CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 62
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST Mr. Jim	M1 _	OFFICE USE ONLY
NAME	NICKNAME LAST	. , , ,	Date Received
	"Jimbo" Clark	II	COUNTY ELECTIONS
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; C PO Box 680 Conroe, TX 77305	SITY; STATE; ZIP CODE (1900)	JUL 14 2017 STA
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (936) 443-3561	EXTENSION	Date Hame-detinger for Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Mr. Billy	MI B	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Lee		Date Imaged MM 7/17/17
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY; STATE;	ZIP CODE
(Residence or Business)	Conroe, TX 77306		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (936) 520-8265	EXTENSION	
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	X July 15 Sth day before elec	tion Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 1 / 1 / 2017	Month 6	Day Year 30 / 2017
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE Bunoff Other	
	Month Day Year Primary General	Description Special	
12 OFFICE	OFFICE HELD (If any) Montgomery County Commissioner	13 OFFICE SOUGHT (If known)	
	Precinct 4		
	go то і	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Jim M. Clark,	II	15 F	iler 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		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1278.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 124128.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 74157.59	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 70890.91			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00			
18 AFFIDAVIT				
Notar Page Com	ATTHEW D. NELSO y Public, State of To m. Expires 06-16-2 otary ID 13117573	under Title 15, Election Code		
	4 Company of the Comp	Signature of Candidate	e or Officeholder	
AFFIX NOTARY STAME	P/SEALABOVE			
Sworn to and subscr	ibed before me, b	y the said	, this the14th	
day of July	, 20 <u></u> 7, t	o certify which, witness my hand and seal of office.		
Matthe	DN		NOTARY	
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Cor		
	Jim M. Clark, II		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 120635.00	
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2215.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 74157.59	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C	с/он \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jim M. Clark, II 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:__ LAN PAC 3/20/2017 \$5000.00 6 Contributor address; City; State; Zip Code 2925 Briar Park Dr. Fourth Floor Houston, TX 77042 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Smith Revocable Trust 3/23/2017 \$5000.00 Contributor address; City; State; Zip Code 16800 Falcon Sound Rd. Montgomery, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Inderjit Kaur 3/17/2017 Contributor address; City; State; Zip Code \$5000.00 13218 Oregold Dr. Houston, TX 77041 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Bobby P Singh 3/2/2017 \$5000.00 Contributor address; City; State; Zip Code 12511 Still Harbor Dr. Houston, TX 77041 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Jim M. Clark, II 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ Kevin Arnett 6 Contributor address; 3/10/2017 \$5000.00 City; State; Zip Code 6 Middle Gate Place The Woodlands, TX 77381 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) Whitney & Associates 3/10/2017 \$5000.00 Contributor address; City; State; Zip Code 2040 Loop 336 W, Ste 120 Conroe, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:__ Amount of contribution (\$) Giti Zarinkelk ress; City; State; Zip Code 3/23/2017 \$5000.00 Contributor address; 1025 S. Shepherd Dr. Unit 310 Houston, TX 77019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Thomas A Staudt 3/13/2017 \$3000.00 Contributor address: City; State; Zip Code 7525 FM 723 Rd. Richmond, TX 77406 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1: 20
2 FILER NAME Jim M. Clark, II			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
	Lyle Henkel	_		
3/20/2017	6 Contributor address; 6915 Alderney Rd.	City; State	e; Zip Code	\$3000.00
	Houston, TX 77055			
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor Shouting Hu	ut-of-state PA	C (ID#:)	Amount of contribution (\$)
3/9/2017	Contributor address; 105 Pamellia Dr.	City; State	e; Zìp Code	\$3000.00
	Bellaire, TX 77401		<u> </u>	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
3/8/2017	CT Ladner	_		Timodile of definitional (4)
	Contributor address; 4903 Candletree Dr.	City; State	e; Zip Code	\$2500.00
	Houston, TX 77018			
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Jeffery T Cannon	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/8/2017	Contributor address; 4315 Whickham Dr.	City; State	e; Zip Code	\$2500.00
	Fulshear, TX 77441			
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
				
			•	
	10			
	ATTACH ADDITIO	ONAL COPIES O	FTHIS SCHEDULE AS NE	EEDED

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

SCHEDULE A1

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 20
2 FILER NAME Jim M. Clar	k, II		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (I	ID#:)	7 Amount of contribution (\$)
3/23/2017	6 Contributor address; City; State; 1146 Garden Crest	Zip Code	\$2500.00
	Houston, TX 77077		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
3/23/2017	Contributor address; City; State; 26314 Crescent Cove Lane	Zip Code	\$2500.00
	Katy, TX 77494		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
3/22/2017	Contributor address; City; State; PO Box 1148	Zip Code	\$2000.00
	Cleveland, TX 77328		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (II Walter Smith	D#:)	Amount of contribution (\$)
3/23/2017	Contributor address; City; State; 35578 FM 1488	Zip Code	\$1500.00
<u> </u>	Hempstead, TX 77445		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
- W. W. H.			

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 20
2 FILER NAME Jim M. Clar			3 Filer iD (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAG Mark S Froehlich	C (ID#:)	7 Amount of contribution (\$)
3/23/2017	6 Contributor address; City; State 22333 Mueschke Rd.	∍; Zip Code	\$1500.00
	Tomball, TX 77337	<u> </u>	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
3/22/2017	Contributor address; City; State 9990 Richmond Ave Ste 450N	e; Zip Code	\$1500.00
	Houston, TX 77042		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	C(ID#:)	Amount of contribution (\$)
3/13/2017	Contributor address; City; State; Zip Code PO Box 17428		\$1500.00
	Austin, TX 78760		
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/9/2017		e; Zip Code	\$1500.00
To the second se	The Woodlands, TX 77380		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O		

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Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jim M. Clark, II 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ Yollick Law Firm, PC \$1500.00 3/15/2017 6 Contributor address; City; State; Zip Code PO Box 7571 The Woodlands, TX 77387 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Barbara Baker 3/23/2017 \$1325.00 Contributor address; City; State; Zip Code 12223 Thompson Rd. Willis, TX 77318 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:___ Amount of contribution (\$) Trudy Ortwerth 3/23/2017 \$1250.00 Contributor address; City; State; Zip Code 9003 Ensemble Ct. Houston, TX 77040 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Cortez King 3/16/2017 \$1000.00 Contributor address; City; State; Zip Code 5850 San Felipe No. 490 Houston, TX 77057 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jim M. Clark, II 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Lee Lennard 3/21/2017 \$1000.00 6 Contributor address; City; State; Zip Code 19810 Almond Park Lane Katy, TX 77450 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Walter Sass 3/23/2017 \$1000.00 Contributor address; City; State; Zip Code 2707 Autumn Lake Dr. Katy, TX 77450 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Jasbir Singh 3/16/2017 \$1000.00 City; State; Zip Code Contributor address; 28 Whitworth Way Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Jones & Carter Inc. PAC 3/14/2017 \$1000.00 Contributor address; City; State; Zip Code 6335 Gulfton Ste 100 Houston, TX 77081 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.

