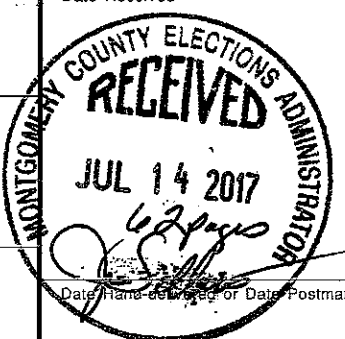


**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 62
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Jim M.	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX "Jimbo" Clark II	Date Received  Date Hand Delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 680 Conroe, TX 77305	Date Hand Delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 936 ) 443-3561	Date Hand Delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Billy B.	Receipt #	Amount \$
	NICKNAME LAST SUFFIX Lee	Date Processed	Date Imaged MM 7/17/17
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 12416 FM 1485 Conroe, TX 77306		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 936 ) 520-8265		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year 1 / 1 / 2017    THROUGH    6 / 30 / 2017		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Montgomery County Commissioner Precinct 4	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

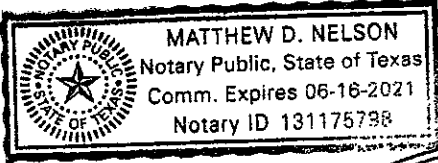
<b>14 C/OH NAME</b> Jim M. Clark, II	<b>15 Filer ID</b> (Ethics Commission Filers)
---	---

<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.	
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>
	<input type="checkbox"/> SPECIFIC	
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>		

Additional Pages

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1278.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 124128.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 74157.59
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 70890.91
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**18 AFFIDAVIT**



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jim M. Clark, II, this the 14th day of July, 20 17, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*

Matthew D Nelson

**NOTARY**

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

# 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  
  
3/10/2017

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Kevin Arnett  
.....  
**6** Contributor address; City; State; Zip Code  
6 Middle Gate Place  
The Woodlands, TX 77381

**7** Amount of contribution (\$)  
  
\$5000.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Whitney & Associates  
.....  
Contributor address; City; State; Zip Code  
2040 Loop 336 W, Ste 120  
Conroe, TX 77304

Amount of contribution (\$)  
  
\$5000.00

3/10/2017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Giti Zarinkelk  
.....  
Contributor address; City; State; Zip Code  
1025 S. Shepherd Dr. Unit 310  
Houston, TX 77019

Amount of contribution (\$)  
  
\$5000.00

3/23/2017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Thomas A Staudt  
.....  
Contributor address; City; State; Zip Code  
7525 FM 723 Rd.  
Richmond, TX 77406

Amount of contribution (\$)  
  
\$3000.00

3/13/2017

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

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 3/20/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyle Henkel 6 Contributor address; City; State; Zip Code 6915 Alderney Rd. Houston, TX 77055	7 Amount of contribution (\$) \$3000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/9/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shouting Hu Contributor address; City; State; Zip Code 105 Pamellia Dr. Bellaire, TX 77401	Amount of contribution (\$) \$3000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/8/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CT Ladner Contributor address; City; State; Zip Code 4903 Candletree Dr. Houston, TX 77018	Amount of contribution (\$) \$2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/8/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffery T Cannon Contributor address; City; State; Zip Code 4315 Whickham Dr. Fulshear, TX 77441	Amount of contribution (\$) \$2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**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

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 3/23/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Miller ..... 6 Contributor address; City; State; Zip Code 1146 Garden Crest Houston, TX 77077	7 Amount of contribution (\$)  \$2500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew Paderanga ..... Contributor address; City; State; Zip Code 26314 Crescent Cove Lane Katy, TX 77494	Amount of contribution (\$)  \$2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfred Anderson ..... Contributor address; City; State; Zip Code PO Box 1148 Cleveland, TX 77328	Amount of contribution (\$)  \$2000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter Smith ..... Contributor address; City; State; Zip Code 35578 FM 1488 Hempstead, TX 77445	Amount of contribution (\$)  \$1500.00
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

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  
3/23/2017

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Mark S Froehlich  
6 Contributor address; City; State; Zip Code  
22333 Mueschke Rd.  
Tomball, TX 77337

7 Amount of contribution (\$)  
\$1500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
3/22/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Costello Inc. PAC  
Contributor address; City; State; Zip Code  
9990 Richmond Ave Ste 450N  
Houston, TX 77042

Amount of contribution (\$)  
\$1500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/13/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Linebarger, Goggan, Blair & Sampson, LLP  
Contributor address; City; State; Zip Code  
PO Box 17428  
Austin, TX 78760

Amount of contribution (\$)  
\$1500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/9/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
The Blair Law Firm, PC  
Contributor address; City; State; Zip Code  
7 Grogans Park Dr. Redbud Bldg 3  
The Woodlands, TX 77380

