CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction (Guide explains how to complete this form.		55
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Jim	MI M	OFFICE USE ONLY Date Recorded 1
	NICKNAME LAST Clark	SUFFIX II	
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; COPROSE, TX 77305	CITY; STATE; ZIP CODE	JAN 1 6 2018 WITH WATER SECOND
Change of Address			Praces
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (936)443-3561	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Mr. Billy	MI B	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Lee		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 12416 FM 1486 Rd	UITE #; GITY; STATE;	ZIP CODE
(Residence or Business)	Conroe, TX 77306		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (936) 520-8265	EXTENSION	
9 REPORT TYPE	X January 15 30th day before ele	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
·	July 15 Sth day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 01 / 2017	Month THROUGH 12	Day Year 31 / 2017
11 ELECTION	ELECTION DATE Month Day Year X Primary 03 / 06 / 2018	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	MONTGOMERY COUNTY COMMISSIONER		COMMISSIONER
	PRECINCT 4	PRECINCT 4	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE INDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHO WISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INJURES.	UT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 380.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 74305.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 87818.55
CONTRIBUTION BALANCE	E .	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	Y \$ 50626.65
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0.00
18 AFFIDAVIT 86/9/1181 0 1202-91-90 seai	axi mmon Fai X	I swear, or affirm, under penalty of perju true and correct and includes all inform under Title 15, Election Code	
V D. NELSON	VBHTTAM NETTHEY		
		Signature of Candida	ate or Officeholder
AFFIX NOTARY STAM	IP/SEALABOVE		
Sworn to and subsc	ribed before me, l	oy the said	, this the15th
day of JANUARY	, 20,	to certify which, witness my hand and seal of office.	
Willen	J. C.	Matthew D. Nelson No.	TARY PUBLIC
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	LER NAME 20 Filer ID (Ethics Community M. CLARK, II	mission Filers)
	CHEDULE SUBTOTALS AME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 73925.00
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1000.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

SCHEDULE A1

The	Instruction Guide explains how to complete the	nis form.	1 Total pages Schedule A1:
2 FILER NAME Jim M. Cl	ark, II		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	PAC (ID#:)	7 Amount of contribution (\$)
10/30/2017	6 Contributor address; City; Sta 1160 DAIRY ASHFORD STE 500 HOUSTON, TX 77079	ate; Zip Code	\$325.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
12/4/2017	Contributor address; City; St	ate; Zip Code	\$200.00
Principal occup	SAN ANTONIO, TX 78209 pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
11/13/2017	Contributor address; City; Sta 411 E 24TH STREET	ate; Zip Code	\$550.00
	HOUSTON, TX 77008		
Principal occup	oation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
12/4/2017	502 LINDENWOOD DR.	ate; Zip Code	\$200.00
	HOUSTON, TX 77024		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1:
2 FILER NAME JIM M.	CLARK, II		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID: THOMAS A STAUDT	#:)	7 Amount of contribution (\$)
10/25/2017	6 Contributor address; City; State; 7525 FM 723 RD	Zip Code	\$1000.00
	RICHMOND, TX 77406		
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date	Full name of contributor	#:)	Amount of contribution (\$)
9/8/2017	Contributor address; City; State; 13430 NORTHWEST FREEWAY STE 1100		\$1000.00
	HOUSTON, TX 77040		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	#:)	Amount of contribution (\$)
	THE MULLER LAW GROUP PLLC		7 WILDELINE ST. CO. III. 2005 (4)
10/19/2017	Contributor address; City; State; 16555 SOUTHWEST FWY STE 200 SUGAR LAND, TX 77479		\$1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	#)	Amount of contribution (\$)
10/23/2017	Contributor address; City; State; 1160 DAIRY ASHFORD STE 500	Zip Code	\$1000.00
	HOUSTON, TX 77079		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 14
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
JIM M. CLAF	ek, II	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) DAVID EASTWOOD	7 Amount of contribution (\$)
10/21/2017	6 Contributor address; City; State; Zip Code 17407 HWY 59 N	\$1000.00
	HUMBLE, TX 77396	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)
	jess fields	,
10/22/2017	Contributor address; City; State; Zip Code PO BOX 806	\$1000.00
	HUMBLE, TX 77347	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Danie Out-of-state PAC (ID#:) DANEIL JC COPPS III	Amount of contribution (\$)
10/25/2017	Contributor address; City; State; Zip Code 6018 PINEY BIRCH CT.	\$1125.00
	KINGWOOD, TX 77345	
Principal occur	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
10/25/2017	Contributor address; City; State; Zip Code NO. 2 COACH HOUSE RD.	\$1000.00
	AUSTIN, TX 78737	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	etions)

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

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 14
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
JIM M. CL	ARK, II		
4 Date	5 Full name of contributor ☐ out-of-state PAC WALTER SASS	(ID#:)	7 Amount of contribution (\$)
10/25/2017	6 Contributor address; City; State; 2707 AUTUMN LAKE DR.		\$1000.00
	KATY, TX 77450		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	BRETT BINKLEY	(ID#:)	Amount of contribution (\$)
10/24/2017	Contributor address; City; State; 9209 STAGECOACH DR.		\$2500.00
	HOUSTON, TX 77041		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/24/2017	Contributor address; City; State; 3908 DEL MONTE DR.		\$5000.00
	HOUSTON, TX 77019		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC CHRIS COTTER	(ID#:)	Amount of contribution (\$)
11/13/2017	Contributor address; City; State; 1918 LEATHERSTEM LN	; Zip Code	\$1125.00
	KINGWOOD, TX 77345		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instru		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME JIM M. CLARK, II 7 Amount of contribution (\$) 4 Date 5 Full name of contributor ut-of-state PAC (ID#:____ DAVID HAMILTON \$2500.00 6 Contributor address; City; State; Zip Code 10/25/2017 411 E 24TH ST. HOUSTON, TX 77006 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#:____ Amount of contribution (\$) Date KEVIN W ARNETT City; State; Zip Code 6 MIDDLE GATE PLACE 10/25/2017 \$1390.00 THE WOODLANDS, TX 77382 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) YOLLICK LAW FIRM, PC Contributor address; City; State; Zip Code 10/24/2017 \$700.00 PO BOX 7571 THE WOODLANDS, TX 77387 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:___ JAMES BROWN Contributor address; City; State; Zip Code 10/23/2017 \$750.00 15206 JUNIPER COVE DR. CYPRESS, TX 77433 Employer (See Instructions) Principal occupation / Job title (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.