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
A FUED MAME		20
2 FILER NAME Jim M. Clar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3/9/2017	6 Contributor address; City; State; Zip Code 3200 Southwest Freeway, Ste 2600	\$1000.00
	Houston, TX 77027	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) David Eastwood	Amount of contribution (\$)
3/10/2017	Contributor address; City; State; Zip Code 800 Victoria Dr.	\$1000.00
	Houston, TX 77022	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/13/2017	Contributor address; City; State; Zip Code 2504 Bayfront Dr. Pearland, TX 77584	\$1000.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Kevin Arnett	Amount of contribution (\$)
3/23/2017	Contributor address; City; State; Zip Code 6 Middle Gate Place	\$640.00
Principal occup	The Woodlands, TX 77381 pation / Job title (See Instructions) Employer (See Instructions)	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 20
2 FILER NAME Jim M. Clar			3 Filer ID (Ethics Commission Filers)
4 Date		(ID#:)	7 Amount of contribution (\$)
3/23/2017	William Kotlan 6 Contributor address; City; State 8 Lake Forest Dr.	; Zip Code	\$500.00
	Conroe, TX 77384		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
3/21/2017	Contributor address; City; State 10555 West Office Dr.	; Zìp Code	\$500.00
	Houston, TX 77042		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		ions)	
Dožo	Sull name of contributor	1154	
Date		(ID#:)	Amount of contribution (\$)
2/00/0075	Tom Martin		
3/20/2017	Contributor address; City; State PO Box 603	; Zip Code	\$500.00
	Porter, TX 77365		
Principal occup	oation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	_	(ID#:)	Amount of contribution (\$)
3/20/2017	Aguirre & Fields LP PAC		
,	Contributor address; City; State 12999 Jess Pirtle Blvd.	; Zip Code	\$500.00
	Sugar Land, TX 77478		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jim M. Clark, II 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ Mark Dessens 3/13/2014 \$500.00 6 Contributor address; City; State; Zip Code 14019 Barry Knoll Ln Houston, TX 77079 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:__ Date Amount of contribution (\$) William E Dark 3/14/2017 \$500.00 Contributor address; City; State; Zip Code 19221 IH 45, Ste 370 Conroe, TX 77385 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:____ Amount of contribution (\$) Mary Fuller 3/23/2017 \$405.00 Contributor address; City; State; Zip Code 12073 Lake Forest Dr. Splendora, TX 77372 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date

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

ut-of-state PAC (ID#:_

City; State; Zip Code

Full name of contributor

Contributor address;

New Caney, TX 77357

Allen Rhoden

PO Box 686

Principal occupation / Job title (See Instructions)

3/23/2017

Amount of contribution (\$)

\$380.00

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jim M. Clark, II 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ Vera Hayden 3/23/2017 City; State; Zip Code \$305.00 6 Contributor address; PO Box 465 Splendora, TX 77372 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Ruth Smith 3/23/2017 \$300.00 Contributor address; City; State; Zip Code 10313 Autumn Run Ln Conroe, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Kevin Kneisley City; State; Zip Code 3/21/2017 \$250.00 Contributor address; 211 Riggs St. Conroe, TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:__ Amount of contribution (\$) Tracy Willett 3/24/2017 \$250.00 Contributor address; City; State; Zip Code 14455 Tanager Ln Conroe, TX 77306 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Jim M. Clark, II 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#:____ Walter Sass 6 Contributor address; 3/23/2017 \$235.00 City; State; Zip Code 2707 Autumn Lake Dr. Katv. TX 77450 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Crystal Moore 3/23/2017 \$335.00 Contributor address; City; State; Zip Code 22953 E Community Dr. New Caney, TX 77357 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:___ Amount of contribution (\$) John Holzwarth 3/23/2017 \$130.00 Contributor address; City; State; Zip Code 103 Greenway Dr. Conroe, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) Walter Wilkerson 3/19/2017 \$100.00 Contributor address; City; State; Zip Code 1516 N San Jacinto Conroe, TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE A1

	W.	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 20
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Jim M. Clarl	k, II	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3/23/2017	Rockalyn D Woodrick	#100.00
3/23/201/	6 Contributor address; City; State; Zip Code 30310 Glenboro Dr.	\$100.00
	Spring, TX 77386	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Robert L Page	
3/13/2017	Contributor address; City; State; Zip Code 2040 Loop 336 W, Ste 212	\$100.00
	Conroe, TX 77304	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Christine Hantleman	
3/23/2017	Contributor address; City; State; Zip Code 2767 Fountain View St.	\$50.00
	New Caney, TX 77357	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)
	Ben & Alicia Perry	
3/22/2017	Contributor address; City; State; Zip Code 18721 Perry Rd.	\$85.00
	Conroe, TX 77306	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 20
2 FILER NAME Jim M. Clar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor cut-of-state PAC (ID#:	7 Amount of contribution (\$)
	Elizabeth Harrell	
3/23/2017	6 Contributor address; City; State; Zip Code 23422 Florita St.	\$35.00
	New Caney, TX 77357	
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	structions)
Date	Full name of contributor	Amount of contribution (\$)
3/23/2017	Contributor address; City; State; Zip Code PO Box 212	\$25.00
	Splendora, TX 77372	
Principal occup	pation / Job title (See Instructions) Employer (See Ins	structions)
Date	Full name of contributor	Amount of contribution (\$)
	Christie Siedhoff	
3/23/2017	Contributor address; City; State; Zip Code 10 Frontenac Way	\$10.00
	Spring, TX 77382	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	structions)
Date	Full name of contributor) Amount of contribution (\$)
	A.M. Rodrigo	Amount of continuous (4)
3/22/2017	Contributor address; City; State; Zip Code 15514 Turtle Oak Ct.	\$3000.00
Distinct appun	Houston, TX 77059 Employer (See Instructions) Employer (See Instructions)	
Principal occup	pation / Job title (See Instructions) Employer (See Ins	structions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	ONCEDED

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

SCHEDULE A1

The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1: 20
2 FILER NAME		The state of the s	3 Filer ID (Ethics Commission Filers)
Jim M Clar	:, II		
4 Date	5 Full name of contributor out-of-state PAC (ID#	#:	7 Amount of contribution (\$)
	S & B PAC		\$3000.00
3/20/2017	6 Contributor address; City; State; PO Box 266245	Zip Code	43000.00
	Houston, TX 77207		
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)
Date	Full name of contributor	#:)	Amount of contribution (\$)
	James Brett Binkley		
5/9/2017	Contributor address; City; State; 9209 Stagecoach Dr.	Zip Code	\$ 2500.00
	Houston, TX 77041		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of contribution (\$)
5/9/2017	David Hamilton		
2/3/201/	Contributor address; City; State; 7 411 E 24th St.	Zip Code	\$2500.00
	Houston, TX 77008		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)
	James D Pitcock		Amount of Solitinguitors (4)
3/23/2017	Contributor address; City; State; Z	Zip Code	\$1000.00
	10006 Balmforth Ln		
Dringing! gage	Houston, TX 77096	Francis (Can Instruction	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Jim M. Clark, II 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:__ Robert Smith 6 Contributor address; \$1000.00 5/2/2017 City; State; Zip Code 16800 Falcon Sound Dr. Montgomery, TX 77356 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Billy Bob Lee 3/26/2017 \$600.00 Contributor address; City; State; Zip Code 12416 FM 1485 Conroe, TX 77306 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) Klotz Associates PAC Contributor address; 3/21/2017 \$500.00 City; State; Zip Code 1160 Dairy Ashford Ste 500 Houston, TX 77079 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) The Muller Law Group PLLC 3/24/2017 \$500.00 Contributor address; City; State; Zip Code

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

Employer (See Instructions)

16555 Southwest Freeway, Ste 200

Sugar Land, TX 77479

Principal occupation / Job title (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 20 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jim M Clark, II 7 Amount of contribution (\$) 5 Full name of contributor ut-of-state PAC (ID#:_ Freddie Brooks Jr. \$275.00 3/23/2017 6 Contributor address: City; State; Zip Code 284 Jeffcote Rd. Conroe, TX 77303 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Sam Littleton 3/23/2017 \$100.00 Contributor address; 19240 E River Rd. City; State; Zip Code Conroe, TX 77302 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date aut-of-state PAC (ID#:____ Amount of contribution (\$) Daniel K Signorelli Contributor address; City; State; Zip Code 2/14/2017 \$5000.00 1400 Woodloch Forest Dr., Ste 200 The Woodlands, TX 77380 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Don A Buckalew 3/6/2017 \$250.00 City; State; Zip Code Contributor address: PO Box 2827 Conroe, TX 77305 Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE A1

