

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

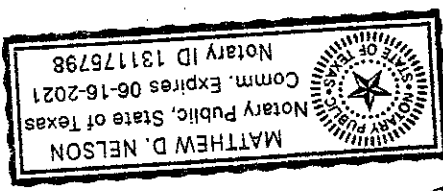
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS		

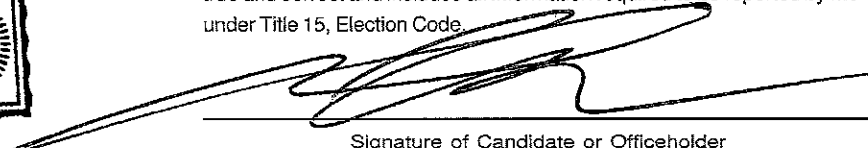
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 380.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 74305.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 87818.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 50626.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT




AFFIX NOTARY STAMP / SEAL ABOVE

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


 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said JIM M. CLARK, II, this the 15th day of JANUARY, 20 18, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Matthew D. Nelson
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME
JIM M. CLARK, II

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS		SUBTOTAL
NAME OF SCHEDULE		AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 73925.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1000.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 87818.55
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Jim M. Clark, II		3 Filer ID (Ethics Commission Filers)
4 Date 10/30/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KLOTZ ASSOCIATES PAC <hr/> 6 Contributor address; City; State; Zip Code 1160 DAIRY ASHFORD STE 500 HOUSTON, TX 77079	7 Amount of contribution (\$) \$325.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/4/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT S. MCCLANE <hr/> Contributor address; City; State; Zip Code 132 GRANT AVE SAN ANTONIO, TX 78209	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID A HAMILTON <hr/> Contributor address; City; State; Zip Code 411 E 24TH STREET HOUSTON, TX 77008	Amount of contribution (\$) \$550.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/4/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN M BONNER, III <hr/> Contributor address; City; State; Zip Code 502 LINDENWOOD DR. HOUSTON, TX 77024	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME JIM M. CLARK, II		3 Filer ID (Ethics Commission Filers)
4 Date 10/25/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS A STAUDT 6 Contributor address; City; State; Zip Code 7525 FM 723 RD RICHMOND, TX 77406	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/8/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COBB FENDLEY PAC Contributor address; City; State; Zip Code 13430 NORTHWEST FREEWAY STE 1100 HOUSTON, TX 77040	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE MULLER LAW GROUP PLLC Contributor address; City; State; Zip Code 16555 SOUTHWEST FWY STE 200 SUGAR LAND, TX 77479	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KLOTZ ASSOCIATES PAC Contributor address; City; State; Zip Code 1160 DAIRY ASHFORD STE 500 HOUSTON, TX 77079	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME JIM M. CLARK, II		3 Filer ID (Ethics Commission Filers)
4 Date 10/21/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID EASTWOOD 6 Contributor address; City; State; Zip Code 17407 HWY 59 N HUMBLE, TX 77396	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/22/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JESS FIELDS Contributor address; City; State; Zip Code PO BOX 806 HUMBLE, TX 77347	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIEL ^{Daniel} JC COPPS III Contributor address; City; State; Zip Code 6018 PINEY BIRCH CT. KINGWOOD, TX 77345	Amount of contribution (\$) \$1125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KERRY FULTON Contributor address; City; State; Zip Code NO. 2 COACH HOUSE RD. AUSTIN, TX 78737	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME JIM M. CLARK, II		3 Filer ID (Ethics Commission Filers)
4 Date 10/25/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALTER SASS 6 Contributor address; City; State; Zip Code 2707 AUTUMN LAKE DR. KATY, TX 77450	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/24/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRETT BINKLEY Contributor address; City; State; Zip Code 9209 STAGECOACH DR. HOUSTON, TX 77041	Amount of contribution (\$) \$2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES DANNENBAUM Contributor address; City; State; Zip Code 3908 DEL MONTE DR. HOUSTON, TX 77019	Amount of contribution (\$) \$5000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS COTTER Contributor address; City; State; Zip Code 1918 LEATHERSTEM LN KINGWOOD, TX 77345	Amount of contribution (\$) \$1125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME JIM M. CLARK, II		3 Filer ID (Ethics Commission Filers)
4 Date 10/25/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID HAMILTON <hr/> 6 Contributor address; City; State; Zip Code 411 E 24TH ST. HOUSTON, TX 77006	7 Amount of contribution (\$) \$2500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/25/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN W ARNETT <hr/> Contributor address; City; State; Zip Code 6 MIDDLE GATE PLACE THE WOODLANDS, TX 77382	Amount of contribution (\$) \$1390.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOLLIK LAW FIRM, PC <hr/> Contributor address; City; State; Zip Code PO BOX 7571 THE WOODLANDS, TX 77387	Amount of contribution (\$) \$700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES BROWN <hr/> Contributor address; City; State; Zip Code 15206 JUNIPER COVE DR. CYPRESS, TX 77433	Amount of contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14