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 14
2 FILER NAME JIM M. CLARK	x, II	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) BILLY HOPPES	7 Amount of contribution (\$)
11/7/2017	6 Contributor address; City; State; Zip Code 25273 BLACKBURN DR. SPLENDORA. TX 77372	\$2000.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
11/1/2017	Tracy Contributor address; City; State; Zip Code 14455 TANAGER LN	\$ 575.00
	CONROE, TX 77306	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) KEVIN POLASEK	Amount of contribution (\$)
10/31/2017	Contributor address; City; State; Zip Code 18826 RACQUET SPORTS WAY	\$600.00
Principal occup	HUMBLE, TX 77345 pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
10/31/2017	Contributor address; City; State; Zip Code 6915 ALDERNEY DR.	\$600.00
Principal occup	HOUSTON, TX 77055 pation / Job title (See Instructions) Employer (See Instruc	tions)
	· · · · · · · · · · · · · · · · · · ·	

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
JIM M. CLA	RK, II	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
8/21/2017	6 Contributor address; City; State; Zip Code 19221 I-45 S STE 370	\$2000.00
	CONROE, TX 77385	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
	HUITT-ZOLLARS INC TEXAS PAC	
10/23/2017	Contributor address; City; State; Zip Code 1717 MCKINNEY AVE STE 1400	\$3000.00
	DALLAS, TX 75202	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor	Amount of contribution (\$)
	JOHN HOLZWARTH	
10/25/2017	Contributor address; City; State; Zip Code 103 GREENWAY DR.	\$185.00
	CONROE, TX 77304	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor	Amount of contribution (\$)
10/25/2017	Contributor address; City; State; Zip Code 7 SWITCHBUD PLACE STE 192-147	\$75.00
	THE WOODLANDS, TX 77380	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME JIM M. CLAN	RK, II	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
10/25/2017	6 Contributor address; City; State; Zip Code 69 WHITE OAK DR.	\$65.00
	NEW CANEY, TX 77357	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See	Instructions)
Date	Full name of contributor	Amount of contribution (\$)
11/25/2017	Contributor address; City; State; Zip Code 103 GREENWAY DR.	\$575.00
.	CONROE, TX 77304	landa aki ana
Principal occup	eation / Job title (See Instructions) Employer (See	instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
10/25/2017	Contributor address; City; State; Zip Code 2707 AUTUMN LAKE DR	\$400.00
	KATY, TX 77450	
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#: DANIEL JC COPPS, III	
10/24/2017	Contributor address; City; State; Zip Code 6018 PINEY BIRCH CT.	\$325.00
	KINGWOOD, TX 77345	
Principal occup	pation / 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.

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME JIM M. CLA	ARK, II	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) KRISTIN BAYS	7 Amount of contribution (\$)
10/25/2017	6 Contributor address; City; State; Zip Code 11991 WHITE OAK PATH	\$600.00
0 04-1-1	CONROE, TX 77385	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	nions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	COSTELLO INC. PAC	
10/19/2017	Contributor address; City; State; Zip Code 9990 RICHMOND AVE STE 450N	\$500.00
	HOUSTON, TX 77042-4566	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ttions)
Date	Full name of contributor	Amount of contribution (\$)
	VARINDER BOBBY SINGH	(4)
10/13/2017	· · · · · · · · · · · · · · · · · · ·	
	Contributor address; City; State; Zip Code	\$5000.00
	12511 STILL HARBOUR DR.	
Delination Lance	HOUSTON, TX 77041	***
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	suons)
Date	Full name of contributor	Amount of contribution (\$)
10/1/2017	Contributor address; City; State; Zip Code 13218 OREGOLD DR.	\$5000.00
	HOUSTON, TX 77041	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME JIM M. CLARK, II 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:__ DARRELL MORRISON 10/10/2017 \$1000.00 City; State; Zip Code 6 Contributor address; 4226 ARMAND VIEW DR. PASADENA, TX 77505 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#:____ Date Amount of contribution (\$) JAMES D PITCOCK JR. \$1000.00 10/13/2017 City; State; Zip Code Contributor address: 10006 BALMFORTH LN HOUSTON, TX 77096 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) RAVIRAJ YANAMANDALA 10/11/2017 Contributor address; City; State; Zip Code \$1000.00 2504 BAYFRONT DR. PEARLAND, TX 77584-4312 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: MD MARTIN 10/13/2017 Contributor address; City; State; Zip Code \$5000.00 10128 JENNIFER WILLIS, TX 77318 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.

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME JIM M. CLA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
10/12/2017	6 Contributor address; City; State; Zip Code 6 MIDDLE GATE PLACE	\$2500.00
8 Principal occu	THE WOODLANDS, TX 773.81 upation / Job title (See Instructions) 9 Employer (See Inst	tructions)
Date	Full name of contributor	Amount of contribution (\$)
10/12/2017	Contributor address; City; State; Zip Code 2040 N LOOP 336 W STE 120	\$2500.00
Principal occup	pation / Job title (See Instructions) Employer (See Inst	tructions)
Date	Full name of contributor	Amount of contribution (\$)
9/5/2017	Contributor address; City; State; Zip Code 6915 ALDERNEY DR. HOUSTON, TX 77055	\$3000.00
Principal occur	pation / Job title (See Instructions) Employer (See Inst	tructions)
Date	Full name of contributor out-of-state PAC (ID#:	
8/24/2017	Contributor address; City; State; Zip Code 2040 N LOOP 336W STE 212 CONROE, TX 77304	\$100.00
Principal occup	pation / Job title (See Instructions) Employer (See Inst	tructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	SNEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME JIM M. CLA	RK, II	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
8/31/2017	6 Contributor address; City; State; Zip Code 211 RIGGS ST.	\$200.00
	CONROE, TX 77301	
8 Principal occu	pation / Job title (See Instructions) 9 Employer	r (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
9/12/2017	Contributor address; City; State; Zip Code 6335 GULFTON STE 100	\$1000.00
	HOUSTON, TX 77081	
Principal occup	ation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
8/29/2017	Contributor address; City; State; Zip Code PO BOX 7571	\$1000.00
	THE WOODLANDS, TX 77387	
Principal occup	eation / Job title (See Instructions) Employer	r (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
9/10/2017	Contributor address; City; State; Zip Code 1025 S SHEPHERD DR. UNIT 310 HOUSTON, TX 77019	\$5000.00
Principal occup	eation / Job title (See Instructions) Employer	r (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED

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

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 14			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
JIM M. CLA	RK, II				
4 Date	5 Full name of contributor out-of-state PAC (ID#:) CORTEZ KING	7 Amount of contribution (\$)			
8/24/2017	6 Contributor address; City; State; Zip Code 5850 SAN FELIPE NO. 490	\$1000.00			
	HOUSTON, TX 77057				
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
	WALTER SMITH				
9/5/2017	Contributor address; City; State; Zip Code 35578 FM 1488	\$1000.00			
	HEMPSTEAD, TX 77445				
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)			
Date	Full name of contributor	Amount of contribution (\$)			
9/14/2017	Contributor address; City; State; Zip Code 103 GREENWAY DR.	\$4000.00			
	CONROE, TX 77304				
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)			
Date	Full name of contributor cut-of-state PAC (ID#:) JACK MILLER	Amount of contribution (\$)			
9/11/2017	Contributor address; City; State; Zip Code 1146 GARDEN CREST HOUSTON, TX 77077	\$2500.00			
Principal occur	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	Zinplayar (add indications)				

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME JIM M. CLARK, II 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ ANDREW PADERANGA , 9/14/2017 \$2500.00 6 Contributor address; City; State; Zip Code 26314 CRESCENT COVE LN KATY, TX 77494 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor __ out-of-state PAC (ID#:___ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ City; State; Zip Code Contributor address: Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

T	ne Instruction Guide explains how to complete this form	η,	1 Total pages Schedule A2:
2 FILER NAME JIM M. CLARK, II			3 Filer ID (Ethics Commission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
	COBB FENDLEY PAC 10/25/2017 7 Contributor address: City; State; Zip Code 1330 NORTHWEST FREEWAY STE 1100 HOUSTON, TX 77040		8 Amount of 9 In-kind contribution Contribution \$ description FRAMED PICTURES, SPOR \$1000.00 MEMORIBILIA Check if travel outside of Texas. Complete Schedule T. Ver (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contrib	outor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law fir	m of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State; Zip Co	 de	Check if travel outside of Texas. Complete Schedule T.
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	yer (FOR NON-JUDICIAL)(See Instructions)
Contributor'	s principal occupation (FOR JUDICIAL)	Contrik	outor's job title (FOR JUDICIAL) (See Instructions)
Contributor'	s employer/law firm (FOR JUDICIAL)	Law fir	rm of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u></u>	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II		3 Filer ID (Ethics Commission Filers)	
4 Date 7/8/2017	5 Payee name NCHS FFA			
6 Amount (\$) \$110.00	7 Payee address; City; State; Zip Code 21650 LOOP 494 NEW CANEY, TX 77357			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin	utside of Texas. Complete Schedule T. n, TX, officeholder living expense orship Office held	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office field	
Date 8/3/2017	Payee name Sean Thompson			
Amount (\$) \$2000.00	Payee address; City; State; Zip Code 7 SWITCHBUD PL STE 192-147 THE WOODLANDS, TX 77380			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 8/4/2017	Payee name Conroe Noon Lions Club			
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 1135 CONROE, TX 77305			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee		utside of Texas. Complete Schedule T. I, TX, officeholder living expense Sponsorship	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (other a patengry not listed shows)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Jim M. Clark, II 37 4 Date 5 Pavee name 8/1/2017 GEMC Chamber 6 Amount (\$) 7 Payee address; City; State; Zip Code 21575 HWY 59 N #100 \$875.00 NEW CANEY, TX 77357 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. Conditions/Donations Made By **PURPOSE** OF Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political **EXPENDITURE** Dues, Lunches & Table Sponsorships Committee Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 8/8/2017 US Postal Service City; State; Zip Code Amount (\$) Payee address; 809 W DALLAS ST. \$166.00 CONROE, TX 77301 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Rental Expense EXPENDITURE Post Office Box Rental Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 8/12/2017 EMC Fair & Rođeo Amount (\$) Payee address; City; State; Zip Code PO BOX 704 \$1100.00 PORTER, TX 77365 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Conditions/Donations Made By OF ☐ Check if Austin, TX, officeholder living expense EXPENDITURE Candidate/Officeholder/Political Rodeo Sponsorship Committee Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date 8/17/2017	5 Payeename Alliance Sports Group	
6 Amount (\$) \$63.64	7 Payee address; City; State; Zip Code PO BOX 203246 DALLAS, TX 75320	
8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/Oi	(a) Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political. Committee Candidate/Officeholder name	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DOOR PRIZES Office sought Office held
Date 8/20/2017	Payee name JT Alford Benefit	
Amount (\$) \$1000.00	Payee address; City; State; Zip Code 24001 DAPPLE GRAY LN E MONTGOMERY, TX 77356	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Charity Auction/Donation
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date 8/21/2017 Amount (\$) \$150.00	Payee name EMC Fair & Rodeo Payee address; City; State; Zip Code PO BOX 704 PORTER, TX 77365	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense BUCKLE SPONSOR
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
37	Jim M. Clark, II			
4 Date	5 Payee name			
8/23/2017	Splendora Youth Football Association	n.		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$500.00	PO BOX 173			
	SPLENDORA, TX 77372			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Conditions/Donations Made By		utside of Texas. Complete Schedule T.	
OF EXPENDITURE	Candidate/Officeholder/Political	Check if Austir	n, TX, officeholder living expense	
	Committee	ASSOCIATION SPONSOR		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/O		omos obog.n	3,100	
Date	Payee name			
	,			
9/21/2017	Sean Thompson			
Amount (\$)	Payee address; City; State; Zip Code			
*****	7 SWITCHBUD PL STE 192-147			
\$1500.00	THE WOODLANDS, TX 77380			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel ou	tside of Texas. Complete Schedule T.	
OF EXPENDITURE	Consulting Expense	Check if Austin	, TX, officeholder living expense	
EXPENDITURE		Media Politi	cal Consultant	
			2//	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9/23/2017	EMC Fair & Rodeo			
. (4)				
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	PO BOX 704			
	PORTER, TX 77365	.		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Conditions/Donations Made By	<u></u>	tside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political		, TX, officeholder living expense	
	Committee	SPONSORSHIP		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

•	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)		
	5 Payee name			
4 Date 9/22/2017	Brett Ligon Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
47.50.00	PO BOX 805			
\$150.00	MONTGOMERY, TX 77356			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Conditions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
EXPENDITURE	Candidate/Officeholder/Political			
	Committee	Campaign Contribution		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/Oi	H Brett Ligon	District Attorney		
Date	Payee name			
9/29/2017	Melanie Bush Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$3350.00	25227 GROGANS MILL RD STE 220			
·	THE WOODLANDS, TX 77380			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Conditions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.		
OF	<u>-</u>	Check if Austin, TX, officeholder living expense		
EXPENDITURE	Candidate/Officeholder/Political	Campaign Contribution/Auction		
	Committee			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OH Melanie Bush County Treasurer				
Date	Payee name			
9/29/2017	Friends of the NRA			
Amount (\$)	Payee address; City; State; Zip Code			
*********	11250 WAPLES MILL RD.			
\$2625.00	FAIRFAX, VA 22030	·		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Conditions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Candidate/Officeholder/Political	Check if Austin, TX, officeholder living expense		
	Committee	Contribution/Auction Fundraiser		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politice Credit Card Payment	al Committee Legal Services Salaries/N The Instruction Guide explains how to c	/ages/Contract Labor Other (enter a category not listed above) complete this form.
1 Tatal annua Cabadula Ety		3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: 37	Jim M. Clark, II	3 Files 1D (Ethics Commission Files)
4 Date	5 Payee name	
10/10/2017	HLSR Metro Committee	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$300.00	PO BOX 22	
	PORTER, TX 77365	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	Conditions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	Candidate/Officeholder/Political	Food Sponsor
	Committee	
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/10/2017	Allison Guillot	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	13470 FM 1485	
	CONROE, TX 77306	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Conditions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Candidate/Officeholder/Political	Check if Austin, TX, officeholder living expense
	Committee	Sponsorship for Caney Creek Cheerleaders
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/10/2017	Fur N Feathers 4H	
10/10/201/	rur N reachers 411	
Amount (\$)	Payee address; City; State; Zip Code	
#250.00	9020 AIRPORT RD.	
\$250.00	CONROE, TX 77303	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Conditions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political	Check if Austin, TX, officeholder living expense
	Committee	Program Sponsorship
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
10/1/2017	Splendora FFA ALUMNI			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$3300.00	PO BOX 621			
	SPLENDORA, TX 77372			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Conditions/Donations Made By	Check if travel cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
EXPENDITURE	Candidate/Officeholder/Political			
	Committee	Progress Show Cake Auction		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
10/14/2017	Splendora FFA ALUMNI			
Amount (\$)	Payee address; City; State; Zip Code			
\$965.00	PO BOX 621			
*	SPLENDORA, TX 77372			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Conditions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Candidate/Officeholder/Political	Check if Austin, TX, officeholder living expense		
	Committee	Skeet Shoot Sponsor & Auction		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name	MANUEL 1		
10/14/2017	Kimberly Sutton			
Amount (\$)	Payee address; City; State; Zip Code			
\$110.00	811 LIGHTNINGBUG LN			
,	CONROE, TX 77302			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Conditions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Candidate/Officeholder/Political	Check if Austin, TX, officeholder living expense		
	Committee	Books for Donation		
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct			
	ATTACH ADDITIONAL CODIES OF THIS	SCHEDIII E AS NEEDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)		
4 Date 10/19/2017	5 Payee name Plum Grove Assembly of God Church			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$250.00	931 FM 2090 EAST			
	SPLENDORA, TX 77372			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.		
PURPOSE OF	Conditions/Donations Made By	Check if Austin, TX, officeholder living expense		
EXPENDITURE	Candidate/Officeholder/Political	- PALL DECUTIVAL		
	Committee	Donation FALL FESTIVAL		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
10/25/2017	Vince Ross			
Amount (\$)	Payee address; City; State; Zip Code 210 SPRINGS EDGE DR.			
\$500.00	MONTGOMERY, TX 77356			
	Category (See Categories listed at the top of this schedule)	Description		
PORPOSE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
EXPENDITURE	Event Expense	Auctioneering for Fundraiser		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
10/25/2017	Ezra Charles			
Amount (\$)	Payee address; City; State; Zip Code			
\$1700.00	5405 JESSAMINE HOUSTON, TX 77081			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Event Expense	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		L Check if Austin, TX, officeholder living expense Fundraiser Entertainment		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Jim M. Clark, II		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
11/21/2017	Peach Creek Baptist Church			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
	25963 FM 1485 E			
\$500.00	NEW CANEY, TX 77357			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Conditions/Donations Made By		utside of Texas, Complete Schedule T.	
OF EXPENDITURE	Candidate/Officeholder/Political	Check if Austir	n, TX, officeholder living expense	
	Committee	Thanksgiving	g Dinner Sponsorship	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/2/2017	Lynch Signs			
Amount (\$)	Payee address; City; State; Zip Code			
\$470.89	PO BOX 1017			
Ų470.G3	CONROE, TX 77305			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE			tside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expense	L Check if Austin	, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	·		
11/2/2017	BMCID			
Amount (\$)	Payee address; City; State; Zip Code			
	21575 US HWY 59 #200			
\$820.00	NEW CANEY, TX 77357			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Conditions/Donations Made By	Check if travel ou	tside of Texas. Complete Schedule T.	
OF EXPENDITURE	Candidate/Officeholder/Political	Check if Austin	, TX, officeholder living expense	
	Committee	EDUCATION FOU	UNDATION DONATION	
Complete ONESC ST. Co	Candidate / Officeholder name	Office couldn't	Office held	
Complete ONLY if direct expenditure to benefit C/OH		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
11/4/2017	CHERRISTEE BRADY			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$890.00	13470 FM 1485			
	CONROE, TX 77306 (a) Category (See Categories listed at the top of this schedule)	(b) Description		
8		· · · — ·	utside of Texas, Complete Schedule T.	
PURPOSE OF	Conditions/Donations Made By		n, TX, officeholder living expense	
EXPENDITURE	Candidate/Officeholder/Political			
	Committee	Fundraiser fo	or Cheerleaders-Caney Creek	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/10/2017	Green Trailer & Equipment			
Amount (\$)	Payee address; City; State; Zip Code 11990 US HWY 59 SOUTH			