The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1: 20
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Jim M Clark	t, II			
4 Date	5 Full name of contributor Andrews & Kurth, PAC	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
3/6/2017	6 Contributor address; 600 Travis, Ste 4200	City; State	e; Zip Code	\$1000.00
	Houston, TX 77002			
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor CC Lee	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/9/2017	Contributor address; 6001 Savoy Dr. #100		; Zip Code	\$100.00
	Houston, TX 77036	-		
Principal occup	ation / Job title (See Instructions)	•	Employer (See Instruct	cions)
Date	Full name of contributor Darrell Morrison	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
3/9/2017	Contributor address; 4236 Armand View Dr.	City; State	; Zip Code	\$500.00
	Pasadena, TX 77505			
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#;)	Amount of contribution (\$)
	John Bleyl			
3/6/2017	Contributor address; 5 Timber Wood Ln	City; State	; Zip Code	\$1500.00
	Conroe, TX 77384			
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
	*TTAOU * DOITE	NAL CODIEC C	ETIUC COUEDUI E ACAI	The

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 20
2 FILER NAME Jim M Clark	, II	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) John Holzwarth	7 Amount of contribution (\$)
3/6/2017	6 Contributor address; City; State; Zip Code 103 Greenway Dr.	\$3000.00
	Conroe, TX 77304	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date	Full name of contributorout-of-state PAC (ID#:) Michael Manners	Amount of contribution (\$)
3/9/2017	Contributor address; City; State; Zip Code 10482 Longstreet Rd.	\$5000.00
	Willis, TX 77318	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	ttions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/9/2017	Hemanchandra Kolluru Contributor address; City; State; Zip Code 94 Heathbow Ln.	\$5000.00
	Sugar Land, TX 77479	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	ttions)
Date	Full name of contributor out-of-state PAC (ID#:C003822150) The GEO Group Inc. PAC	Amount of contribution (\$)
3/16/2017	Contributor address: City: State: Zip Code One Park Place, Suite 700 621 Northwest 53rd Street	\$1000.00
	Boca Raton, FL 33487	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jim M. Clark, II 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ Cobb Fendley PAC 6 Contributor address; City; State; Zip Code 3/15/2017 \$1000.00 13430 Northwest Freeway, Ste 1100 Houston, TX 77040 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:___ Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) City; State; Zip Code Contributor address; 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.

Revised 9/8/2015

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Tì	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME Jim M. Clark, II			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	Gary P Pearson		8 Amount of 9 In-kind contribution Contribution \$ description \$ 350.00 Auction Items
3/23/2017	7 Contributor address; City; State; Zip Coo 2350 W Creek Lane Ste 1213 Houston, TX 77027	le	: Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor)	Amount of In-kind contribution Contribution \$ description
3/23/2017	Contributor address; City; State; Zip Coo 18201 Hwy 242	de	\$615.00 Moonwalk Rentals Check if travel outside of Texas. Complete Schedule T.
Principal occi	Conroe, TX 77302 upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
lf	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
Jim M. Cla	ark, II		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 3/23/2017	Martin Zepeda		8 Amount of 9 In-kind contribution description \$500.00 Sound System for Fundraiser
20 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	New Caney, TX 77357	- C-mloss	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of . In-kind contribution Contribution \$. description
3/23/2017	Spirit Exposition Services, LLC Contributor address; City; State; Zip Contributor address; City; City; State; City; City; State; City; City	de	\$750.00 Table & Coverings for Fundraiser Check if travel outside of Texas. Complete Schedule T.
Principal occ	New Caney, TX 77357 upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employs	-
Philispai occ	upation / Job title (FOR NON-JODIOIAL) (See Institutions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDU	ILE AS NEEDED
If	contributor is out-of-state PAC, please see instruction	n guide for a	dditional reporting requirements.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1: 31	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date 1/10/2017	5 Payee name Rusty Buckle BBQ	
6 Amount (\$)	7 Payee address; City; State; Zip Code PO Box 686	
\$1150.00	New Caney, TX 77357	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraiser MCAS with Sundance Head
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name i	Office sought Office held
Date 1/20/2017	Payeename Donna Wick Public Relations	
Amount (\$) \$7500.00	Payee address; City; State; Zip Code 2211 Rayford Road #111-44 Spring, TX 77386	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Consultant Expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/15/2017	Payee name Grady Page	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 14765 Hwy 105 E Conroe, TX 77306	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Softball Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jim M. Clark, II 31 4 Date 5 Payee name 2/15/2017 Leadership Montgomery County 6 Amount (\$) 7 Payee address; City; State; Zip Code 6606 FM 1488 Ste 148-332 \$500.00 Magnolia, TX 77354 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Contributions/Donations Made By OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate/Officeholder/Political Class Sponsorship Committee Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 2/17/2017 East Montgomery County Sports Association Amount (\$) Payee address; City; State; Zip Code PO Box 1508 \$350.00 More Conore TV 77257