Amount of contribution (\$)  
\$1500.00

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

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 3/15/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yollick Law Firm, PC 6 Contributor address; City; State; Zip Code PO Box 7571 The Woodlands, TX 77387	7 Amount of contribution (\$) \$1500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Baker Contributor address; City; State; Zip Code 12223 Thompson Rd. Willis, TX 77318	Amount of contribution (\$) \$1325.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trudy Ortwerth Contributor address; City; State; Zip Code 9003 Ensemble Ct. Houston, TX 77040	Amount of contribution (\$) \$1250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/16/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortez King Contributor address; City; State; Zip Code 5850 San Felipe No. 490 Houston, TX 77057	Amount of contribution (\$) \$1000.00
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

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  
3/21/2017

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Lee Lennard  
**6** Contributor address; City; State; Zip Code  
19810 Almond Park Lane  
Katy, TX 77450

**7** Amount of contribution (\$)  
\$1000.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
3/23/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Walter Sass  
Contributor address; City; State; Zip Code  
2707 Autumn Lake Dr.  
Katy, TX 77450

Amount of contribution (\$)  
\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/16/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jasbir Singh  
Contributor address; City; State; Zip Code  
28 Whitworth Way  
Sugar Land, TX 77479

Amount of contribution (\$)  
\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/14/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jones & Carter Inc. PAC  
Contributor address; City; State; Zip Code  
6335 Gulfton Ste 100  
Houston, TX 77081

Amount of contribution (\$)  
\$1000.00

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

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  
3/9/2017

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Allen Boone Humphries Robinson LLP

**7** Amount of contribution (\$)  
\$1000.00

**6** Contributor address; City; State; Zip Code  
3200 Southwest Freeway, Ste 2600  
Houston, TX 77027

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
3/10/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
David Eastwood

Amount of contribution (\$)  
\$1000.00

Contributor address; City; State; Zip Code  
800 Victoria Dr.  
Houston, TX 77022

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/13/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Raviraj Yanamandala

Amount of contribution (\$)  
\$1000.00

Contributor address; City; State; Zip Code  
2504 Bayfront Dr.  
Pearland, TX 77584

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/23/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Kevin Arnett

Amount of contribution (\$)  
\$640.00

Contributor address; City; State; Zip Code  
6 Middle Gate Place  
The Woodlands, TX 77381

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

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  
3/23/2017

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
William Kotlan  
6 Contributor address; City; State; Zip Code  
8 Lake Forest Dr.  
Conroe, TX 77384

7 Amount of contribution (\$)  
\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
3/21/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jim Russ  
Contributor address; City; State; Zip Code  
10555 West Office Dr.  
Houston, TX 77042

Amount of contribution (\$)  
\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/20/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tom Martin  
Contributor address; City; State; Zip Code  
PO Box 603  
Porter, TX 77365

Amount of contribution (\$)  
\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/20/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Aguirre & Fields LP PAC  
Contributor address; City; State; Zip Code  
12999 Jess Pirtle Blvd.  
Sugar Land, TX 77478

Amount of contribution (\$)  
\$500.00

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

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 3/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Dessens 6 Contributor address; City; State; Zip Code 14019 Barry Knoll Ln Houston, TX 77079	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/14/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William E Dark Contributor address; City; State; Zip Code 19221 IH 45, Ste 370 Conroe, TX 77385	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Fuller Contributor address; City; State; Zip Code 12073 Lake Forest Dr. Splendora, TX 77372	Amount of contribution (\$) \$405.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Rhoden Contributor address; City; State; Zip Code PO Box 686 New Caney, TX 77357	Amount of contribution (\$) \$380.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# 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  
3/23/2017

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Vera Hayden  
**6** Contributor address; City; State; Zip Code  
PO Box 465  
Splendora, TX 77372

**7** Amount of contribution (\$)  
\$305.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
3/23/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Ruth Smith  
Contributor address; City; State; Zip Code  
10313 Autumn Run Ln  
Conroe, TX 77304

Amount of contribution (\$)  
\$300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/21/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Kevin Kneisley  
Contributor address; City; State; Zip Code  
211 Riggs St.  
Conroe, TX 77301

Amount of contribution (\$)  
\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/24/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tracy Willett  
Contributor address; City; State; Zip Code  
14455 Tanager Ln  
Conroe, TX 77306

Amount of contribution (\$)  
\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# 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  3/23/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter Sass  6 Contributor address; City; State; Zip Code 2707 Autumn Lake Dr. Katy, TX 77450	7 Amount of contribution (\$)  \$235.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date  3/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crystal Moore  Contributor address; City; State; Zip Code 22953 E Community Dr. New Caney, TX 77357	Amount of contribution (\$)  \$335.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  3/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Holzwarth  Contributor address; City; State; Zip Code 103 Greenway Dr. Conroe, TX 77304	Amount of contribution (\$)  \$130.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  3/19/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter Wilkerson  Contributor address; City; State; Zip Code 1516 N San Jacinto Conroe, TX 77301	Amount of contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		
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# MONETARY POLITICAL CONTRIBUTIONS

