

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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
 Mr. David M.
 NICKNAME LAST SUFFIX
 Dave Newman

OFFICE USE ONLY

Date Received

City Clerk

OCT 04 2010

Date Held for [City of San Marcos]

3
4:07 PM

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 128 E. Holland St.
 San Marcos, TX 78666

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (512) 754 6638

Receipt #

Amount

Date Processed

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
 Mr. Griffin T.
 NICKNAME LAST SUFFIX
 Spell

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 128 E. Holland St.
 San Marcos, TX 78666

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (291) 678 1737

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
 8 / 23 / 2010 THROUGH 10 / 4 / 2010

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year
 11 / 2 / 2010 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

San Marcos City Council, Place One

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

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

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME David Newman 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.

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

18 CONTRIBUTION TOTALS

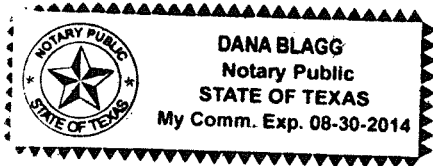
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 70 ⁰⁰
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1930 ⁰⁰
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 1140
4. TOTAL POLITICAL EXPENDITURES	\$ 3960 ¹²
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1930 1918 ⁶⁰
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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.

David Newman
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Newman, this the 4 day of Oct, 20 10, to certify which, witness my hand and seal of office.

Dana Blagg
Signature of officer administering oath

Dana Blagg
Printed name of officer administering oath

Personal Banker
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:

2 FILER NAME

David Newman

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/1/10

5 Full name of contributor out-of-state PAC (ID#: _____)

Russell Dowden

6 Contributor address; City; State; Zip Code

216 N. Guadalupe St, San Marcos TX 78666

7 Amount of contribution (\$)

350

8 In-kind contribution description (if applicable)

Ad in Wired Magazine

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Publisher

10 Employer (See Instructions)

Self-Employed

Date

9/13/10

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

Andrew and Teresa Hobbs

Contributor address; City; State; Zip Code

1231 W. San Antonio St, San Marcos, TX 78666

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/13/10

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

Jesse and Glenda Estrada

Contributor address; City; State; Zip Code

133 Chapparral, San Marcos, TX 78666

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/13/10

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

Robert and Jean Mooney

Contributor address; City; State; Zip Code

2505 Great Oaks, San Marcos, TX 78666

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/14/10

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

Tom Derkacz and Elizabeth Robertson

Contributor address; City; State; Zip Code

1910 Progress, San Marcos, TX 78666

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME *David Newman*

3 ACCOUNT # (Ethics Commission Filers)

4 Date
9/30/10

5 Full name of contributor out-of-state PAC (ID#: _____)
Theodore Hindson

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1410 Alamo St, San Marcos, TX 78666

100

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/1/10

Full name of contributor out-of-state PAC (ID#: _____)
Russell Dowden

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

216 N. Guadalupe St, San Marcos, TX 78666

350

Ad in World Magazine

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Publisher

Self-Employed

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

David Newman

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/14/10

5 Full name of contributor out-of-state PAC (ID#: _____)

Tom Wassenich

7 Amount of contribution (\$)

35

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

11 Tanglewood Trail, San Marcos, TX 78666

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/15/10

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

Aubrey Mohnke

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 99, San Marcos, TX 78666

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/19/10

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

Charles Sims

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

304 Oakridge, San Marcos, TX 78666

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/26/10

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

David and Marlene Smith

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 10242 Corpus Christi, TX 78460