	New Calley, IX //35/			
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Or	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Spring Ball Sponsorship Office sought Office held		
Date	Payee name			
2/17/2017	Greater EMC Chamber			
Amount (\$)	Payee address; City; State; Zip Code			
\$700.00	21575 Hwy 59 N, Ste 100 New Caney, TX 77357			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Contributions/Donations Made By	Check if travel outside of Texas. Compl	ete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political	Check if Austin, TX, officeholder li	ving expense	
	Committee	Chamber Fundraiser Sp	onsor	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Giff/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W The Instruction Guide explains how to committee	ages/Contract Labor omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Jim M. Clark, II		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/2017	5 Payee name Impact Printing		
6 Amount (\$) \$144.11	7 Payee address; City: State; Zip Code 809 Cable Street Conroe, TX 77301		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		nside of Texas. Complete Schedule T. , TX, officeholder living expense Ckets
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 3/18/2017	Payeename Splendora Area Softball Association	ı	
Amount (\$)	Payee address; City; State; Zip Code PO Box 2123		
\$625.00	Splendora, TX 77372		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		side of Texas. Complete Schedule T. TX, officeholder living expense n Fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4/4/2017	Payee name East Montgomery County Fair & Rodeo		
Amount (\$) \$8706.10	Payee address; City; State; Zip Code PO Box 704 Porter, TX 77365		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		side of Texas. Complete Schedule T. TX, officeholder living expense .iser
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Outo (billa a salagaly listiloca above)
1 Total pages Schedule F1:	2 FILER NAME Jim M Clark, II		3 Filer ID (Ethics Commission Filers)
4 Date 3/18/2017	5 Payee name Conroe High School Alumni Associati	ion	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code PO Box 2017 Conroe, TX 77305		
PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name	Check if Austir	uside of Texas. Complete Schedule T. TX, officeholder living expense raiser for Scholarships Office held
	Pavee name		
Date 3/21/2017	Impact Printing		
Amount (\$) \$131.62	Payee address; City; State; Zip Code 809 Cable Street Conroe, TX 77301		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Gheck if Austin,	tside of Texas. Complete Schedule T. , TX, officeholder living expense ickets and Door Prize Slips
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 3/24/2017 Amount (\$)	Payee name Raul Guerra Payee address; City; State; Zip Code		
\$650.00	21419 Dallas St. New Caney, TX 77357		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Check if Austin,	side of Texas. Complete Schedule T. TX, officeholder living expense et Up for Fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gitt/Awards/Memortals Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services SalariosA The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Jim M. Clark, II		
4 Date	5 Payee name		
3/23/2017	Moonwalks & More		
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 18201 Hwy 242 Conroe, TX 77302		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(and a state of the state of t		utside of Texas. Complete Schedule T.
PURPOSE OF		 	n, TX, officeholder living expense
EXPENDITURE	Event Expense	Moonwalks for	- '
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/22/2017	Montgomery County		
Amount (\$)	Payee address; City; State; Zip Code		
\$250.00	PO Box 84		
420.00	New Caney, TX 77357		·
	- ·	1	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	·	l —	tside of Texas. Complete Schedule T.
OF EXPENDITURE	Event Expense	Check if Austin	, TX, officeholder living expense
		Building Rent	cal
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/23/2017	Vince Ross		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	210 Springs Edge		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Montgomery, TX 77356		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			tside of Texas. Complete Schedule T.
OF EXPENDITURE	Event Expense	Check if Austin.	, TX, officeholder living expense
	-	Auction Serv	ices
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Cancidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains how to c	Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1: 31	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date 3/26/2017	5 Payee name Sean Thompson	1
6 Amount (\$) \$1000.00	7 Payee address; City: State; Zip Code 7 Switchbud Place, Ste 192-147 The Woodlands, TX 77380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting Expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 3/26/2017	Payee name Montgomery County Fair Assoc.	
Amount (\$) \$275.00	Payee address; City; State; Zip Code PO Box 869 Conroe, TX 77305	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Special Education Auction Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/1/2017	Payee name Chris Parr	
Amount (\$) \$5250.00	Payee address; City; State; Zip Code 2306 Flamingo St. New Caney, TX 77357	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Catering & Help for Fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Gredit Card Payment	The Instruction Guide explains how to c	complete this form.	<u> </u>
1 Total pages Schedule F1: 31	2 FILER NAME Jim M. Clark, II		3 Filer ID (Ethics Commission Filers)
4 Date 4/3/2017	5 Payeename Ranch Hand Cookers		
6 Amount (\$) \$250.00	7 Payee address; City: State; Zip Code 100 Sunset Blvd Conroe, TX 77303		
8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/Ol-	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name		tside of Texas. Complete Schedule T. TX, officeholder living expense SOT-MCFA Office held
Date 4/18/2017	Payee name Hope Cancer Retreat		
Amount (\$) \$300.00	Payee address; City; State; Zip Code 26904 Brentwood Rd. Splendora, TX 77372		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin,	side of Texas. Complete Schedule T. TX, officeholder living expense Prizes for Fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4/18/2017	Payee name E Tay Bond		
Amount (\$) \$10000.00	Payee address; City; State; Zip Code 225 Simonton St. Conroe, TX 77301		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Legal Services		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to o	omplete this form.	
1 Total pages Schedule F1: 31	2 FILER NAME Jim M. Clark, II		3 Filer ID (Ethics Commission Filers)
4 Date 4/26/2017	5 Payee name Custom Built Awards		<u> </u>
6 Amount (\$) \$212.50	7 Payee address; City: State: Zip Code 1106 N Houston Ave. Humble, TX 77338		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorial Expenses		utside of Texas. Complete Schedule T. n, TX, officeholder living expense Employees
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 4/23/2017	Payee name New Caney Shrine Club		
Amount (\$) \$1000.00	Payee address; City; State; Zip Code PO Box 907 New Caney, TX 77357		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin	tside of Texas. Complete Schedule T. , TX, officeholder living expense lub for Fundraiser
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 4/28/2017	Payee name East Montgomery County Sports Asso	ciation	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 1508 New Caney, TX 77357		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin	tside of Texas. Complete Schedule T. , TX, officeholder living expense for Ball Team
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Oficeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Gledit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
31	Jim M. Clark, II		
4 Date 5/11/2017	5 Payee name Splendora High School		
6 Amount (\$)	7 Payee address; City; State; Zip Code 23747 FM 2090		
\$1750.00	Splendora, TX 77372		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austir	n, TX, officeholder living expense
EXPENDITURE	Advertising Expense	Camp/Audio/Sc	coreboard Advertising
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/30/2017	Caney Creek High School		
Amount (\$)	Payee address; City; State; Zip Code		
\$250.00	13470 FM 1485		
\$250.00	Conroe, TX 77306		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Contributions/Donations Made By	Check if travel out	tside of Texas. Complete Schedule T.
OF EXPENDITURE	Candidate/Officeholder/Political	Check if Austin	, TX, officeholder living expense
_/11		Student Counc	cil Sponsorship
	Committee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/12/2017	Montgomery County Employee Committee	∋ e	
Amount (\$)	Payee address; City; State; Zip Code		
\$521.00	501 N Thompson, 4th Floor		
+521100	Conroe, TX 77301		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Contributions/Donations Made By		tside of Texas. Complete Schedule T.
OF EXPENDITURE	•	Check if Austin,	, TX, officeholder living expense
	Candidate/Officeholder/Political	Auction Fundra	aiser
	Committee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
31	Jim M. Clark, II			
4 Date	5 Payee name			
5/15/2017	Splendora High School			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1070.00	23747 FM 2090		-	
\$1070.00	Splendora, TX 77372			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
OF EXPENDITURE	Candidate/Officeholder/Political			
LA LIVETTOTIL	·	Project Gradu	ation Fundraiser	
	Committee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
5/20/2017	Montgomery County Republican Party			
Amount (\$)	Payee address; City; State; Zip Code			
, ,	PO Box 45			
\$350.00	Connec TV 77205			
	Conroe, TX 77305			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel cutside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense		
OF EXPENDITURE	Advertising Expense			
		Advertisement for Fundraiser		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH				
Date	Payee name			
6/9/2017	C3 Creative Content Creations			
0	5			
Amount (\$)	Payee address; City; State; Zip Code 7 Switchbud Place, Ste 192-147			
\$1500.00				
	The Woodlands, TX 77380		•	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel out	side of Texas. Complete Schedule T.	
OF EXPENDITURE	Consulting Expense	Check if Austin, TX, officeholder living expense		
LO LIBITURE		Campaign Co	nsultant	
			and the second s	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH				
ATTACH ADDITIONAL CODICO OF THE COLUMN E ACAPEDED				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jim M. Clark, II 4 Date 5 Payee name 6/10/2017 Roman Forest Police Association 6 Amount (\$) 7 Payee address; City; State; Zip Code 2430 Roman Forest Blvd. \$680.00 Roman Forest, TX 77357 8 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Contributions/Donations Made By OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate/Officeholder/Political Fundraiser for Chief Carlisle Committee Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 6/23/2017 City of Roman Forest Amount (\$) Payee address; City; State; Zip Code 2430 Roman Forest Blvd. \$500.00 Roman Forest, TX 77357 Category (See Categories listed at the top of this schedule) _ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Contributions/Donations Made By OF Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political EXPENDITURE 4th of July Music Sponsor Committee Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 4/12/2017 Custom Built Awards Amount (\$) Payee address; City; State; Zip Code 1106 Houston Ave \$40.00 Humble, TX 77338 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Gifts/Awards/Memorial Expense **EXPENDITURE** Plagues for Employees Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Grit/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (entier a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Jim M. Clark, II		3 Filer ID (Ethics Commission Filers)	
4 Date 5/13/2017	5 Payeename Splendora Founders Day			
6 Amount (\$) \$550.00	7 Payee address; City: State: Zip Code PO Box 1093 Splendora, TX 77372			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		ntside of Texas. Complete Schedule T. I, TX, officeholder living expense action	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held	
Date 1/17/2017	Payee name Swiftpage			
Amount (\$) \$44.77	Payee address; City; State; Zip Code 8800 N Gainey Center Dr., Ste 200 Scottsdale, AZ 85258			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expenses	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Database Management		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 1/19/2017	Payee name The Neat Company			
Amount (\$) \$108.24	Payee address; City; State; Zip Code 1601 Market St. Ste 3500 Philadelphia, PA 19103			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expenses		side of Texas. Complete Schedule T. TX, officeholder living expense gement	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Gradit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
31	Jim M. Clark, II		Thoras (Educo Commission Filos)
Date	5 Payee name		
1/31/2017	Chase Bank		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$15.00	PO Box 36520		
713:00	Louisville, KY 40233-6520		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	· · · · · · · · · · · · · · · · · · ·
PURPOSE		Check if travel out	side of Texas. Complete Schedule T.
OF	Fees	Check if Austin,	TX, officeholder living expense
EXPENDITURE	1000	Monthly Bank	Fees
			- 000
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	 		
Date	Payee name		· ·
\$2/14/2017	Swiftpage		
Amount (\$)	Payee address; City; State; Zip Code		
\$44.77	8800 N Gainey Center Dr., Ste 200		
	Scottsdale, AZ 85258		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outs	ide of Texas. Complete Schedule T.
OF		Check if Austin,	TX, officeholder living expense
EXPENDITURE	Office Overhead/Rental Expenses		
		Database Mana	gement
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	1		
Date	Payee name		
	·		
2/21/2017	Nebtools/Alliance		
Amount (\$)	Payee address; City; State; Zip Code		
	3025 N Great Southwest Parkway		
\$771.18	•		
	Grand Prairie, TX 75050	}	
	Category (See Categories listed at the top of this schedule)	Description	
			ide of Texas. Complete Schedule T.
PURPOSE		I followed it december :	TX, officeholder living expense
PURPOSE OF EXPENDITURE	Gifts/Awards/Memorial Expenses	Crieck ii Austin,	TX, Unicendided living expense
OF	Gifts/Awards/Memorial Expenses		Enforcement Appreciation D
OF	Gifts/Awards/Memorial Expenses Candidate / Officeholder name		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