# 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 3/23/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rockalyn D Woodrick 6 Contributor address; City; State; Zip Code 30310 Glenboro Dr. Spring, TX 77386	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/13/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert L Page Contributor address; City; State; Zip Code 2040 Loop 336 W, Ste 212 Conroe, TX 77304	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine Hantleman Contributor address; City; State; Zip Code 2767 Fountain View St. New Caney, TX 77357	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben & Alicia Perry Contributor address; City; State; Zip Code 18721 Perry Rd. Conroe, TX 77306	Amount of contribution (\$) \$85.00
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

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 3/23/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Harrell 6 Contributor address; City; State; Zip Code 23422 Florita St. New Caney, TX 77357	7 Amount of contribution (\$)  \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Clark Contributor address; City; State; Zip Code PO Box 212 Splendora, TX 77372	Amount of contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christie Siedhoff Contributor address; City; State; Zip Code 10 Frontenac Way Spring, TX 77382	Amount of contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A.M. Rodrigo Contributor address; City; State; Zip Code 15514 Turtle Oak Ct. Houston, TX 77059	Amount of contribution (\$)  \$3000.00
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

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 3/20/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S & B PAC 6 Contributor address; City; State; Zip Code PO Box 266245 Houston, TX 77207	7 Amount of contribution (\$)  \$3000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/9/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Brett Binkley Contributor address; City; State; Zip Code 9209 Stagecoach Dr. Houston, TX 77041	Amount of contribution (\$)  \$2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/9/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Hamilton Contributor address; City; State; Zip Code 411 E 24th St. Houston, TX 77008	Amount of contribution (\$)  \$2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James D Pitcock Contributor address; City; State; Zip Code 10006 Balmforth Ln Houston, TX 77096	Amount of contribution (\$)  \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# 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  
  
5/2/2017

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Robert Smith  
  
**6** Contributor address; City; State; Zip Code  
16800 Falcon Sound Dr.  
Montgomery, TX 77356

**7** Amount of contribution (\$)  
  
\$1000.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
3/26/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Billy Bob Lee  
  
Contributor address; City; State; Zip Code  
12416 FM 1485  
Conroe, TX 77306

Amount of contribution (\$)  
  
\$600.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
3/21/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Klotz Associates PAC  
  
Contributor address; City; State; Zip Code  
1160 Dairy Ashford Ste 500  
Houston, TX 77079

Amount of contribution (\$)  
  
\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
3/24/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
The Muller Law Group PLLC  
  
Contributor address; City; State; Zip Code  
16555 Southwest Freeway, Ste 200  
Sugar Land, TX 77479

Amount of contribution (\$)  
  
\$500.00

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

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

3/23/2017

5 Full name of contributor  
Freddie Brooks Jr.

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address; City; State; Zip Code  
284 Jeffcote Rd.  
Conroe, TX 77303

7 Amount of contribution (\$)

\$275.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/23/2017

Full name of contributor  
Sam Littleton

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code  
19240 E River Rd.  
Conroe, TX 77302

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/14/2017

Full name of contributor  
Daniel K Signorelli

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code  
1400 Woodloch Forest Dr., Ste 200  
The Woodlands, TX 77380

Amount of contribution (\$)

\$5000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/6/2017

Full name of contributor  
Don A Buckalew

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code  
PO Box 2827  
Conroe, TX 77305

Amount of contribution (\$)

\$250.00

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

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 3/6/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews & Kurth, PAC  6 Contributor address; City; State; Zip Code 600 Travis, Ste 4200 Houston, TX 77002	7 Amount of contribution (\$)  \$1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/9/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CC Lee  Contributor address; City; State; Zip Code 6001 Savoy Dr. #100 Houston, TX 77036	Amount of contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrell Morrison  Contributor address; City; State; Zip Code 4236 Armand View Dr. Pasadena, TX 77505	Amount of contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/6/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Bleyl  Contributor address; City; State; Zip Code 5 Timber Wood Ln Conroe, TX 77384	Amount of contribution (\$)  \$1500.00
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

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  
3/6/2017

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
John Holzwarth  
.....  
**6** Contributor address; City; State; Zip Code  
103 Greenway Dr.  
Conroe, TX 77304

**7** Amount of contribution (\$)  
\$3000.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
3/9/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Michael Manners  
.....  
Contributor address; City; State; Zip Code  
10482 Longstreet Rd.  
Willis, TX 77318

Amount of contribution (\$)  
\$5000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/9/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Hemanchandra Kolluru  
.....  
Contributor address; City; State; Zip Code  
94 Heathbow Ln.  
Sugar Land, TX 77479

Amount of contribution (\$)  
\$5000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/16/2017

Full name of contributor  out-of-state PAC (ID#: C003822150)  
The GEO Group Inc. PAC  
.....  
Contributor address; City; State; Zip Code  
One Park Place, Suite 700 621 Northwest 53rd Street  
Boca Raton, FL 33487