\$3501.88	CLEVELAND, TX 77327			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE			tside of Texas. Complete Schedule T.	
OF EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense		
		Storage for S	igns & Equipment	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/11/2017	Montgomery County Republican Party			
Amount (\$)	Payee address; City; State; Zip Code	·		
\$1250.00	PO BOX 45			
, — = = = = = = = = = = = = = = = = = =	CONROE, TX 77305			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF			tside of Texas. Complete Schedule T.	
EXPENDITURE	Fees	Check if Austin	, TX, officeholder living expense	
		Filing Fees 1	for Office	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	:DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
11/11/2017	CC Plus		
6 Amount (\$)	7 Payee address; City; State; Zip Code 4205 W DAVIS		
\$3960.26	CONROE, TX 77304		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense Auction Items on Consignment	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
11/11/2017	GEMC Chamber		
Amount (\$)	Payee address; City; State; Zip Code 21575 HWY 59 N STE 100		
\$200.00	NEW CANEY, TX 77357		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Conditions/Donations Made By	Check if travel outside of Texas. Complete Schedule T,	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
	Committee	Raffle Tickets for Fundraiser	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
11/15/2017	Top Hat Catering		
Amount (\$)	Payee address, City; State; Zip Code		
\$673.37	1702 WILSON TD. Rd. HUMBLE, TX 77396		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense Food for Celebration Day/Thanksgiving with	
		Commissioner Staff	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politics Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date 11/17/2017	5 Payee name Sean Thompson	
6 Amount (\$) \$1500.00	7 Payee address; City; State; Zip Code 7 SWITCHBUD PL STE 192-147 THE WOODLANDS, TX 77380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Media Consultant
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 11/25/2017	Payee name Leanne Perry	
Amount (\$) \$350.00	Payee address: City: State: Zip Code 15917 FM 3083 CONROE, TX 77302	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Benefit for Caney Creek Student-LAYNE ROGE
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 12/2/2017 Amount (\$) \$700.00	Payee name EMC Fair & Rodeo Payee address; City; State; Zip Code PO BOX 704	
7,00.00	PORTER, TX 77365 Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Conditions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense BBQ Youth Sponsorship
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Casa / Lyman	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
12/2/2017	New Caney Athletics	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$526.71	21580 LOOP 494 NEW CANEY, TX 77357	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE		Room Rental - Fundraiser
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
12/2/2017	New Caney Ag Boosters	
Amount (\$)	Payee address; City; State; Zip Code	
\$650.00	PO BOX 2448	
	NEW CANEY, TX 77357	,
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Conditions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Candidate/Officeholder/Political	Check if Austin, TX, officeholder living expense
Ext Extended	Committee	Cake Auction-Progress Show
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11/21/2017	Montgomery County	
Amount (\$)	Payee address; City; State; Zip Code	
\$100.00	501 N THOMPSON CONROE, TX 77301	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	ADVERTISING EXPENSE	Check if Austin, TX, officeholder living expense
		1/5 Portrait Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
***************************************	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
12/2/2017	KC Strategies	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$4141.66	3571 FAR WEST BLVD #196	
	AUSTIN, TX 78731	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Consultant
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
12/2/2017	Willis Ag Boosters	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	PO BOX 1735	
	WILLIS, TX 77318	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Conditions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Candidate/Officeholder/Political	Check if Austin, TX, officeholder living expense
	Committee	Raffle Tickets
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
12/2/2017	EMC Fair & Rodeo	
Amount (\$)	Payee address; City; State; Zip Code	
\$21,200.00	PO BOX 704	
,,	PORTER, TX 77365	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Conditions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	 Candidate/Officeholder/Political	Check if Austin, TX, officeholder living expense
**************************************	Committee	Auction/Scholarship Fundraiser
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
12/12/2017 6 Amount (\$)	Allison McGrady 7 Payee address; City; State; Zip Code	4		
O Amount (4)	22098 FM 494 LOOP			
\$200.00	NEW CANEY, TX 77357			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Gualticus (Donations Wells Do	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Conditions/Donations Made By	Check if Austin, TX, officeholder living expense		
EXPENDITORE	Candidate/Officeholder/Political	Mission NE Christmas		
	Committee			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
12/12/2017	New Caney HS			
A	Davis address City States 7in Code			
Amount (\$)	Payee address; City; State; Zip Code			
\$400.00	21650 TX 494 LOOP			
	NEW CANEY, TX 77357	,		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Event Expense	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
		Flowers for Fundraiser		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
12/20/2017	Sam's Club			
12/20/2017	Sam's Club			
Amount (\$)	Payee address; City; State; Zip Code			
\$374.77	22296 MARKET PLACE DR			
45 , 24 , 1	NEW CANEY, TX 77357			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	food/beverage expense	Check if Austin, TX, officeholder living expense		
		CELEBRATION DAY FOR EMPLOYEES		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OF	1	-		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.
1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date 12/18/2017	5 Payee name NeboTools	
6 Amount (\$) \$1707.90	7 Payee address; City; State; Zip Code 3025 N GREAT SOUTHWEST PKWY GRAND PRAIRIE, TX 75050	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	(b) Description Check if travel cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Christmas Gifts for Commissioners Staff
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought Office held
Date 12/14/2017	Payee name Swiftpage Act!	
Amount (\$) \$44.77	Payee address; City; State; Zip Code 621 17TH STREET STE 500 DENVER, CO 80293	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD/RENTAL EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DATABASE MANAGEMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 12/14/2017	Payee name Campaign Partner	
Amount (\$) \$49.00	Payee address; City; State; Zip Code PO BOX 118 STILL RIVER, MA 01467	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WEBSITE FEES
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	i
1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	·····	
12/12/2017	Coals Smokehouse		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
4006 FA	25069 FM 2090		·
\$226.50	SPLENDORA, TX 77372		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) satisfies (c)		side of Texas. Complete Schedule T.
PURPOSE OF	- 4-	Check if Austin, TX, officeholder living expense	