•	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
31	Jim M. Clark, II			
4 Date	5 Payee name			
2/28/2017	Chase Bank			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$15.00	PO Box 36520			
	Louisville, KY 40233-6520			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	 	
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.	
OF EXPENDITURE	_	Check if Austir	n, TX, officeholder living expense	
EXPENDITORE	Fees	Monthly Bank	Veec	
		Montenity Bank		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
experiantile to benefit 0/0/				
Date	Payee name			
3/3/2017	Sams Club			
Amount (\$)	Payee address; City; State; Zip Code			
\$304.94	2000 Westview Blvd			
7001,51	Conroe, TX 77304			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Contributions/Donations Made By	Check if travel out	tside of Texas. Complete Schedule T.	
OF EXPENDITURE	-	Check if Austin,	, TX, officeholder living expense	
EXPENDITORE	Candidate/Officeholder/Political			
	Committee	Girt Bags/Cham	mber Day at the Capitol	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit G/On	1			
Date	Payee name			
3/6/2017	Kroger			
0, 0, 2021				
Amount (\$)	Payee address; City; State; Zip Code			
\$43.87	25651 Hwy 59 N			
Ψ 20 - 0 /	Kingwood, TX		·	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Contributions/Donations Made By	l —	iside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political		TX, officeholder living expense	
	Committee	Gift Bags/Cham	ber Day at the Capitol	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULE AS NEE	:DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to 0	Vages/Contract Labor	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Jim M. Clark, II		3 Filer ID (Ethics Commission Filers)	
31				
4 Date 3/14/2017	5 Payee name			
3/14/2017	Swiftpage			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$44.77	8800 N Gainey Center Dr., Ste 200			
4 5 = 1 1 1	Scottsdale, AZ 85258			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(as outlogoly (as outlogolies instead at the top of this soliedate)		itside of Texas. Complete Schedule T.	
PURPOSE OF			, TX, officeholder living expense	
EXPENDITURE	Office Overhead/Rental Expenses	Database Manag		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF		omao dodgini	Sinds note	
Date	Payee name			
3/20/2017	Party City			
Amount (\$)	Payee address; City; State; Zip Code			
	21680 Market Place Dr.			
\$171.88	N C			
	New Caney, TX 77357			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel out	side of Texas. Complete Schedule T.	
OF	Event Expense	Check if Austin, TX, officeholder living expense		
EXPENDITURE	BVCHC BAPCHSC	Decorations f	for Fundraiser	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3/20/2017	Sams Club			
Amount (\$)	Payee address; City; State; Zip Code			
	22296 Market Place Dr.			
\$389.92	New Caney, TX 77357			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel out:	side of Texas. Complete Schedule T.	
OF EXPENDITURE	Event Expense	Check if Austin,	TX, officeholder living expense	
		Sweet Table &	Desserts Fundraiser	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category flocusted above)
1 Total pages Schedule F1:	Jim M. Clark, II		3 Filer ID (Ethics Commission Filers)
4 Date 3/21/2017	5 Payee name Sams Club		
6 Amount (\$) \$1499.44	7 Payee address; City; State; Zip Code 22296 Market Place Dr. New Caney, TX 77357		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense Candidate / Officeholder name	Check if Austin	utside of Texas. Complete Schedule T. n. TX, officeholder living expense for Fundraiser Office held
9 Complete ONLY if direct expenditure to benefit C/OF		Office sought	Onice rielu
Date 3/21/2017	Payeename Sams Club		
Amount (\$) 110.21	Payee address; City; State; Zip Code 22296 Market Place Dr. New Caney, TX 77357		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Check if Austin	tside of Texas. Complete Schedule T. , TX, officeholder living expense paign Volunteers
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 3/21/2017	Payee name Party City		
Amount (\$) \$121.20	Payee address; City; State; Zip Code 20542 Hwy 59 N Humble, TX 77338		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Check if Austin,	tside of Texas. Complete Schedule T. , TX, officeholder living expense n Rental for Fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V	Wages/Contract Labor Other (enter a category not listed above)
Oredit dard Fayment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1: 31	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2017	5 Payee name WalMart	
6 Amount (\$) \$147.16	7 Payee address; City; State; Zip Code 23561 Hwy 59 Porter, TX 77365	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for Fundraiser
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date 3/23/2017	Payeename Sams Club	
Amount (\$) \$1592.51	Payee address; City; State; Zip Code 22296 Market Place Dr. New Caney, TX 77357	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food/Beverage Expense for Fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/27/2017	Sams Club	
Amount (\$) \$37.60	Payee address; City; State; Zip Code 22296 Market Place Dr. New Caney, TX 77357	·
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch for Campaign Volunteers
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel In District
Travel Out Of District
Other (enter a category not listed above