Amount of contribution (\$)  
\$1000.00

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 20
<b>2</b> FILER NAME Jim M. Clark, II		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  3/15/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb Fendley PAC  <b>6</b> Contributor address; City; State; Zip Code 13430 Northwest Freeway, Ste 1100 Houston, TX 77040	<b>7</b> Amount of contribution (\$)  \$1000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Jim M. Clark, II		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 3/23/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary P Pearson 7 Contributor address; City; State; Zip Code 2350 W Creek Lane Ste 1213 Houston, TX 77027	8 Amount of Contribution \$ \$350.00	9 In-kind contribution description Auction Items  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor'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 3/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moonwalks & More Contributor address; City; State; Zip Code 18201 Hwy 242 Conroe, TX 77302	Amount of Contribution \$ \$615.00	In-kind contribution description Moonwalk Rentals  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor'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 THIS SCHEDULE AS NEEDED**  
if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Jim M. Clark, II		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 3/23/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin Zepeda	8 Amount of Contribution \$ \$500.00	9 In-kind contribution description Sound System for Fundraiser
7 Contributor address; PO Box 37 New Caney, TX 77357		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor'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 3/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spirit Exposition Services, LLC	Amount of Contribution \$ \$750.00	In-kind contribution description Table & Coverings for Fundraiser
Contributor address; City; State; Zip Code 22955 Antique Ln New Caney, TX 77357		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor'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)			

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 2/15/2017	<b>5</b> Payee name Leadership Montgomery County
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<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 6606 FM 1488 Ste 148-332 Magnolia, TX 77354
----------------------------------	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Class Sponsorship
---	---	---

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/17/2017	Payee name East Montgomery County Sports Association
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Amount (\$) \$350.00	Payee address; City; State; Zip Code PO Box 1508 New Caney, TX 77357
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Spring Ball Sponsorship
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/17/2017	Payee name Greater EMC Chamber
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Amount (\$) \$700.00	Payee address; City; State; Zip Code 21575 Hwy 59 N, Ste 100 New Caney, TX 77357
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber Fundraiser Sponsor
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 3/17/2017	<b>5</b> Payee name Impact Printing
----------------------------	--

<b>6</b> Amount (\$) \$144.11	<b>7</b> Payee address; City; State; Zip Code 809 Cable Street Conroe, TX 77301
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Printing Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser Tickets
---	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/18/2017	Payee name Splendora Area Softball Association
-------------------	---

Amount (\$) \$625.00	Payee address; City; State; Zip Code PO Box 2123 Splendora, TX 77372
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Basket Auction Fundraiser
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/4/2017	Payee name East Montgomery County Fair & Rodeo
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Amount (\$) \$8706.10	Payee address; City; State; Zip Code PO Box 704 Porter, TX 77365
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auction Fundaiser
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 3/18/2017	<b>5</b> Payee name Conroe High School Alumni Association
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<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code PO Box 2017 Conroe, TX 77305
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Fun Run Fundraiser for Scholarships
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/21/2017	Payee name Impact Printing
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Amount (\$) \$131.62	Payee address; City; State; Zip Code 809 Cable Street Conroe, TX 77301
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Fundraiser Tickets and Door Prize Slips
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/24/2017	Payee name Raul Guerra
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Amount (\$) \$650.00	Payee address; City; State; Zip Code 21419 Dallas St. New Caney, TX 77357
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Clean Up & Set Up for Fundraiser
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 3/23/2017	<b>5</b> Payee name Moonwalks & More
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<b>6</b> Amount (\$) \$350.00	<b>7</b> Payee address; City; State; Zip Code 18201 Hwy 242 Conroe, TX 77302
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Moonwalks for Fundraiser
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/22/2017	Payee name Montgomery County
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Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 84 New Caney, TX 77357
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Building Rental
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/23/2017	Payee name Vince Ross
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 210 Springs Edge Montgomery, TX 77356
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Auction Services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/26/2017	<b>5</b> Payee name Sean Thompson	
<b>6</b> Amount (\$) \$1000.00	<b>7</b> Payee address; City; State; Zip Code 7 Switchbud Place, Ste 192-147 The Woodlands, TX 77380	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Consulting Expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 3/26/2017	Candidate / Officeholder name Office sought Office held	
	Payee name Montgomery County Fair Assoc.	
Amount (\$) \$275.00	Payee address; City; State; Zip Code PO Box 869 Conroe, TX 77305	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Special Education Auction Donation
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 4/1/2017	Candidate / Officeholder name Office sought Office held	
	Payee name Chris Parr	
Amount (\$) \$5250.00	Payee address; City; State; Zip Code 2306 Flamingo St. New Caney, TX 77357	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Catering & Help for Fundraiser
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4/3/2017	<b>5</b> Payee name Ranch Hand Cookers
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<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 100 Sunset Blvd Conroe, TX 77303
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BBQ Team Sponsor-MCFA
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/18/2017	Payee name Hope Cancer Retreat
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Amount (\$) \$300.00	Payee address; City; State; Zip Code 26904 Brentwood Rd. Splendora, TX 77372
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsor Door Prizes for Fundraiser
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/18/2017	Payee name E Tay Bond
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Amount (\$) \$10000.00	Payee address; City; State; Zip Code 225 Simonton St. Conroe, TX 77301
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Legal Services	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Attorney Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/26/2017	<b>5</b> Payee name Custom Built Awards	
<b>6</b> Amount (\$) \$212.50	<b>7</b> Payee address; City; State; Zip Code 1106 N Houston Ave. Humble, TX 77338	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorial Expenses	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Plaques for Employees
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 4/23/2017	Candidate / Officeholder name Payee name New Caney Shrine Club	
Amount (\$) \$1000.00	Office sought Office held	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Donation to Club for Fundraiser
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 4/28/2017	Candidate / Officeholder name Payee name East Montgomery County Sports Association	
Amount (\$) \$500.00	Office sought Office held	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Sponsorship for Ball Team
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 5/11/2017	<b>5</b> Payee name Splendora High School
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<b>6</b> Amount (\$) \$1750.00	<b>7</b> Payee address; City; State; Zip Code 23747 FM 2090 Splendora, TX 77372
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Camp/Audio/Scoreboard Advertising
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/30/2017	Payee name Caney Creek High School
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 13470 FM 1485 Conroe, TX 77306
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Student Council Sponsorship
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/12/2017	Payee name Montgomery County Employee Committee
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Amount (\$) \$521.00	Payee address; City; State; Zip Code 501 N Thompson, 4th Floor Conroe, TX 77301
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Auction Fundraiser
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 5/15/2017	<b>5</b> Payee name Splendora High School
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<b>6</b> Amount (\$) \$1070.00	<b>7</b> Payee address; City; State; Zip Code 23747 FM 2090 Splendora, TX 77372
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Project Graduation Fundraiser
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/20/2017	Payee name Montgomery County Republican Party
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Amount (\$) \$350.00	Payee address; City; State; Zip Code PO Box 45 Conroe, TX 77305
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertisement for Fundraiser
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/9/2017	Payee name C3 Creative Content Creations
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Amount (\$) \$1500.00	Payee address; City; State; Zip Code 7 Switchbud Place, Ste 192-147 The Woodlands, TX 77380
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consultant
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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: 31		2 FILER NAME Jim M. Clark, II		3 Filer ID (Ethics Commission Filers)	
4 Date 6/10/2017		5 Payee name Roman Forest Police Association			
6 Amount (\$) \$680.00		7 Payee address; City; State; Zip Code 2430 Roman Forest Blvd. Roman Forest, 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser for Chief Carlisle	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/23/2017		Payee name City of Roman Forest			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 2430 Roman Forest Blvd. Roman Forest, TX 77357			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 4th of July Music Sponsor	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/12/2017		Payee name Custom Built Awards			
Amount (\$) \$40.00		Payee address; City; State; Zip Code 1106 Houston Ave Humble, TX 77338			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorial Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Plaques for Employees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 5/13/2017	<b>5</b> Payee name Splendora Founders Day
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<b>6</b> Amount (\$) \$550.00	<b>7</b> Payee address; City; State; Zip Code PO Box 1093 Splendora, TX 77372
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scholarship Auction
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/17/2017	Payee name Swiftpage
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Amount (\$) \$44.77	Payee address; City; State; Zip Code 8800 N Gainey Center Dr., Ste 200 Scottsdale, AZ 85258
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expenses	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database Management
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/19/2017	Payee name The Neat Company
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Amount (\$) \$108.24	Payee address; City; State; Zip Code 1601 Market St. Ste 3500 Philadelphia, PA 19103
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expenses	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database Management
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 1/31/2017	<b>5</b> Payee name Chase Bank
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<b>6</b> Amount (\$) \$15.00	<b>7</b> Payee address; City; State; Zip Code PO Box 36520 Louisville, KY 40233-6520
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Monthly Bank Fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date \$2/14/2017	Payee name Swiftpage
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Amount (\$) \$44.77	Payee address; City; State; Zip Code 8800 N Gainey Center Dr., Ste 200 Scottsdale, AZ 85258
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expenses	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Database Management
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/21/2017	Payee name Nebtools/Alliance
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Amount (\$) \$771.18	Payee address; City; State; Zip Code 3025 N Great Southwest Parkway Grand Prairie, TX 75050
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Gifts/Awards/Memorial Expenses	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Gifts for Law Enforcement Appreciation Dinner
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 2/28/2017	<b>5</b> Payee name Chase Bank		
<b>6</b> Amount (\$) \$15.00	<b>7</b> Payee address; City; State; Zip Code PO Box 36520 Louisville, KY 40233-6520		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Monthly Bank Fees	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 3/3/2017	Payee name Sams Club		
Amount (\$) \$304.94	Payee address; City; State; Zip Code 2000 Westview Blvd Conroe, TX 77304		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Gift Bags/Chamber Day at the Capitol	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 3/6/2017	Payee name Kroger		
Amount (\$) \$43.87	Payee address; City; State; Zip Code 25651 Hwy 59 N Kingwood, TX		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Gift Bags/Chamber Day at the Capitol	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 3/14/2017	<b>5</b> Payee name Swiftpage
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<b>6</b> Amount (\$) \$44.77	<b>7</b> Payee address; City; State; Zip Code 8800 N Gainey Center Dr., Ste 200 Scottsdale, AZ 85258
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expenses	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Database Management
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/20/2017	Payee name Party City
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Amount (\$) \$171.88	Payee address; City; State; Zip Code 21680 Market Place Dr. New Caney, TX 77357
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Decorations for Fundraiser
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/20/2017	Payee name Sams Club
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Amount (\$) \$389.92	Payee address; City; State; Zip Code 22296 Market Place Dr. New Caney, TX 77357
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Sweet Table & Desserts Fundraiser
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 3/21/2017	<b>5</b> Payee name Sams Club
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<b>6</b> Amount (\$) \$1499.44	<b>7</b> Payee address; City; State; Zip Code 22296 Market Place Dr. New Caney, TX 77357
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Food/Beverage for Fundraiser
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/21/2017	Payee name Sams Club
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Amount (\$) 110.21	Payee address; City; State; Zip Code 22296 Market Place Dr. New Caney, TX 77357
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Food for Campaign Volunteers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/21/2017	Payee name Party City
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Amount (\$) \$121.20	Payee address; City; State; Zip Code 20542 Hwy 59 N Humble, TX 77338
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Deor & Helium Rental for Fundraiser
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31		<b>2</b> FILER NAME Jim M. Clark, II		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 3/22/2017		<b>5</b> Payee name WalMart			
<b>6</b> Amount (\$) \$147.16		<b>7</b> Payee address; City; State; Zip Code 23561 Hwy 59 Porter, TX 77365			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Event Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Supplies for Fundraiser	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date 3/23/2017		Payee name Sams Club			
Amount (\$) \$1592.51		Payee address; City; State; Zip Code 22296 Market Place Dr. New Caney, TX 77357			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Food/Beverage Expense for Fundraiser	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date 3/27/2017		Payee name Sams Club			
Amount (\$) \$37.60		Payee address; City; State; Zip Code 22296 Market Place Dr. New Caney, TX 77357			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Food/Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Lunch for Campaign Volunteers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 3/29/2017	<b>5</b> Payee name Sams Club
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<b>6</b> Amount (\$) \$414.31	<b>7</b> Payee address; City; State; Zip Code 2000 Westview Blvd Conroe, TX 77304
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Senior Day at MCFCA
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/3/2017	Payee name Brookshire Bros.
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Amount (\$) \$33.53	Payee address; City; State; Zip Code 20185 US Hwy 59 New Caney, TX 77357
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Heavy Trash Day Lunch
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/4/2017	Payee name The Home Depot
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Amount (\$) \$21.56	Payee address; City; State; Zip Code 1341 W Davis Conroe, TX 77304
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Senior Day at MCFCA
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/12/2017	<b>5</b> Payee name Kroger	
<b>6</b> Amount (\$) \$576.43	<b>7</b> Payee address; City; State; Zip Code 22030 Market Place Dr. New Caney, TX 77357	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorial Expenses	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door Prizes & Gift Cards for Senior BDays & Celebration Day

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/13/2017	Payee name Sams Club
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Amount (\$) \$66.60	Payee address; City; State; Zip Code 22296 Market Place Dr. New Caney, TX 77357
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EMC Senior Center Supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/14/2017	Payee name Hofbrau Steak House
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Amount (\$) \$1470.00	Payee address; City; State; Zip Code 24890 FM 1314 Rd. Porter, TX 77365
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Celebration Day April
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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: 31		2 FILER NAME Jim M. Clark, II		3 Filer ID (Ethics Commission Filers)	
4 Date 4/14/2017		5 Payee name Swiftpage			
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		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database Management	
9 Complete ONLY if direct expenditure to benefit C/OH		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		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Employee Appreciation 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		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Stop Payment Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 5/1/2017	<b>5</b> Payee name Audible	
<b>6</b> Amount (\$) \$161.83	<b>7</b> Payee address; City; State; Zip Code One Washington Park Newark, NJ 07102	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Materials for Consultant
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 5/5/2017	Candidate / Officeholder name Sweetie Pies	
Amount (\$) \$24.55	Office sought Office held	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Chamber of Commerce Door Prize Donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 5/11/2017	Candidate / Officeholder name Mardi Gras Outlet	
Amount (\$) 436.55	Office sought Office held	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Bead for Parades-Splendora & Roman Forest
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 5/15/2017	<b>5</b> Payee name Cracker Barrel	
<b>6</b> Amount (\$) \$77.32	<b>7</b> Payee address; City; State; Zip Code 24400 Eastex Fwy Kingwood, TX 77339	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door Prizes for Republican Women's Meeting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 5/15/2017	Payee name Swiftpage	
Amount (\$) \$44.77	Payee address; City; State; Zip Code 8800 N Gainey Center Dr., Ste 200 Scottsdale, AZ 85258	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expenses	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database Management
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 5/17/2017	Payee name Sams Club	
Amount (\$) \$149.31	Payee address; City; State; Zip Code 22296 Market Place Dr. New Caney, TX 77357	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense May Celebration Day
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 5/18/2017	<b>5</b> Payee name Pizza Hut
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<b>6</b> Amount (\$) \$204.46	<b>7</b> Payee address; City; State; Zip Code 19620 FM 1485 Rd. New Caney, TX 77357
----------------------------------	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Celebration Day Lunch
---	--	---

