

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<p><b>The C/OH Instruction Guide explains how to complete this form.</b></p>		<p><b>1 Filer ID (Ethics Commission Filers)</b></p>		<p><b>2 Total pages filed:</b></p>		
<p><b>3 CANDIDATE / OFFICEHOLDER NAME</b></p>	<p>MS / MRS / MR      FIRST      MI</p> <p>Mr.      Reedy      M</p> <p>NICKNAME      LAST      SUFFIX</p> <p>Spigner</p>				<p><b>OFFICE USE ONLY</b></p>	
	<p>ADDRESS / PO BOX:    APT / SUITE #:    CITY:    STATE:    ZIP CODE</p> <p>6605 Carisbrooke Ln Austin, Texas 78754</p> <p><input type="checkbox"/> Change of Address</p>				<p>Date Received</p>	
<p><b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b></p>	<p>AREA CODE      PHONE NUMBER      EXTENSION</p> <p>(737)      202.1113      A</p>				<p>Date Hand-delivered or Date Postmarked</p>	
<p><b>5 CANDIDATE / OFFICEHOLDER PHONE</b></p>	<p>MS / MRS / MR      FIRST      MI</p> <p>Mr.      Charles      M</p> <p>NICKNAME      LAST      SUFFIX</p> <p>Shepherd      Jr.</p>				<p>Receipt #      Amount \$</p>	
<p><b>6 CAMPAIGN TREASURER NAME</b></p>	<p>STREET ADDRESS (NO PO BOX PLEASE):    APT / SUITE #:    CITY:    STATE:    ZIP CODE</p> <p>2500 Rosewood Ave Austin, Texas 78702-2410</p>				<p>Date Processed</p>	
<p><b>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</b></p>	<p>AREA CODE      PHONE NUMBER      EXTENSION</p> <p>(512)      905.7816</p>				<p>Date Imaged</p>	
<p><b>8 CAMPAIGN TREASURER PHONE</b></p>	<p><b>9 REPORT TYPE</b></p> <p> <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) </p>					
<p><b>10 PERIOD COVERED</b></p>	<p>Month    Day    Year      Month    Day    Year</p> <p>07 / 01 / 2018      THROUGH      09 / 27 / 2018</p>					
<p><b>11 ELECTION</b></p>	<p>ELECTION DATE      ELECTION TYPE</p> <p>Month    Day    Year      <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other Description</p> <p>11 / 06 / 2018      <input checked="" type="checkbox"/> General      <input type="checkbox"/> Special</p>					
<p><b>12 OFFICE</b></p>	<p>OFFICE HELD (if any)</p>			<p><b>13 OFFICE SOUGHT (if known)</b></p> <p>City Council Place Austin District 1</p>		

GO TO PAGE 2

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

<b>1</b> Filer ID (Ethics Commission Filers)		<b>2</b> Total pages filed: <u>2</u>		<b>OFFICE USE ONLY</b>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI		Date Received		
	NICKNAME LAST SUFFIX		<b>OCC RECEIVED AT OCT 25 '18 PM 4:45</b>		
<b>4</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____				
	<input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____		Receipt # Amount \$		
	<input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed		
	<input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Imaged		
<b>5</b> ORIGINAL PERIOD COVERED		Month Day Year Month Day Year			
		<u>07 / 06 / 2018</u> THROUGH <u>09 / 27 / 2018</u>			

**6** EXPLANATION OF CORRECTION

Additional campaign Treasurer's information - his address

**7** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☐ **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

*Reedy Spigner*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Reedy Spigner, this the 25 day of October, 2018, to certify which, witness my hand and seal of office.

*Aljano Medina*

Signature of officer administering oath

Aljano Medina

Printed name of officer administering oath

Notary

Title of officer/administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**