

# 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	FIRST <i>Thomas</i>	MI <i>D</i>	<b>OFFICE USE ONLY</b>	
	NICKNAME	LAST <i>Spink</i>	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		<div style="border: 2px solid blue; padding: 10px; text-align: center;"> <b>RECEIVED</b>  <span style="color: red; font-size: 1.2em;">JUL 19 2017</span>  City Secretary's Office </div>		
	<i>1319 N Irving Heights Dr Irving TX 75061-5444</i>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(972)</i>	PHONE NUMBER <i>554 1900</i>	Date Hand-delivered or Date Postmarked <i>10/7/17 2:25pm</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Loise</i>	MI	Receipt # Amount \$	
	NICKNAME	LAST <i>Redman Council Women</i>		Date Processed <i>Analya 7/19/17</i>	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		Date Imaged	
<i>1401 Colony Drive Irving TX 75061</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(214)</i>	PHONE NUMBER <i>244 0411</i>	EXTENSION		
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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED		Month   Day   Year <i>01 / 01 / 2017</i>		Month   Day   Year <i>06 / 01 / 2017</i>	
11 ELECTION		ELECTION DATE Month   Day   Year <i>  /  /  </i>		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		OFFICE HELD (if any) <i>None</i>		13 OFFICE SOUGHT (if known)	
<b>GO TO PAGE 2</b>					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Thomas D. Spink 15 Filer ID (Ethics Commission Filers)

16 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
<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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 400. -
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4033.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Thomas D. Spink  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thomas Spink, this the 14th day of July, 2017, to certify which, witness my hand and seal of office.

Jennifer Phillips  
Signature of officer administering oath

Jennifer Phillips  
Printed name of officer administering oath

notary  
Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME *Thomas De Spiek*

3 Filer ID (Ethics Commission Filers)

4 Date  
*2/28/17*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*London James*

7 Amount of contribution (\$)

*\$200<sup>00</sup>*

6 Contributor address; City; State; Zip Code

*Sumner Vale TX*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*4/10/2017*

*Rhonda Weaver Pena*

*\$100*

Contributor address; City; State; Zip Code

*Irving, TX*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*3/10/2017*

*Oscar Ward*

*\$100*

Contributor address; City; State; Zip Code

*Irving TX*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.