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/27/10

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

Michael McClubb

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 281 Martindale, TX 78655

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME <i>David Newman</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8/27/10</i>		5 Payee name <i>Office Depot</i>			
6 Amount (\$) <i>16 76</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>201 Springtown Way, San Marcos, TX 78666</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Name Tag</i>	
Date <i>8/30/10</i>		Payee name <i>City of San Marcos</i>			
Amount (\$) <i>180 00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>630 E. Hopkins, San Marcos, TX 78666</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Event Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Rental Fee for Dunbar Center</i>	
Date <i>8/30/10</i>		Payee name <i>Super Cheap Signs</i>			
Amount (\$) <i>2769 24</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>9804 Gray Blvd, Austin, TX 78758</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign Signs</i>	
Date <i>9/3/10</i>		Payee name <i>Wireless America ID</i>			
Amount (\$) <i>21 66</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>641 E. Hopkins, San Marcos, TX 78666</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Solicitation/Fundraising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign Phone</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>David Newman</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>9/7/10</i>	5 Payee name <i>San Marcos Post office</i>	
6 Amount (\$) <i>88.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>301 N. Guadalupe St, San Marcos, TX 78666</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Solicitation/Fundraising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Stamps for Campaign Mailer</i>
Date <i>9/10/10</i>	Payee name <i>Major Brand Gas 301</i>	
Amount (\$) <i>51.22</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>301 Hopkins St, San Marcos, TX 78666</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Travel Out of District (Austin)</i>	Description (If travel outside of Texas, complete Schedule T) <i>Gas for Campaign Travel (Sign Pickup)</i>
Date <i>9/11/10</i>	Payee name <i>Coffee Corp</i>	
Amount (\$) <i>34.30</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>165 Courtland St. Atlanta Atlanta, GA 30303</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Solicitation/Fundraising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Website Builder Program</i>
Date <i>9/13/10</i>	Payee name <i>Sam's Club</i>	
Amount (\$) <i>303.22</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1350 Leah Ave. San Marcos, TX 78666</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Food, Coffee, Utensils for Campaign Event</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME <i>David Newman</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/13/10</i>		5 Payee name <i>Wally's Party Factory</i>			
6 Amount (\$) <i>25.48</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>242 N. LBJ Drive, San Marcos, TX 78666</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Party Supplies for Event</i>	
Date <i>9/19/10</i>		Payee name <i>Lowe's</i>			
Amount (\$) <i>25.06</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>2211 IH-35 South San Marcos, TX 78666</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Cable Ties and Nails for Signs</i>	
Date <i>9/25/10</i>		Payee name <i>Major Brand Gas 301</i>			
Amount (\$) <i>57.39</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>301 Hopkins St, San Marcos, TX 78666</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Travel in District</i>		Description (If travel outside of Texas, complete Schedule T) <i>Gas for Campaign Travel</i>	
Date <i>9/27/10</i>		Payee name <i>Overnight Prints</i>			
Amount (\$) <i>302.59</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>P.O. Box 15390 Irvine, CA 92623</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign Literature</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>David Newman</i>	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	--	---

4 Date <i>9/30/10</i>	5 Payee name <i>FedEx Office</i>
---------------------------------	--

6 Amount (\$) <i>73.60</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>301 N. Edward Gary, San Marcos, TX 78666</i>
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Literature</i>
---------------------------------	---	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FORM COR-C/OH

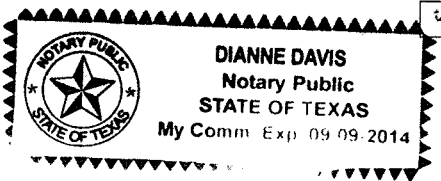
CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY					
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST	MI	Date Received				
		Mr.	David	M	City Clerk				
		NICKNAME	LAST	SUFFIX	OCT 20 2010				
		Dave	Newman		City of San Marcos				
4 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 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report			Date Hand-delivered or Date Postmarked				
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year	Receipt #	Amount
		8	23	10	THROUGH	10	4	10	
								Legal	Totals
								Date Processed	
								Date Imaged	

6 EXPLANATION OF CORRECTION Line 5 of Item 15 on Page 2 contained a calculation and clerical error on the amount of "maintained" political contributions. The Newman Campaign maintains ~~no cash~~ ^{996.00 as of 10/20/10} and intends to reimburse Mr. David Newman an additional \$2,718.72 for his political expenditures made from personal funds during this reporting period, when and if those funds become available. To this effect, a corrected copy of Page 2 is attached, with Line 5 of Item 15 correctly listed as negative two thousand, seven hundred eighteen dollars and seventy-two cents, ~~two~~ ^{cents}.

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

Check ONLY if applicable:

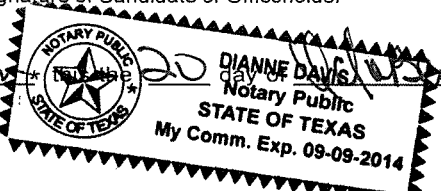


I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by David Newman
20 10 to certify which, witness my hand and seal of office.



Signature of officer administering oath: *[Signature]* Printed name of officer administering oath: Dianne Davis Title of officer administering oath: Notary

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME David Newman 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.

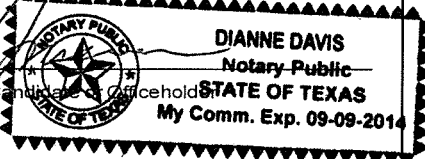
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 70 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1930 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 1140
	4. TOTAL POLITICAL EXPENDITURES	\$ 3960 ¹²
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 996 ⁰⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

David Newman
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DAVID NEWMAN, this the 20 day of October, 2010, to certify which, witness my hand and seal of office.

Dianne Davis DIANNE DAVIS Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath