

# 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:<br>7 |
| 3 CANDIDATE / OFFICEHOLDER NAME   | MS / MRS / MR<br>Mr.  | FIRST<br>Jim   | MI<br>M                   |
|   | NICKNAME  | LAST<br>Clark  | SUFFIX<br>II              |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address  | ADDRESS / PO BOX; APT / SUITE #;  | CITY;  | STATE; ZIP CODE           |
|   | PO Box 680<br>Conroe, TX 77305  |  |                           |
| 5 CANDIDATE / OFFICEHOLDER PHONE  | AREA CODE<br>( 936 )  | PHONE NUMBER<br>443-3561                               | EXTENSION                 |
|   | Date Recd - delivered & postmarked  |  |                           |
| 6 CAMPAIGN TREASURER NAME   | MS / MRS / MR<br>Mr.  | FIRST<br>Billy   | MI<br>B                   |
|   | NICKNAME  | LAST<br>Lee  | SUFFIX                    |
| Receipt #   |   | Amount \$  |                           |
| Date Processed  |   |  |                           |
| Date Imaged   |   |  |                           |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;   |  | CITY; STATE; ZIP CODE     |
| 12416 FM 1485 Rd<br>Conroe, TX 77306  |   |  |                           |
| 8 CAMPAIGN TREASURER PHONE  | AREA CODE<br>( 936 )  | PHONE NUMBER<br>520-8265                               | EXTENSION                 |
| 9 REPORT TYPE   | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input 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<br>1  | Day<br>1   | Year<br>2018              |
| THROUGH   |   | Month<br>1   | Day<br>25                 |
| Year<br>2018  |   |  |                           |
| 11 ELECTION   | ELECTION DATE   |  | ELECTION TYPE             |
|   | Month<br>3  | Day<br>6   | Year<br>2018              |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |   |  |                           |
| 12 OFFICE   | OFFICE HELD (if any)<br>Commissioner Precinct 4   | 13 OFFICE SOUGHT (if known)<br>Commissioner Precinct 4 |                           |



GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14 C/OH NAME**  
Jim M. Clark, II

**15 Filer ID (Ethics Commission Filers)**

**16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

Additional Pages

**17 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. **TOTAL POLITICAL CONTRIBUTIONS**  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. **TOTAL POLITICAL EXPENDITURES** \$ 14938.03

**CONTRIBUTION  
BALANCE**

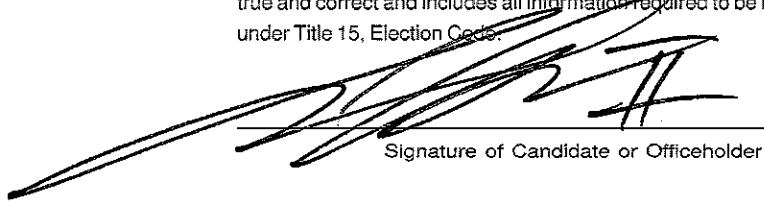
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 36161.91

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

**18 AFFIDAVIT**

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.

  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

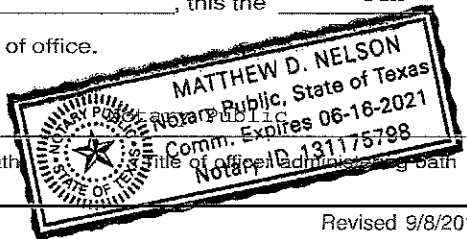
Sworn to and subscribed before me, by the said Jim M. Clark, II, this the 5th day of February, 2018, to certify which, witness my hand and seal of office.



Signature of officer administering oath

**MATTHEW D. NELSON**

Printed name of officer administering oath



# SUBTOTALS - C/OH

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

|  |  |   |
|--|--|---|
| <b>19 FILER NAME</b><br>Jim M. Clark, II         |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |  | SUBTOTAL<br>AMOUNT                            |
| 1. <input type="checkbox"/>                      | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$  |
| 2. <input type="checkbox"/>                      | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |
| 3. <input type="checkbox"/>                      | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4. <input type="checkbox"/>                      | SCHEDULE E: LOANS  | \$  |
| 5. <input checked="" type="checkbox"/>           | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 14938.03                                   |
| 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 | \$  |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 1 Total pages Schedule F1:<br>4                            |  | 2 FILER NAME<br>Jim M. Clark, II   |  | 3 Filer ID (Ethics Commission Filers)  |  |
| 4 Date<br>1/2/2018   |  | 5 Payee name<br>Coffee News  |  |  |  |
| 6 Amount (\$)<br>\$750.00                                  |  | 7 Payee address; City; State; Zip Code<br>12810 Anmar Drive<br>Cleveland, TX 77328   |  |  |  |
| 8 PURPOSE OF EXPENDITURE                                   |  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense  |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Weekly Ads            |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH      |  | Candidate / Officeholder name  |  | Office sought Office held  |  |
| Date<br>1/5/2018   |  | Payee name<br>Sean Thompson  |  |  |  |
| Amount (\$)<br>\$1500.00                                   |  | Payee address; City; State; Zip Code<br>7 Switchbud Place, Ste 192-147<br>The Woodlands, TX 77380  |  |  |  |
| PURPOSE OF EXPENDITURE                                     |  | Category (See Categories listed at the top of this schedule)<br>Consulting Expense   |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Media Campaign Consultant |  |
| Complete ONLY if direct expenditure to benefit C/OH        |  | Candidate / Officeholder name  |  | Office sought Office held  |  |
| Date<br>1/8/2018   |  | Payee name<br>New Caney FFA  |  |  |  |
| Amount (\$)<br>\$220.00                                    |  | Payee address; City; State; Zip Code<br>21650 Loop 494<br>New Caney, TX 77357  |  |  |  |
| PURPOSE OF EXPENDITURE                                     |  | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political<br>Committee |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Buckle Sponsorship        |  |
| Complete ONLY if direct expenditure to benefit C/OH        |  | Candidate / Officeholder name  |  | Office sought Office held  |  |
| <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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>4 | <b>2</b> FILER NAME<br>Jim M. Clark, II | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|---|--|

|                           |                                     |
|---------------------------|-------------------------------------|
| <b>4</b> Date<br>1/8/2018 | <b>5</b> Payee name<br>Heavens Army |
|---------------------------|-------------------------------------|

|                                  |   |
|----------------------------------|---|
| <b>6</b> Amount (\$)<br>\$500.00 | <b>7</b> Payee address; City; State; Zip Code<br>19325 FM 1485<br>New Caney, TX 77357 |
|----------------------------------|---|

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

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                   |                         |
|-------------------|-------------------------|
| Date<br>1/13/2018 | Payee name<br>EMCRW PAC |
|-------------------|-------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$500.00 | Payee address; City; State; Zip Code<br>PO Box 292<br>New Caney, TX 77357 |
|-------------------------|---|

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

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                   |                            |
|-------------------|----------------------------|
| Date<br>1/23/2018 | Payee name<br>GEMC Chamber |
|-------------------|----------------------------|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$900.00 | Payee address; City; State; Zip Code<br>21575 Hwy 59 N #100<br>New Caney, TX 77357 |
|-------------------------|--|

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

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

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|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>4                              |  | <b>2</b> FILER NAME<br>Jim M. Clark, II  |  | <b>3</b> Filer ID (Ethics Commission Filers)   |  |
| <b>4</b> Date<br>1/9/2018   |  | <b>5</b> Payee name<br>GSP Custom Sign Banner  |  |  |  |
| <b>6</b> Amount (\$)<br>\$9849.33                                   |  | <b>7</b> Payee address; City; State; Zip Code<br>1804 Afton St.<br>Houston, TX 77055           |  |  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>Signs    |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name  |  | Office sought                      Office held   |  |
| Date<br>1/10/2018   |  | Payee name<br>GSP Custom Signs and Banner  |  |  |  |
| Amount (\$)<br>\$54.13  |  | Payee address; City; State; Zip Code<br>1804 Afton St.<br>Houston, TX 77055                    |  |  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       |  | Category (See Categories listed at the top of this schedule)<br>Advertising Expense            |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>Signs               |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate / Officeholder name  |  | Office sought                      Office held   |  |
| Date<br>1/16/2018   |  | Payee name<br>Swiftpage Act!   |  |  |  |
| Amount (\$)<br>\$44.77  |  | Payee address; City; State; Zip Code<br>621 17th Street, Ste 500<br>Denver, CO 80293           |  |  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       |  | Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>Database Management |  |
| 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

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Gift/Awards/Memorials Expense  
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Loan Repayment/Reimbursement  
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Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
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Travel Out Of District  
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|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>4 | <b>2</b> FILER NAME<br>Jim M. Clark, II | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|---|--|

|                            |   |
|----------------------------|---|
| <b>4</b> Date<br>1/19/2018 | <b>5</b> Payee name<br>Campaign Partner |
|----------------------------|---|

|                                 |  |
|---------------------------------|--|
| <b>6</b> Amount (\$)<br>\$49.00 | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 118<br>Still River, MA 01467 |
|---------------------------------|--|

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

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                   |                          |
|-------------------|--------------------------|
| Date<br>1/17/2018 | Payee name<br>Home Depot |
|-------------------|--------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$440.91 | Payee address; City; State; Zip Code<br>23575 US 59<br>Porter, TX 77365 |
|-------------------------|---|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Signs Materials |
|-------------------------------|---|--|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                   |                        |
|-------------------|------------------------|
| Date<br>1/24/2018 | Payee name<br>Neat Co. |
|-------------------|------------------------|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$129.89 | Payee address; City; State; Zip Code<br>Two Penn Center<br>1500 JFK Blvd Ste 700, Philadelphia, PA 19102 |
|-------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Scanner Subscription |
|-------------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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