

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

MI

NICKNAME

LAST

SUFFIX

Robina

SPRUILL

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

27 Rodeo Bend Dr. - Manvel, TX. 77578

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(240)

441-8080

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

AJA

LYNCH

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

3707 Allegro Dr. Rosharon TX 77583

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(240)

346-4017

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 Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

04 / 01 / 25

THROUGH

04 / 25 / 25

11 ELECTION

ELECTION DATE

Month

Day

Year

09 / 03 / 25

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Council Position #6

14 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

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

4/29/25
5:00 PM
Red

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 6,300

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

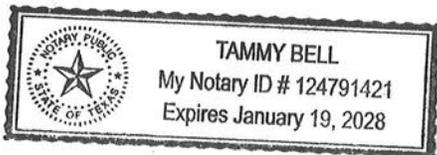
\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 SIGNATURE 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.



Robina Spruill
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Robina Spruill this the 29 day of April, 2025, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Tammy Bell
Printed name of officer administering oath

City Secretary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6300
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Robina Spruill		3 Filer ID (Ethics Commission Filers)
4 Date 4/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAVIS RICHARDS	7 Amount of contribution (\$) 500
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) Marine Biologist		9 Employer (See Instructions) N.O.A.A.
Date 4/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNNY W. AIRHART, Trustee JOHNNY WARREN AIRHART SURVIVORS TRUST	Amount of contribution (\$) 300
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John & Carol Burke	Amount of contribution (\$) 750
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) John Burke - Mortgage Broker Carol Burke - Retired		Employer (See Instructions)
Date 4/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth PARK CARTER	Amount of contribution (\$) 100 (NOTE) ONLY \$100. DO NOT COUNT AGAINST TOTAL FIGURE OF CONTRIBUTIONS.
Contributor address; City; State; Zip Code [REDACTED] 77057-		
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Robina Spruill		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine Godell French Katherine French Kaley	7 Amount of contribution (\$) 250
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 4/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James P. Heffner Marge He. G. Heffner	Amount of contribution (\$) 300
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William F. Luedemann POB Charles Frederick Luedemann	Amount of contribution (\$) 1,000
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis S. Sklar Barbara S. Sklar	Amount of contribution (\$) 750
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4
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2 FILER NAME Robina SPRUILL	3 Filer ID (Ethics Commission Filers)
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4 Date 4/6/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTOPHER C. SMITH	7 Amount of contribution (\$) 500
6 Contributor address; City; State; Zip Code [REDACTED]		

8 Principal occupation / Job title (See Instructions) Retired	9 Employer (See Instructions)
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Date 4/7/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAREN A. BAUGHN	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code [REDACTED]		

Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions)
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Date 4/7/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS C. DAY BROOKE M. DAY	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code [REDACTED]		

Principal occupation / Job title (See Instructions) THOMAS C. DAY - CEO - MANAGEMENT Co. BROOKE DAY - RETIRED	Employer (See Instructions)
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Date 4/8/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HELAIWE F. GORDON	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code [REDACTED]		

Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4
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2 FILER NAME Robina Spruill	3 Filer ID (Ethics Commission Filers)
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4 Date 4/8/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES N. HAZEN DEMISE P. HAZEN	7 Amount of contribution (\$) 500
6 Contributor address; City; State; Zip Code [REDACTED]		

8 Principal occupation / Job title (See Instructions) CHARLES N. HAZEN - SR.V.P. DEMISE HAZEN - RETIRED	9 Employer (See Instructions) CHARLES - SR.V.P. -- Transwestern
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
------	---	-----------------------------

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
------	---	-----------------------------

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
------	---	-----------------------------

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

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