

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">6</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Linus L. NICKNAME LAST SUFFIX <div style="font-size: 1.5em; text-align: center;">Spiller</div>	<div style="text-align: center; border-bottom: 1px solid black;">OFFICE USE ONLY</div> Date Received: 2009 OCT 29 AM 3:11 Date Hand-delivered or Date Postmarked: Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3330 Newcastle Drive Dallas, TX 75220-1642		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 357-0542		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Carmen L. NICKNAME LAST SUFFIX <div style="font-size: 1.5em; text-align: center;">Benitez</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3653 Briargrove Lane, #1923 Dallas, TX 75287		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 677-7065		
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 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 9 / 25 / 09 THROUGH 10 / 26 / 09		
11 ELECTION	ELECTION DATE Month Day Year 11 / 3 / 09	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) Dallas 150 Board of Trustees - Dist. 1	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name N/A Address / PO Box; Apt. / Suite #; City; State; Zip Code N/A		

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**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Linus L. Spiller 16 ACCOUNT # (Ethics Commission Filers)

17 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"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 550.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 160.05
	4. TOTAL POLITICAL EXPENDITURES	\$ 160.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 590.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 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.

Linus L. Spiller
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Linus L. Spiller, this the 26th day of October, 20 09, to certify which, witness my hand and seal of office.

Veronica Hernandez
Signature of officer administering oath

Veronica Hernandez
Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <u>LINUS L. Spiller</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>10/17/09</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>David G. Luther, Jr.</u>	7 Amount of contribution (\$) <u>\$100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1106 Meadow Run Duncanville, TX 75137</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Attorney</u>		10 Employer (See Instructions) <u>K&L Gates LLP</u>	
Date <u>10/22/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Matthew Barnebey</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>10511 Countess Drive Dallas, TX</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/22/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Pamela Christian</u>	Amount of contribution (\$) <u>\$50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>605 Running Horse Lane Marvin, NC 28173</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>RN - Nurse Educator</u>		Employer (See Instructions) <u>Central Piedmont Community College</u>	
Date <u>10/23/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Louis C. Ross, DDS, PC</u>	Amount of contribution (\$) <u>\$250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>13601 Preston Road, Suite 304W Dallas, TX 75240-4923</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>D.O.S., PC</u>		Employer (See Instructions) <u>Self</u>	
Date <u>10/26/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Tanya R. Lyons</u>	Amount of contribution (\$) <u>\$50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>21420 E. 42nd Avenue Denver, CO 80249</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Coordinator/Director</u>		Employer (See Instructions) <u>State of Colorado</u>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: **3**

2 FILER NAME **Linus L. Spiller**

3 ACCOUNT # (Ethics Commission filers)

4 Date 9/27/09	5 Payee name Office Depot	8 Amount (\$) \$8.80
	6 Payee address; City; State; Zip Code	
7 Purpose of expenditure (See instructions regarding type of information required.) Campaign Supplies (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 10/5/09	Payee name Office Depot	Amount (\$) \$28.10
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) Campaign Supplies (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 10/6/09	Payee name Office Depot	Amount (\$) \$7.35
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) Campaign Supplies (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 10/7/09	Payee name Office Depot	Amount (\$) \$21.09
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) Campaign Supplies (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 10/7/09	Payee name United States Postal Service	Amount (\$) \$26.40
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) Postage for fundraising letters (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: 3
2 FILER NAME Linus L. Spiller		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/11/09	5 Payee name Campaign Site Builder 6 Payee address; City; State; Zip Code	8 Amount (\$) \$24.95
7 Purpose of expenditure (See instructions regarding type of information required.) Website Monthly Campaign Fee (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/13/09	Payee name United States Postal Service Payee address; City; State; Zip Code	Amount (\$) \$8.80
Purpose of expenditure (See instructions regarding type of information required.) Postage for Fundraising Letters (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/14/09	Payee name Office Depot Payee address; City; State; Zip Code	Amount (\$) \$5.73
Purpose of expenditure (See instructions regarding type of information required.) Campaign Supplies (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/14/09	Payee name Office Depot Payee address; City; State; Zip Code	Amount (\$) \$16.45
Purpose of expenditure (See instructions regarding type of information required.) Campaign Supplies (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/21/09	Payee name St. Luke UMC Community Luncheon Payee address; City; State; Zip Code	Amount (\$) \$10.00
Purpose of expenditure (See instructions regarding type of information required.) Program Donation (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.	1 Total pages Schedule G: 3
2 FILER NAME <i>Linus L. Spiller</i>	3 ACCOUNT # (Ethics Commission filers)

4 Date <i>10/21/09</i>	5 Payee name <i>Fedex Kinkos</i>	8 Amount (\$) <i>\$2.38</i>
6 Payee address; City; State; Zip Code		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Computer use for campaign</i> (If travel outside of Texas, complete Schedule T)		

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		

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