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/30/2017	Payee name Moonshadow Mobil
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Amount (\$) \$799.00	Payee address; City; State; Zip Code 859 Willamette Street, Ste 410 Eugene, OR 97401
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Voter Data
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/14/2017	Payee name Swiftpage
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Amount (\$) \$44.77	Payee address; City; State; Zip Code 8800 N Gainey Center Dr., Ste 200 Scottsdale, AZ 85258
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expenses	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Database Management
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | 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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 6/28/2017	<b>5</b> Payee name Sams Club	
<b>6</b> Amount (\$) \$220.41	<b>7</b> Payee address; City; State; Zip Code 22296 Market Place Dr. New Caney, TX 77357	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Celebration Day
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 6/29/2017	Payee name Pizza Hut	
Amount (\$) \$187.09	Payee address; City; State; Zip Code 19620 FM 1485 Rd. New Caney, TX 77357	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  June Celebration Day
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 3/20/2017	Payee name Walgreens	
Amount (\$) \$13.88	Payee address; City; State; Zip Code 20824 FM 1485 Rd. New Caney, TX 77357	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Sunscreen for Heavy Trash Day Labor
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/21/2017	<b>5</b> Payee name WalMart	
<b>6</b> Amount (\$) \$170.00	<b>7</b> Payee address; City; State; Zip Code 23561 US 59 Porter, TX 77365	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorial Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Gift Cards for Seniors-Jan Birthdays
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 4/19/2017	Candidate / Officeholder name Office sought Office held	
Payee name WalMart		
Amount (\$) \$150.00	Payee address; City; State; Zip Code 23561 US 59 Porter, TX 77365	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorial Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Gift Cards for Seniors-April Birthdays
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 4/4/2017	Candidate / Officeholder name Office sought Office held	
Payee name WalMart		
Amount (\$) \$100.00	Payee address; City; State; Zip Code 23561 US 59 Porter, TX 77365	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorial Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Gift Cards for Senior Birthdays
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 6/13/2017	<b>5</b> Payee name WalMart	
<b>6</b> Amount (\$) \$120.00	<b>7</b> Payee address; City; State; Zip Code 23561 US 59 Porter, TX 77365	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorial Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Gift Cards for Senior Birthdays
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 5/16/2017	Candidate / Officeholder name Office sought Office held	
Payee name WalMart		
Amount (\$) \$160.00	Payee address; City; State; Zip Code 23561 US 59 Porter, TX 77365	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorial Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Gift Cards for Senior Birthdays
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 6/6/2017	Candidate / Officeholder name Office sought Office held	
Payee name WalMart		
Amount (\$) \$50.00	Payee address; City; State; Zip Code 23561 US 59 Porter, TX 77365	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorial Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Gift Cards for Senior Birthdays
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4/20/2017	<b>5</b> Payee name Sams Club
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<b>6</b> Amount (\$) \$39.98	<b>7</b> Payee address; City; State; Zip Code 22296 Market Place Dr. New Caney, TX 77357
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Food/Beverage Expenses	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Birthday Cake for Seniors
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/17/2017	Payee name Sams Club
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Amount (\$) \$21.98	Payee address; City; State; Zip Code 22296 Market Place Dr. New Caney, TX 77357
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Birthday Cake for Seniors
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/31/2017	Payee name HEB
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Amount (\$) \$67.64	Payee address; City; State; Zip Code 2304 Sam Houston Ave Huntsville, TX 77340
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Heavy Trash Day Lunch
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4/1/2017	<b>5</b> Payee name Coals Smokehouse
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<b>6</b> Amount (\$) \$122.00	<b>7</b> Payee address; City; State; Zip Code 14520 Old Hwy 59 N Splendora, TX 77372
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Heavy Trash Day Lunch
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/16/2017	Payee name Custom Built Awards
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Amount (\$) \$10.00	Payee address; City; State; Zip Code 1106 N Houston Ave Humble, TX 77338
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorial Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Plaque for Employee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/19/2017	Payee name WalMart
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Amount (\$) \$36.98	Payee address; City; State; Zip Code 9451 FM 1960 Bypass Humble, TX 77338
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Senior Birthday Cake
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 1/31/2017	<b>5</b> Payee name WalMart
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<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 23561 US 59 Porter, TX 77365
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Gifts/Awards/Memorial Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Gift Cards for Senior Birthdays
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/16/2017	Payee name WalMart
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Amount (\$) \$120.00	Payee address; City; State; Zip Code 23561 US 59 Porter, TX 77365
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Gifts/Awards/Memorial Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Gift Cards for Senior Birthdays
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/3/2017	Payee name WalMart
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 23561 US 59 Porter, TX 77365
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Gifts/Awards/Memorial Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Gift Cards for Senior Birthdays
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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.