EXPENDITURE	Food/Beverage Expense	Band for EMCD	EL DRG Chui
		FOOD IOT EMCK	W-PAC Christmas
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12/4/2017	WalMart		
Amount (\$)	Payee address; City; State; Zip Code	16 H	
\$312.84	20310 US 59 BUSINESS		
7020.0-	NEW CANEY, TX 77357		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outs	ide of Texas. Complete Schedule T.
OF			TX, officeholder living expense
EXPENDITURE	GIFTS/AWARDS/MEMORIAL EXPENSE	DOOR PRIZES &	GIFT CARDS FOR SENIORS
		& EMPLOYEES	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
	•		
12/2/2017	Coals Smokehouse		
Amount (\$)	Payee address; City; State; Zip Code		
	25069 FM 2090		
\$284.82	SPLENDORA, TX 77372		
		1	
	Category (See Categories listed at the top of this schedule)	Description	tide of Tours Commission Colonial Co
PURPOSE OF	 Food/Beverage Expense		ide of Texas. Complete Schedule T.
EXPENDITURE			TX, officeholder living expense
		Food for Conce:	rned Citizens Christmas Dinn
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF THIS	COUEDING AS MES)ED
	ATTACH ADDITIONAL COPIES OF THIS	つぐいEDOTE 99 MEE!	<i>-</i> <u>-</u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	The Instruction Guide explains how to o	omplete this form.
1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
12/2/2017	Sams Club	
6 Amount (\$)	7 Payee address; City; State; Zip Code 22296 MARKET PLACE DR	
\$294.25	NEW CANEY, TX 77357	•
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	Conditions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	Candidate/Officeholder/Political	Grook a result, 174, Sanderload awing superise
	Committee	DOOR PRIZES FOR SENIORS & CHAMBER
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11/30/2017	Facebook	
Amount (\$)	Payee address; City; State; Zip Code	
\$13.00	1 HACKER WAY	
	MENLO PARK, CA 94025	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	ADVERTISING EXPENSE	Check if Austin, TX, afficeholder living expense BOOSTER ADS
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11/14/2017	Google Play	
Amount (\$)	Payee address; City; State; Zip Code	
\$10.61	1600 AMPITHEATER PARKWAY MOUNTAIN VIEW, CA 94043	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	, , , , , , , , , , , , , , , , , ,	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	ADVERTISING EXPENSE	Check if Austin, TX, officeholder living expense INTERNET ADVERTISING
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 37 Jim M. Clark, II 4 Date 5 Payee name 11/14/2017 Swiftpage Act! City; State; Zip Code 6 Amount (\$) 7 Payee address; 621 17TH STREET STE 500 \$44.77 DENVER, CO 80293 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** OFFCE OVERHEAD/RENTAL EXPENSE DATABASE MANAGEMENT Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11/13/2017 Campaign Partner Amount (\$) Payee address; City; State; Zip Code PO BOX 118 \$49.00 STILL RIVER, MA 01467 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense ADVERTISING EXPENSE **EXPENDITURE** WEBSITE FEES Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11/12/2017 Google Play Amount (\$) Payee address; City; State; Zip Code 1600 AMPITHEATER PARKWAY \$8.49 MOUNTAIN VIEW, CA 94043 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF ADVERTISING EXPENSE Check if Austin, TX, officeholder living expense EXPENDITURE INTERNET ADS Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
37	Jim M. Clark, II				
4 Date	5 Payee name	•			
11/10/2017	Texans United				
6 Amount (\$)	7 Payee address; City; State; Zip Code 11510 FM 1488 BLDG E				
\$450.00	MAGNOLIA, TX 77354				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Conditions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Candidate/Officeholder/Political	Check if Austin, TX, officeholder living expense			
	Committee	DONATION FOR COOKOFF			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
11/4/2017	Home Depot				
Amount (\$)	Payee address; City; State; Zip Code				
\$135.58	1341 W DAVIS				
	CONROE, TX 77304				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF	OF Check if Austin, TX, officeho EXPENDITURE ADVERTISING EXPENSE				
EXPENDITURE		SIGNS SUPPLIES			
Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
11/1/2017	Sams Club				
Amount (\$)	Payee address; City; State; Zip Code 22296 MARKET PLACE DR				
\$71.36	NEW CANEY, TX 77357				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Conditions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Candidate/Officeholder/Political	Check if Austin, TX, officeholder living expense			
	Committee	DOOR PRIZES			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name d ATTACH ADDITIONAL COPIES OF THIS	Office sought Office held			
Ī	ALIAGUADDI IQNAL GOPIES OF 1915	JUI IEDULE AJ NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Cities a variable bout to committee this form					
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
10/31/2017	Facebook				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
O Amount (4)	1 HACKER WAY				
\$40.00					
·	MENLO PARK, CA 94025				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
		Check if travel outside of Texas. Complete Schedule T.			
PURPOSE OF	ADVERTISING EXPENSE	Check if Austin, TX, officeholder living expense			
EXPENDITURE					
		BOOSTED ADS			
		Office held			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
expenditure to beneat 0/0	1				
Date	Payee name				
10/21/2017	LITTLE CAESARS PIZZA				
10/31/2017					
Amount (\$)	Payee address; City; State; Zip Code				
****	23741 US HWY 59 N				
\$313.93					
	PORTER, TX 77365				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Conditions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	•	Check if Austin, TX, officeholder living expense			
EXI ENDITORS	Candidate/Officeholder/Political	DINNER FOR FFA MTG.			
	Committee				
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/OF	1				
Date	Payee name				
10/30/2017	Sams Club				
,,					
Amount (\$)	Payee address; City; State; Zip Code				
	2000 WESTVIEW BLVD				
\$151.42	CONROE, TX 77304				
	·				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Conditions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Candidate/Officeholder/Political	Check if Austin, TX, officeholder living expense			
	Committee	SPEAKER FOR DONATION-LIBERTY BELLES			
Complete ONLY II dies	Candidate / Officeholder name	Office sought Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Cinice neit			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)		
The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark II	3 Filer ID (Ethics Commission Filers)		
4 Date 10/30/2017	5 Payee name Sams Club			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$172.94	2000 WESTVEIW BLVD			
	CONROE, TX 77304			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
EXPENDITURE	EVENT EXPENSE	PORTABLE SPEAKER FOR EVENTS		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
10/30/2017	Paypal			
Amount (\$)	Payee address; City; State; Zip Code PO BOX 5138			
\$19.99	TIMONIUM, MD 21094			
	·	D. C.		
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.		
PURPOSE OF	Third and the state of the stat	Check if Austin, TX, officeholder living expense INTERNET ADVERTISING		
EXPENDITURE	ADVERTISING EXPENSE			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
10/24/2017	Sams Club			
10/24/2017	Sams Class			
Amount (\$)	Payee address; City; State; Zip Code			
\$357.34	22296 MARKET PLACE DR			
-	NEW CANEY, TX 77357			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	EOOD / DETTED A CE EV DENCE	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	FOOD/BEVERAGE EXPENSE	Check if Austin, TX, officeholder living expense		
		CELEBRATION DAY LUNCHES		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selarias/Waces/Contract Labor