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Official (entres a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Jim M. Clark, II		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/2017	5 Payee name Sams Club		
6 Amount (\$)	7 Payee address; City; State; Zip Code 2000 Westview Blvd		
\$414.31	Conroe, TX 77304		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	(b) Description Check if travel out	utside of Texas. Complete Schedule T.
OF EXPENDITURE	Candidate/Officeholder/Political	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/3/2017	Brookshire Bros.		
Amount (\$)	Payee address; City; State; Zip Code		
\$33.53	20185 US Hwy 59 New Caney, TX 77357		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense ay Lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/4/2017	The Home Depot		
Amount (\$) \$21.56	Payee address; City; State; Zip Code 1341 W Davis Conroe, TX 77304		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		side of Texas. Complete Schedule T. TX, officeholder living expense MCFA
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
A	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1: 31	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date 4/12/2017	5 Payee name Kroger	<u> </u>
6 Amount (\$)	7 Payee address; City; State; Zip Code 22030 Market Place Dr.	
\$576.43	New Caney, TX 77357	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorial Expenses	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Door Prizes & Gift Cards for Senior BDays
		Celebration Day
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4/13/2017	Sams Club	
Amount (\$)	Payee address; City; State; Zip Code	
\$66.60	22296 Market Place Dr. New Caney, TX 77357	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense EMC Senior Center Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4/14/2017	Hofbrau Steak House	
Amount (\$)	Payee address; City; State; Zip Code 24890 FM 1314 Rd.	
\$1470.00	Porter, TX 77365	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
LA LIBITORE	1 3 3 4/ Devotage Emperior	Celebration Day April
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	
1 Total pages Schedule F1: 31	2 FILER NAME Jim M. Clark, II		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/2017	5 Payee name Swiftpage		1
6 Amount (\$) \$44.77	7 Payee address; City: State; Zip Code 8800 N Gainey Center Dr., Ste 200 Scottsdale, AZ 85258		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expenses	Check if Austin	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 4/27/2017	Payee name Chilis		
Amount (\$) \$126.48	Payee address; City; State; Zip Code 21470 US 59 New Caney, TX 77357		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Check if Austin,	tside of Texas. Complete Schedule T. TX, officeholder living expense eciation Lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4/4/2017	Payee name Chase Bank		
Amount (\$) \$25.00	Payee address; City; State; Zip Code PO Box 36520 Louisville, KY 40233-6520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		iside of Texas. Complete Schedule T. TX, officeholder living expense ayment Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundralsing Expense

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	,	
1 Total pages Schedule F1: 31	2 FILER NAME Jim M. Clark, II		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
5/1/2017	Audible			
6 Amount (\$)	7 Payee address; City; State; Zip Code One Washington Park			
\$ 161.83	Newark, NJ 07102			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel out	tside of Texas. Complete Schedule T.	
OF EXPENDITURE	Consulting Expense	Check if Austin.	, TX, officeholder living expense	
LA LIVI VIIL	_ -	Campaign Mater	rials for Consultant	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
5/5/2017	Sweetie Pies			
Amount (\$)	Payee address; City; State; Zip Code			
\$24.55	14548 Old Hwy 59 N			
T	Splendora, TX 77372			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outs	side of Texas. Complete Schedule T.	
OF	Contributions/Donations Made By	Check if Austin,	TX, officeholder living expense	
EXPENDITURE	Candidate/Officeholder/Political	Chamber of Commerce Door Prize Don		
	Committee	Chamber of Con	mmerce Door Filze Donacion	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
5/11/2017	Mardi Gras Outlet			
Amount (\$)	Payee address; City; State; Zip Code			
436.55	7685 Airline Hwy Ste B			
	Baton Rouge, LA 70814			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	•	1 — '	side of Texas. Complete Schedule T.	
OF	Event Expense	Check if Austin,	TX, officeholder living expense	
EXPENDITURE	-	Bead for Para	des-Splendora & Roman Forest	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to o	omplete this form.		
1 Total pages Schedule F1: 31	2 FILER NAME Jim M. Clark, II		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		I .	
5/15/2017	Cracker Barrel			
6 Amount (\$)	7 Payee address; City; State; Zip Code		•	
\$77.32	24400 Eastex Fwy			•
977.34	Kingwood, TX 77339			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Contributions/Donations Made By		itside of Texas. Complete S n, TX, officeholder living	
EXPENDITURE	Candidate/Officeholder/Political			
	Committee	Door Prizes f	or Republican	Women's Meeting
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5/15/2017	Swiftpage			
Amount (\$)	Payee address; City; State; Zip Code			
\$44.77	8800 N Gainey Center Dr., Ste 200			
	Scottsdale, AZ 85258			
	Category (See Categories listed at the top of this schedule)	Description	-	
PURPOSE		Check if travel out	tside of Texas. Complete Sc	hedule T.
OF EXPENDITURE	Office Overhead/Rental Expenses	Check if Austin, TX, officeholder living expense		
		Database Mar	nagement	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Рауее пате	- H. S. M. J. L. H. J. L.		
5/17/2017	Sams Club			
Amount (\$)	Payee address; City; State; Zip Code			
\$149.31	22296 Market Place Dr.			
ΥΤ #3.31	New Caney, TX 77357			
1	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE			side of Texas. Complete Sc	hedule T.
OF EXPENDITURE	Food/Beverage Expense	Check if Austin,	TX, officeholder living e	expense
The state of the s	, = = : == :: <u>U</u> = = :: <u>U</u> = = ::	May Celebrati	on Day	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Office/holder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Other (enter a category not listed above)	
	The Instruction Guide explains how to	complete this form.		
7 Total pages Schedule F1:	2 FILER NAME Jim M. Clark, II		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
5/18/2017	Pizza Hut			
6 Amount (\$)	7 Payee address; City; State; Zip Code	THE C		
\$204.46	19620 FM 1485 Rd.			
1 7201.10	New Caney, TX 77357			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1 A	
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.	
OF	Food/Beverage Expense	Check if Austin	n, TX, officeholder living expense	
EXPENDITURE		Celebration D	Pay Lunch	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	1			
Date	Payee name			
5/30/2017	Moonshadow Mobil			
Amount (\$)	Payee address; City; State; Zip Code			
\$799.00	859 Willamette Street, Ste 410			
	Eugene, OR 97401			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel out	tside of Texas. Complete Schedule T.	
OF EXPENDITURE	Consulting Expense	Check if Austin, TX, officeholder living expense		
EXPENDITURE	compareing impembe	Voter Data		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	ł			
	W-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
Date	Payee name			
6/14/2017	Swiftpage			
Amount (\$)	Payee address; City; State; Zip Code			
\$44.77	8800 N Gainey Center Dr., Ste 200			
γ 44 .//	Scottsdale, AZ 85258		P	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel out	tside of Texas. Complete Schedule T.	
OF EXPENDITURE	-55	Check if Austin,	TX, officeholder living expense	
met misterii Villa	Office Overhead/Rental Expenses	Database Mar	nagement	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jim M. Clark, II 4 Date 5 Payee name 6/28/2017 Sams Club 6 Amount (\$) 7 Payee address; City; State; Zip Code 22296 Market Place Dr. \$220.41 New Caney, TX 77357 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Celebration Day Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 6/29/2017 Pizza Hut Amount (\$) Payee address; City; State; Zip Code 19620 FM 1485 Rd. \$187.09 New Caney, TX 77357 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Food/Beverage Expense EXPENDITURE June Celebration Day Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 3/20/2017 Walgreens City; State; Zip Code Amount (\$) Payee address; 20824 FM 1485 Rd. \$13.88 New Caney, TX 77357 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense

Event Expense

Candidate / Officeholder name

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Office held

Sunscreen for Heavy Trash Day Labor

Office sought

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (or the program of the program)