<b>1</b> Total pages Schedule F1: 31	<b>2</b> FILER NAME Jim M. Clark, II	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 3/16/2017	<b>5</b> Payee name WalMart				
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 23561 US 59 Porter, TX 77365				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorial Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Gift Cards for Senior Birthdays			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 6/30/2017	Payee name Sammy Taylor Memorial Scholarship				
Amount (\$) \$ 1250.00	Payee address; City; State; Zip Code 22898 Maple St. Porter, TX 77365				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  2017 Skeet Shoot Fundraiser/Auction			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 6/30/2017	Payee name Montgomery County Fair Association				
Amount (\$) \$12400.00	Payee address; City; State; Zip Code PO Box 869 Conroe, TX 77305				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  2017 Fair/Auction Fundraiser			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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: 31	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date 3/3/2017	5 Payee name US Post Office	
6 Amount (\$) \$245.00	7 Payee address; City; State; Zip Code 20811 US Hwy 59 New Caney, TX 77357	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Postage for Fundraiser
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 3/2/2017	Payee name US Post Office	
Amount (\$) \$83.00	Payee address; City; State; Zip Code 809 W Dallas Conroe, TX 77301	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Post Office Box Rental
	Candidate / Officeholder name Office sought Office held	
Date 3/7/2017	Payee name Office Depot	
Amount (\$) \$50.60	Payee address; City; State; Zip Code 1319 W Davis Street Conroe, TX 77304	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Paper for Fundraiser Invitations/Signs
	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



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

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 2
2 FILER NAME Jim M. Clark, II		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Gary P Pearson		
5 Contribution / Expenditure reported on: <input checked="" type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Moonwalks & More		
Contribution / Expenditure reported on: <input checked="" type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Martin Zepeda		
Contribution / Expenditure reported on: <input checked="" type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

## SCHEDULE T

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 / Corporation or Labor Organization / Pledgor / Payee Spirit Exposition Services, LLC		
5 Contribution / Expenditure reported on: <input checked="" type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

The GEO Group, Inc. Political Action Committee

ADDRESS (number and street)

621 Northwest 53rd Street

(Check if address is changed)

One Park Place, Suite 700

Boce Raton

CITY ▲

FL

STATE ▲

33487

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

slmng@comerica.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

06 / 21 / 2013

3. FEC IDENTIFICATION NUMBER ►

C00382150

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ronald S. Slomionkowski

Signature of Treasurer

Ronald S. Slomionkowski

[Electronically Filed]

Date

06 / 21 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input checked="" type="checkbox"/>
2.	_____	FEC ID number	<input checked="" type="checkbox"/>
3.	_____	FEC ID number	<input checked="" type="checkbox"/>
4.	_____	FEC ID number	<input checked="" type="checkbox"/>

Write or Type Committee Name

# The GEO Group, Inc. Political Action Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

The GEO Group, Inc.

Mailing Address

One Park Place, Suite 700

621 Northwest 63rd Street

Boca Raton

FL

33487

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Comerica Bank PAC Services

Mailing Address

P.O. Box 76000

MC2250

Detroit

MI

48275-2250

Title or Position

CITY

STATE

ZIP CODE

Recordkeeper

Telephone number

248

371

7268

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Ronald S. Siemiontkowski

Mailing Address

P.O. Box 76000

MC2250

Detroit

MI

48275

CITY

STATE

ZIP CODE

Title or Position  
PAC Treasurer

Telephone number

248

371

7268

Full Name of Designated Agent: Stephanie Ming  
Mailing Address: P.O. Box 75000  
City: Detroit, State: MI, ZIP CODE: 48275  
Title or Position: Asst. Treasurer, Telephone number: 248-371-7268

9. 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

Mailing Address: P.O. Box 75000  
City: Detroit, State: MI, ZIP CODE: 48275

Name of Bank, Depository, etc.

Mailing Address: [Empty fields]  
City: [Empty], State: [Empty], ZIP CODE: [Empty]