Candidate/Officeholder/Politica	,	Vages/Contract Labor Other (enter a category not listed above)		
Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
3 /	Jim M. Clark, II			
4 Date	5 Payee name			
10/23/2017	Sams Club			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$333.20	22296 MARKET PLACE DR			
	NEW CANEY, TX 77357			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	SOLICITATION/FUNDRAISING EXPENSE	Check if Austin, TX, officeholder living expense		
		AUCTION ITEMS		
		Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
10/23/2017	Academy			
Amount (\$)	Payee address; City; State; Zip Code			
\$316.87	21770 MARKET PLACE DR.			
	NEW CANEY, TX 77357			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	SOLICITATION/FUNDRAISING EXPENSE	Check if Austin, TX, officeholder living expense		
		AUCTION ITEMS		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OF	1	S .		
Date	Payee name			
10/23/2017	Office Depot			
Amount (\$)	Payee address; City; State; Zip Code 1319 W DAVIS ST.			
\$760.42				
'	CONROE, TX 77304			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	OFFICE OVERHEAD/RENTAL EXPENSE	Check if Austin, TX, officeholder living expense		
		CAMPAIGN LAPTOP		
		000		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
, , , , , , , , , , , , , , , , , , , ,				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Jim M. Clark, II		3 Filer ID (Ethics Commission Filers)
4 Date 10/23/2017	5 Payee name Google Play		
6 Amount (\$) \$9.99	7 Payee address; City; State; Zip Code 1600 AMPITHEATER PARKWAY MOUNTAIN VIEW, CA 94043		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	l 	utside of Texas. Complete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
10/23/2017	KK Insurance		
Amount (\$) \$135.00	Payee address; City; State; Zip Code 1712 MAGNAVOX WAY FORT WAYNE, IN 46804		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Check if Austin	tside of Texas. Complete Schedule T. TX, officeholder living expense Room/Facility
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/23/2017	Payee name Pappa's Restaurant		
Arnount (\$) \$8501.81	Payee address; City; State; Zip Code PO BOX 571749 HOUSTON, TX 77257		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense : Fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)	
4 Date 10/16/2017	5 Payee name Swiftpage Act!		
6 Amount (\$) \$44.77	7 Payee address; City; State; Zip Code 621 17TH STREET STE 500 DENVER, CO 80293		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFCE OVERHEAD/RENTAL EXPENSE	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DATABASE MANAGEMENT	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date 10/16/2017	Payee name Google Play		
Amount (\$) \$10.61	Payee address; City; State; Zip Code 1600 AMPITHEATER PARKWAY MOUNTAIN VIEW, CA 94043		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense INTERNET ADS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date 10/13/2017	Payee name Campaign Partner		
Amount (\$) \$49.00	Payee address; City; State; Zip Code PO BOX 118 STILL RIVER, MA 01467		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WEBSITE FEES	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date 10/10/2017	5 Payee name Lone Star LEMC, INC.	
6 Amount (\$)	7 Payee address; City; State; Zip Code PO BOX 2545	
\$1670.00	CONROE, TX 77305	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense BENEFIT FOR VERNONS KATFISH
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/21/2017	WalMart	
Amount (\$)	Payee address; City; State; Zip Code	
\$32.67	20310 US 59 BUSINESS NEW CANEY, TX 77357	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SUPPLIES FOR MAILOUT
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
9/28/2017	Brian Dawson	
Amount (\$)	Payee address; City; State; Zip Code	
\$100.00	3600 FM 1488 STE 120-154 CONROE, TX 77384	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Conditions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	Candidate/Officeholder/Political	Campaign Contribution
	Committee	1 3
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H Brian Dawson Co	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politics Credit Card Payment	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F1:	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
37 4 Date 9/27/2014	5 Payee name Ouik Pics	
6 Amount (\$) \$294.44	7 Payee address; City; State; Zip Code 25329 BUDDE RD STE 604 THE WOODLANDS, TX 77380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense HEADSHOTS/PICTURES FOR CAMPAIGN
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date 9/25/2017	Payee name Google Play	
Amount (\$) \$9.99	Payee address; City: State: Zip Code 1600 AMPITHEATER PARKWAY MOUNTAIN VIEW, CA 94043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense INTERNET ADS
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date 9/15/2017	Payee name GOOGLE PLAY	
Amount (\$) \$10.61	Payee address; City; State; Zip Code 1600 AMPITHEATER PARKWAY MOUNTAIN VIEW, CA 94043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense INTENET ADS
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to d	omplete this form.	· (
1 Total pages Schedule F1:	2 FILER NAME Jim M. Clark, II	3 Fi	ler ID (Ethics Commission Filers)
4 Date 9/15/2017	5 Payee name Google Play		
6 Amount (\$) \$8.49	7 Payee address; City; State; Zip Code 1600 AMPITHEATER PARKWAY MOUNTAIN VIEW, CA 94043		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	l —	Texas. Complete Schedule T. fficeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 9/14/2017	Payee name Swiftpage Act!		
Amount (\$) \$44.77	Payee address; City; State; Zip Code 621 17TH STREET STE 500 DENVER, CO 80293		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD/RENTAL EXPENSE		exas. Complete Schedule T. ficeholder living expense MENT
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 9/12/2017	Payee name Cracker Barrel		
Amount (\$) \$182.21	Payee address; City; State; Zip Gode 1301 LEAGUE LINE RD. CONROE, TX 77304		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		exas. Complete Schedule T. ficeholder living expense STAFF
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	3	/ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/2017	5 Payee name New Caney Tool Rental	
6 Amount (\$) \$184.03	7 Payee address; City; State; Zip Code 19495 FM 1485 RD NEW CANEY, TX 77357	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense RENTAL FOR EQUIPMENT FOR REPAIR
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date 8/23/2017	Payee name Google Play	
Amount (\$) \$9.99	Payee address: City; State; Zip Code 1600 AMPITHEATER PARKWAY MOUNTAIN VIEW, CA 94043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense INTERNET ADS
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date 8/18/2017	Payee name Office Depot	
Amount (\$) \$507.53	Payee address; City; State; Zip Code 1319 W DAVIS ST CONROE, TX 77304	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SUPPLIES FOR INVITES/FUNDRAISER
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
8/17/2017	Fed Ex Office Store			
6 Amount (\$) \$465.48	7 Payee address; City; State; Zip Code 1304 W DAVIS			
7	CONROE, TX 77304			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FUNDRAISER INVITATIONS & LETTERS		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name i	Office sought Office held		
Date	Payee name			
8/14/2017	Swiftpage Act!			
Amount (\$)	Payee address; City; State; Zip Code			
\$44.77	77 621 17TH STREET STE 500			
	DENVER, CO 80293			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD/RENTAL EXPENSES	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DATABASE MANAGEMENT		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
8/13/2017	Google Play			
Amount (\$)	Payee address; City; State; Zip Code 1600 AMPITHEATER PARKWAY			
\$8.49	'MOUNTAIN VIEW, CA 94043			
·	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	ADVERTISING EXPENSE	L Check if Austin, TX, officeholder living expense		
		INTERNET ADS		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Jim M. Clark II		3 Filer ID (Ethics Commission Filers)	
4 Date 8/12/2017	5 Payee name Montgomery County Young Republicans	3		
6 Amount (\$) \$1100.00	7 Payee address; City; State; Zip Code 310 METCALF ST CONROE, TX 77301			
PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/OF	(a) Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name		utside of Texas. Complete Schedule T. n, TX, officeholder living expense Office held	
Date 8/8/2017	Payee name Montgomery County Republican Party	***************************************		
Amount (\$) \$1000.00	Payee address; City; State; Zip Code PO BOX 45 CONROE, TX 77305			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraiser/Sponsorship		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 8/7/2017	Payee name Montgomery County Young Republicans	7		
Amount (\$) \$200.00	Payee address; City; State; Zip Code 310 METCALF ST. CONROE, TX 77305			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee		utside of Texas. Complete Schedule T. n, TX, officeholder living expense Fundraiser	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/	Nages/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: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)	
4 Date 8/1/2017	5 Payee name Cracker Barrel		
6 Amount (\$) \$69.18	7 Payee address; City; State; Zip Code 24400 EASTEX FRWY KINGWOOD, TX 77339		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN MEETING	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
7/31/2017	Sams Club		
Amount (\$)	Payee address; City; State; Zip Code 22296 MARKET PLACE DR		
\$340.61	NEW CANEY, TX 77357		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DOOR PRIZES	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
7/14/2017	Swiftpage Act!		
Amount (\$)	Payee address; City; State; Zip Code		
\$44.77	621 17TH STREET STE 500 DENVER, CO 80293		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFCE OVERHEAD/RENTAL EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DATABASE MANAGEMENT	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	,
1 Total pages Schedule F1:	2 FILER NAME Jim M. Clark, II	3	Filer ID (Ethics Commission Filers)
4 Date 7/10/2017	5 Payee name Sams Club		
6 Amount (\$) \$150.18	7 Payee address; City: State: Zip Code 19091 INTERSTATE 45 S SHENANDOAH, TX 77385		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSES		of Texas. Complete Schedule T. officeholder living expense S/WATERS
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
7/3/2017	Home Depot		
Amount (\$)	Payee address; City; State; Zip Code 1341 W DAVIS ST.		
\$39 . 65	CONROE, TX 77304		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	I —	of Texas. Complete Schedule T. officeholder living expense LADE / SIGNS
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	· · · · · · · · · · · · · · · · · · ·	
7/3/2017	Home Depot		
Amount (\$)	Payee address; City; State; Zip Code		
\$180.19	23575 IS 59 PORTER, TX 77365		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside o	of Texas. Complete Schedule T.
OF EXPENDITURE	ADVERTISING EXPENSE	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/Donations Made B Candidate/Officeholder/Politics Credit Gard Payment		/ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
4 Date 7/1/2017	5 Payee name Home Depot	
6 Amount (\$) \$216.13	7 Payee address; City; State; Zip Code 1341 W DAVIS CONROE, TX 77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SIGN FRAMES FOR PARADE
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Date 10/3/2017	Payee name WALMART	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 831 HWY 59 S CLEVELAND, TX 77327	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GIFT CARDS FOR SENIORS
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/4/2017	BROOKSHIRE BROS.	
Amount (\$)	Payee address; City; State; Zip Code 20185 HWY 59	
\$4.64	NEW CANEY, TX 77357	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFTS/AWARDS/MEMORIAL EXPENSES	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CARD FOR EMPLOYEE BIRTHDAY
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME JIM M CLARK, II	3 Filer ID (Ethics Commission Filers)	
4 Date 9/20/2017	5 Payee name WALMART		
5 Amount (\$) \$80.00	7 Payee address; City; State; Zip Code 20310 US HWY 59 NEW CANEY, TX 77357		
8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) GIFTS/AWARS/MEMORIAL EXPENSE Candidate / Officeholder name	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GIFT CARDS FOR SENIOR/CELEBRATION DAYS Office sought Office held	
expenditure to benefit C/O	1		
Date 9/20/2017	Payee name WALMART		
Amount (\$) \$80.00	Payee address; City; State; Zip Code 20310 US HWY 59 NEW CANEY, TX 77357		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFTS/AWARDS/MEMORIAL EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GIFT CARDS FOR SENIOR/CELEBRATION DAYS	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date 10/3/2017	Payee name WALMART		
Amount (\$) \$10.00	Payee address; City; State; Zip Code 831 HWY 59 S CLEVELAND, TX 77327		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFTS/AWARDS/MEMORIAL EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GIFT CARDS FOR SENIORS/CELEBRATION DAYS	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