Candidate/Officenolder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to o	Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1: 31	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date 1/21/2017	5 Payee name WalMart	
6 Amount (\$)	7 Payee address; City: State; Zip Code 23561 US 59	
\$170.00	Porter, TX 77365	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Gift/Awards/Memorial Expense	Check if Austin, TX, officeholder living expense Gift Cards for Seniors-Jan Birthdays
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4/19/2017	WalMart	
Amount (\$)	Payee address; City; State; Zip Code 23561 US 59	
\$150.00	Porter, TX 77365	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorial Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gift Cards for Seniors-April Birthdays
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4/4/2017	WalMart	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 23561 US 59 Porter, TX 77365	·.
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Gift/Awards/Memorial Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gift Cards for Senior Birthdays
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officendider/Politica	The Instruction Guide explains how to	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date 6/13/2017	5 Payee name WalMart	
6 Amount (\$) \$120.00	7 Payee address; City; State; Zip Code 23561 US 59 Porter, TX 77365	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorial Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gift Cards for Senior Birthdays
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5/16/2017	WalMart	
Amount (\$)	Payee address; City; State; Zip Code	
\$160.00	23561 US 59 Porter, TX 77365	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorial Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gift Cards for Senior Birthdays
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/6/2017	Payee name WalMart	
Amount (\$) \$50.00	Payee address; City; State: Zip Code 23561 US 59 Porter, TX 77365	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	Gift/Awards/Memorial Expense	Gift Cards for Senior Birthdays
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politics Credit Card Payment	al Committee Legal Services Salaries/V	Vages/Contract Labor	Other (enter a category not listed above)
Ordan Dera Felyment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Jim M. Clark, II		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
4/20/2017	Sams Club		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
420.00	22296 Market Place Dr.		
\$39.98	New Caney, TX 77357		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outs	ide of Texas. Complete Schedule T.
OF EXPENDITURE	Food/Beverage Expenses	Check if Austin,	TX, afficeholder living expense
EXTENSITORIE		Birthday Cake	for Seniors
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
5/17/2017	Sams Club		
Amount (\$)	Payee address; City; State; Zip Code		
\$21.98	22296 Market Place Dr.		
\$21.90	New Caney, TX 77357		
PURPOSE	Category (See Categories listed at the top of this schedule)		de of Texas. Complete Schedule T.
OF EXPENDITURE	Food/Beverage Expense	Check if Austin, T	FX, officeholder living expense
		Birthday Cake	for Seniors
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/31/2017	HEB		
Amount (\$)	Payee address; City; State; Zip Code		
+	2304 Sam Houston Ave		
\$67.64	Huntsville, TX 77340		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	[de of Texas. Complete Schedule T. TX, officeholder living expense y Lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to a	Vages/Contract Labor Other (enter a category not listed above)		
	1 100 mondouon durab oxplains note to	satisficate mila lottic.		
1 Total pages Schedule F1:	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
4/1/2017	Coals Smokehouse			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
4-00	14520 Old Hwy 59 N			
\$122.00	Splendora, TX 77372			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF		Check if Austin, TX, officeholder living expense		
EXPENDITURE	Food/Beverage Expense			
		Heavy Trash Day Lunch		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought . Office held		
expenditure to benefit C/Oł	1	i		
B.1.	Payer name	!		
Date	Payee name			
5/16/2017	Custom Built Awards	!		
-				
Amount (\$)	Payee address; City; State; Zip Code			
*** **	1106 N Houston Ave			
\$10.00	Humble, TX 77338	· !		
		1 in a 1		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Gift/Awards/Memorial Expense	Check if Austin, TX, officeholder living expense		
		Plaque for Employee		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OH	l .			
Date	Payee name			
1/10/2017	WalMart	•		
1/19/2017	Walmait			
Amount (\$)	Payee address; City; State; Zip Code			
	9451 FM 1960 Bypass			
\$36.98				
	Humble, TX 77338	111 114 114 114 114 114 114 114 114 114		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	7-1/5	Check if Austin, TX, officeholder living expense		
LAI ENDITORE	Food/Beverage Expense	Senior Birthday Cake		
		benior birenday cake		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OH		-		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic		Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
1/31/2017	WalMart	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$100.00	23561 US 59	
	Porter, TX 77365	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF	Gift / A / N	Check if Austin, TX, officeholder living expense
EXPENDITURE	Gifts/Awards/Memorial Expense	Gift Cards for Senior Birthdays
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
2/16/2017	WalMart	
Amount (\$)	Payee address; City; State; Zip Code	
	23561 US 59	
\$120.00	Porter, TX 77365	
	Policel, IX 77303	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	0151 /2 1 /25	Check if Austin, TX, officeholder living expense
EVEUDITORE	Gifts/Awards/Memorial Expense	Gift Cards for Senior Birthdays
		Gift Cards for Senior Birthdays
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1/3/2017	WalMart	
Amount (\$)	Payee address; City; State; Zip Code	
	23561 US 59	j
\$100.00		
	Porter, TX 77365	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Gifts/Awards/Memorial Expense	Check if Austin, TX, officeholder living expense
-/X: but sid I Oill	GITCD AWAI GO LICHOI TAI BY DEHSE	Gift Cards for Senior Birthdays
		January Daniel Common Daniel C
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (Astronoment and lighted phase)

Candidate/Officeholder/Politic	- 5 - 1 11 tal 60 - 1 1 1 tal 60 - 1	vages/Contract Labor Other (enter a category not listed above)				
Oredit Card Payment	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule F1	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name	1				
3/16/2017	WalMart					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$100.00	23561 US 59					
	Porter, TX 77365					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF		Check if travel cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
EXPENDITURE	Gift/Awards/Memorial Expense	Oneon in Adding TA, onlocationer having expense				
		Gift Cards for Senior Birthdays				
Complete ONLY if direct expenditure to benefit G/O	Candidate / Officeholder name H	Office sought Office held				
Date	Payee name					
6/30/2017	Sammy Taylor Memorial Scholarship					
Amount (\$)	Payee address; City; State; Zip Code					
\$ 1250.00	22898 Maple St. \$ 1250.00					
,	Porter, TX 77365					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Candidate/Officeholder/Political	LI Check if Austin, TX, officeholder living expense				
	Committee	2017 Skeet Shoot Fundraiser/Auction				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
6/30/2017	Montgomery County Fair Associatio	n				
Amount (\$)	Payee address; City; State; Zip Code					
\$12400.00	PO Box 869					
	Conroe, TX 77305					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Candidate/Officeholder/Political	Check if Austin, TX, officeholder living expense				
	Committee	2017 Fair/Auction Fundraiser				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held				
l	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Gredit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Characters Destrict

Credit Card Payment	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F1:	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
3/3/2017	US Post Office	
6 Amount (\$)	7 Payee address; City; State; Zip Code 20811 US Hwy 59	
\$245.00	New Caney, TX 77357	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Solicitation/Fundraising Expense	Check if Austin, TX, officeholder living expense Postage for Fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/2/2017	US Post Office	
Amount (\$)	Payee address; City; State; Zip Code 809 W Dallas	
\$83.00	Conroe, TX 77301	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Post Office Box Rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/7/2017	Office Depot	
Amount (\$) \$50.60	Payee address; City; State; Zip Code 1319 W Davis Street Conroe, TX 77304	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense Paper for Fundraiser Invitations/Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought . Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

		0,52					
The Instr	The Instruction Guide explains how to complete this form. 1 Total pages Schedule T:						
2 FILER NAME Jim M. Clark,	II				3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor Gary P Pearson	/ Corporation	or Labor (Organization / Pledgor	/ Payee			
5 Contribution / Expend	diture reporte	d on:					
Schedule A2		edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
			r				
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
6 Dates of travel	7 Name	of person(s) traveling				
	8 Departu	ire city or r	ame of departure local	tion			
	9 Destina	tion city or	name of destination lo	cation			
	ļ <u> </u>	1					
10 Means of transportat	ion	11 Purpo	ose of travel (including	name of conference, s	eminar, or other event)		
Name of Contributor Moonwalks & Mor	-	or Labor (Organization / Pledgor /	Payee			
Contribution / Expend	diture reporte	d on:					
X Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name of person(s) traveling						
	Departure city or name of departure location						
	Destinat	tion city or	name of destination lo	cation			
Means of transportat	ion	Purpo	ose of travel (including	name of conference, s	eminar, or other event)		
			, <u> </u>	,	, , , , , , , , , , , , , , , , , , ,		
Name of Contributor, Martin Zepeda	/ Corporation	or Labor C	Prganization / Pledgor /	Payee .			
Contribution / Expend	liture reported	d on:					
X Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name o	f person(s) traveling				
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportat	Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
	A	TACH AL	DITIONAL COPIES	OF THIS SCHEDULE	AS NEEDED		

