMBER <i>216</i>	EXTENSION <i>3454</i>	
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8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
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9 PERIOD COVERED	Month Day Year 07/23/2018	THROUGH	Month Day Year 09/27/2018	
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10 ELECTION	ELECTION DATE Month Day Year 11/06/2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input checked="" type="checkbox"/> Special
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11 OFFICE	OFFICE HELD (if any) None	12 OFFICE SOUGHT (if known). <i>San Marcos City Council</i> <i>Place 4</i>
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 10

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

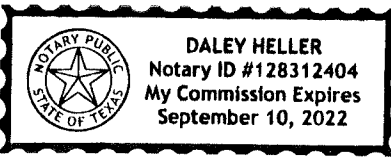
This box is for notice of political contributions accepted or political expenditures made by political candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of

<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	\$ 674.25
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,024.25
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 34.76
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,499.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,524.41
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.



Griffin Spell
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Griffin Spell, this the 9th of OCTOBER, 20 18, to certify which, witness my hand and seal of office.

<u>[Signature]</u> Signature of officer administering	<u>DALEY HELLER</u> Printed name of officer administering	<u>PASSPORT ADMINISTRATOR</u> Title of officer administering oath
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SUBTOTALS - C/OH

18 FILER NAME Spell, Griffin	19 Filer ID
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,024.25	
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	\$ 2,499.84	
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/10
2 FILER NAME Spell, Griffin		3 Filer ID
4 Date 07/27/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowell, David & Nancy <hr/> 6 Contributor address; City; State; Zip Code PO Box 455 Kyle, TX 78640	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowley, John (Mr.) <hr/> Contributor address; City; State; Zip Code 111 Mandalay San Marcos, TX 78666	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Dietitian		Employer (See Instructions) Dripping Springs ISD
Date 07/31/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holder, Bob (Mr.) <hr/> Contributor address; City; State; Zip Code 2010 Castle Gate Circle San Marcos, TX 78666	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kvanli, Benjamin (Mr.) <hr/> Contributor address; City; State; Zip Code 605 N I-35 San Marcos, TX 78666	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Owner/Operator		Employer (See Instructions) Olympic Outdoor Center
Date 08/12/2018	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/10
2 FILER NAME Spell, Griffin		3 Filer ID
4 Date 08/21/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Jennifer (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code 123 Peck Kyle, TX 78640	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/24/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mihalkanin, Ed (Dr.) <hr/> Contributor address; City; State; Zip Code 517 W Hopkins San Marcos, TX 78666	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas State University
Date 09/08/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roark, Rob (Mr.) <hr/> Contributor address; City; State; Zip Code 2805 Hunter #2B San Marcos, TX 78666	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) QC Inspector		Employer (See Instructions) Senior Flexonics Pathway
Date 07/23/2018	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 (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed
Date 08/28/2018	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 (\$) \$300.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/10
2 FILER NAME Spell, Griffin		3 Filer ID
4 Date 09/12/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spell, James (Mr.) 6 Contributor address; City; State; Zip Code 1520 Pine Grove Dickinson, TX 77539	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Hotel Management		9 Employer (See Instructions) Houston Marriott South
Date 08/22/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walts, Charles (Mr.) Contributor address; City; State; Zip Code 1001 Burleson San Marcos, TX 78666	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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: 1/4 Rpt: 7/10	2 FILER NAME Spell, Griffin	3 Filer ID
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4 Date 09/20/2018	5 Payee name Cafe on the Square
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6 Amount (\$) \$93.60	7 Payee address; City; State; Zip Code 126 N LBJ San Marcos, TX 78666
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food/Beverages for campaign event
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/25/2018	Payee name McCoys
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Amount (\$) \$21.63	Payee address; City; State; Zip Code 110 Wonder World Drive San Marcos, TX 78666
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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 Supplies for putting up campaign signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/21/2018	Payee name McCoys
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Amount (\$) \$18.39	Payee address; City; State; Zip Code 110 Wonder World Drive San Marcos, TX 78666
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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 Supplies for putting up campaign signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 2/4 Rpt: 8/10	2 FILER NAME Spell, Griffin	3 Filer ID
4 Date 08/27/2018	5 Payee name PrintPlace	
6 Amount (\$) \$194.83	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) Printing 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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/23/2018	Payee name PrintPlace	
Amount (\$) \$53.13	Payee address; City; State; Zip Code 1130 Avenue H E Arlington, TX 76011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/30/2018	Payee name Root Cellar Bakery	
Amount (\$) \$133.65	Payee address; City; State; Zip Code 142 N LBJ Dr San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food/Beverages for campaign event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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: 3/4 Rpt: 9/10	2 FILER NAME Spell, Griffin	3 Filer ID
4 Date 08/01/2018	5 Payee name Squarespace	
6 Amount (\$) \$25.33	7 Payee address; City; State; Zip Code 225 Varick 12th Floor New York City, NY 10014	
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 Website Hosting
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/04/2018	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	
Date 08/08/2018	Payee name Super Cheap Signs	
Amount (\$) \$936.25	Payee address; City; State; Zip Code 9200 Waterford Centre Blvd Suite #100 Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Signs
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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: 4/4 Rpt: 10/10	2 FILER NAME Spell, Griffin	3 Filer ID
4 Date 08/27/2018	5 Payee name Super Cheap Signs	
6 Amount (\$) \$960.12	7 Payee address; City; State; Zip Code 9200 Waterford Centre Blvd Suite #100 Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Office held		