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

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 (or here preferenced listed shows)

Candidate/Officeholder/Politica Credit Card Payment	- · · · · · · · · · · · · · · · · · · ·	Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME JIM M. CLARK, II	3 Filer ID (Ethics Commission Filers)
4 Date 10/17/2017	5 Payee name WALMART	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 20310 US HWY 59	
4 200100	NEW CANEY, TX 77357	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GIFTS/AWARDS/MEMORIAL EXPENSE	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GIFT CARDS FOR SENIORS/CELEBRATION DAY
Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/17/2017	WALMART	
Amount (\$)	Payee address; City; State; Zip Code	
\$100.00	20310 US HWY 59 NEW CANEY, TX 77357	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	GIFTS/AWARDS/MEMORIAL EXPENSE	GIFT CARDS FOR SENIORS/CELEBRATION DAY
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11/15/2017	WALMART	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 20310 US HWY 59	
	NEW CANEY, TX 77357	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	GIFTS/AWARDS/MEMORIAL EXPENSE	Check if Austin, TX, officeholder living expense
	0	GIFT CARDS FOR SENIORS/CELEBRATION DAY
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other Content and	
1 Total pages Schedule F1:	2 FILER NAME JIM M. CLARK, II		3 Filer ID (Ethics Commission Filers)	
4 Date 12/5/2017	5 Payee name SAM'S CLUB			
6 Amount (\$) \$25.37	7 Payee address; City; State; Zip Code 22296 MARKET PLACE DR			
	NEW CANEY, TX 77357			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COOKIE TRAY FOR OFFICE		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
12/20/2017	WALMART			
Amount (\$) \$100.00	Payee address; City; State; Zip Code 20310 US HWY 59 NEW CANEY, TX 77357			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFTS/AWARDS/MEMORIAL EXPENSE	Check if Austin	tside of Texas. Complete Schedule T. , TX, officeholder living expense FOR SENIORS & CELEBRATION DA	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	