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instr	uction Guide	explains	how to complete th	is form.	1 Total pages Schedule T:			
2 FILER NAME Jim M. Clark, II					3 Filer ID (Ethics Commi	ssion Filers)		
4 Name of Contributor Spirit Exposit:	/ Corporation of			' Payee				
5 Contribution / Expend	diture reported	on:						
X Schedule A2	Sched	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS							
6 Dates of travel	6 Dates of travel 7 Name of person(s) traveling							
	8 Departur	e city or n	ame of departure locat	ion.	3 M 41 H			
	9 Destination	on city or	name of destination lo	cation				
10 Means of transportat	ion	11 Purpo	se of travel (including	name of conference, s	eminar, or other event)			
Name of Contributor	/ Corporation c	or Labor C	rganization / Pledgor /	Payee				
Contribution / Expend	diture reported	on:						
Schedule A2	Sched	lule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Sched	dule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS		
Dates of travel	Name of	person(s) traveling					
	Departure	e city or n	ame of departure locat	ion				
	Destination	on city or	name of destination lo	cation				
Means of transportat	ion	Purpo	se of travel (including	name of conference, s	eminar, or other event)			
Name of Contributor	/ Corporation o	r Labor O	rganization / Pledgor /	Payee				
Contribution / Expend	liture reported	on:				· · · · · · · · · · · · · · · · · · ·		
Schedule A2	Sched	ule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Sched	dule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS		
Dates of travel	Name of	person(s)	traveling					
	Departure	e city or na	ame of departure locat	ion				
	Destination city or name of destination location							
Means of transportati	ion	Purpo	se of travel (including i	name of conference, s	eminar, or other event)			
***************************************			DITION!!! ACC!!	A M MY 11 A A 12 A A 1				
	AT1	IACH AD	IONAL COPIES (OF THIS SCHEDULE	: AS NEEDED			

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FEC FORM 1	Name and a second		EMEN ANIZ					illice Use Oni	PAGE 1 / 4
1. NAME OF COMMITTEE (in	fuli)	(Check	if name ged)		ole:If typing, type ne lines.	12FE	4M5	egaragone j Merakono	
The GEO G	roup,	Inc. Polit	cal Aci	ion C	ommittee	<u> </u>			
	1 1 1	1 1 1 1	<u> </u>			1 1 1 1	1.1.1		
ADDRESS (number an	d street)	621 Northwest 5	3rd Street	- 1 1 1	<u> </u>			1) !	1 1 1 1
(Check if a is changed)	idreas	One Park Place	, Suite 700					1 1 1	
		CITYA				STATE	<u>.</u>	ZIF	CODEA
COMMITTEE'S E-MAI	L ADDRES	S							
(Check If at ls changed)		slming@con		111					
		Optional Secon			\$	1 1 1 1	1 1		
COMMITTEE'S WEB I (Check if ac is changed)				1 t t	1111	1111			
2. DATE 06	21	2013	danset.						
3. FEC IDENTIFICA	ATION NU	MBER >		0882150	कुणका भ्रत्याच्या । हुआ प्राप्ता । १०५५ । १९ श _{्रीवस्थ्य} व्यक्त स् रिक्त स्थ्रिप । पृष्टे				
4. IS THIS STATEME	ENT	NEW (N)	OR	X	AMENDED (A)				
I certify that I have ex Type or Print Name of		Statement and		of my kno	wledge and bellet (t is true, o	orrect and	complete.	
Signature of Treasurer	Ronald	S, Siemiontkowski		ĮE	lectronically Filedj	Date	66 j	21	2013
NOTE: Submission of ta					t the person signing D BE REPORTED \			penalties o	2 U.S.C. §437g.
Office Use Only				Fe Tol	r further information of deral Election Commiss I Free 800-424-9530 cal 202-894-1100			FEC FO	

	FEC F	Form 1 (Revised 02/2009)	Page 2
		COMMITTEE te Committee:	
(a)	1,2		
(b)	د مدر الأراد الأ		te the candidate
	ne of ididate		
	ididate ly Affilia	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	Fig. //* : #1.*
	ne of didate		
Par	ty Co	mmittee:	
(d)			mocratic, publican, etc.) Party.
Pol	itical /	Action Committee (PAC):	<u> </u>
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) its connec	ted organization is a:
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization	coperative
		In addition, this committee is a Lobbylst/Registrant PAC.	
(f)	1	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (identify sponsor on line 6.)	
Join	t Fund	draising Representative:	W/AVI-1111
(g)		This committee collects contributions, pays fundraleing expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)		This committee collects contributions, pays fundralsing expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Com	amittees Participating in Joint Fundraiser	
	1.		To the or the standings
	2.	FEC ID number C	केन वालीक्ट के निवासी र अंग्रेस न
	3.	FEC ID number C	
	4.		

1								
FEC Form 1 (Revised		Page 3						
Write or Type Committee Name The CEO Crosses Inc. Delitical Action Correspitted								
The GEO Group, Inc. Political Action Committee								
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or	Leadership PAC Sponsor						
The GEO Group, Inc.								
Malling Address	One Park Place, Suite 700	4494						
	521 Northwest 53rd Street							
	Bgca Raton FL	33487						
	CITY STATE	ZIP CODE						
Deintlenahm Mili	Constant Constant Constant	S. C. L. S. L. D. C. C.						
Relationship: Connecte	ed Organization Affiliated Committee Juliont Fundralsing Representative	e g g Leadership PAC Sponsor						
77 - Prosto 27 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -								
 Custodian of Records: Ide books and records. 	entify by name, address (phone number optional) and position of the pers	on in possession of committee						
Comerics	a Bank PAC Services	\$						
Full Name 1111	.P.O. Box 75000	<u> </u>						
Maliling Address	.MC2260							
		40075 2050						
	Detroit MI	48275-2250						
Title or Position	CITY STATE	ZIP CODE						
Recordkeeper	248 Telephone number	- 371 - 7268						
Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; an assistant treasurer).	d the name and address of						
Full Name Ronald S. of Treasurer	Siemtontkowski							
Mailing Address	P.O. Box 75000							
7 	IMC2250	1						
	Defroit MI	48275 , , , , , , , , , , , ,						
	CITY STATE	ZIP CODE						
Title or Position PAC Treasurer	Telephone number 11	371 - 7268						

FEC Form 1 (Revised 02/2009)	Page 4
Full Name of Oesignated Stephanle Ming Agent (1311111111111111111111111111111111111	<u>, , , , , , , , , , , , , , , , , , , </u>
Mailing Address P.O. Box 75000	
Detroit MI 48275 CITY STATE ZIP CO	-LILI
Title or Position Assit, Treasurer Telephone number 248 - 371	- 7268
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	
Comerica Bank	1 1 1 1
Malling Address P.O. Box 75000	
Detroit MI 48275	
CITY STATE ZIP C	ODE
Name of Bank, Depository, etc.	
Mailing Address	لسيسيا
CITY STATE ZIP C	ODE