2 FILER NAME
JIM M. CLARK, II

3 Filer ID (Ethics Commission Filers)

4 Date
11/7/2017


5 Full name of contributor out-of-state PAC (ID#: _____)
BILLY HOPPE
.....
6 Contributor address; City; State; Zip Code
25273 BLACKBURN DR.
SPLENDORA, TX 77372

7 Amount of contribution (\$)
\$2000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
11/1/2017

 Full name of contributor out-of-state PAC (ID#: _____)
~~TRACY WILLETT~~
Tracy
.....
Contributor address; City; State; Zip Code
14455 TANAGER LN
CONROE, TX 77306

Amount of contribution (\$)
\$575.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/31/2017

Full name of contributor out-of-state PAC (ID#: _____)
KEVIN POLASEK
.....
Contributor address; City; State; Zip Code
18826 RACQUET SPORTS WAY
HUMBLE, TX 77345

Amount of contribution (\$)
\$600.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/31/2017

Full name of contributor out-of-state PAC (ID#: _____)
VICKIE HENKEL
.....
Contributor address; City; State; Zip Code
6915 ALDERNEY DR.
HOUSTON, TX 77055

Amount of contribution (\$)
\$600.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14

2 FILER NAME
JIM M. CLARK, II

3 Filer ID (Ethics Commission Filers)

4 Date
8/21/2017

5 Full name of contributor out-of-state PAC (ID#: _____)
WILLIAM E DARK
.....
6 Contributor address; City; State; Zip Code
19221 I-45 S STE 370
CONROE, TX 77385

7 Amount of contribution (\$)
\$2000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/23/2017

Full name of contributor out-of-state PAC (ID#: _____)
HUITT-ZOLLARS INC TEXAS PAC
.....
Contributor address; City; State; Zip Code
1717 MCKINNEY AVE STE 1400
DALLAS, TX 75202

Amount of contribution (\$)
\$3000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/25/2017

Full name of contributor out-of-state PAC (ID#: _____)
JOHN HOLZWARH
.....
Contributor address; City; State; Zip Code
103 GREENWAY DR.
CONROE, TX 77304

Amount of contribution (\$)
\$185.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/25/2017

Full name of contributor out-of-state PAC (ID#: _____)
C3 CREATIVE CONTENT CREATIONS
.....
Contributor address; City; State; Zip Code
7 SWITCHBUD PLACE STE 192-147
THE WOODLANDS, TX 77380

Amount of contribution (\$)
\$75.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14

2 FILER NAME
JIM M. CLARK, II

3 Filer ID (Ethics Commission Filers)

4 Date

10/25/2017

5 Full name of contributor out-of-state PAC (ID#: _____)
PAMELA DICKSON SINGLETARY

7 Amount of contribution (\$)

\$65.00

6 Contributor address; City; State; Zip Code
69 WHITE OAK DR.
NEW CANEY, TX 77357

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/25/2017

Full name of contributor out-of-state PAC (ID#: _____)
JOHN HOLZWARTH

Amount of contribution (\$)

\$575.00

Contributor address; City; State; Zip Code
103 GREENWAY DR.
CONROE, TX 77304

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/2017

Full name of contributor out-of-state PAC (ID#: _____)
WALTER SASS

Amount of contribution (\$)

\$400.00

Contributor address; City; State; Zip Code
2707 AUTUMN LAKE DR
KATY, TX 77450

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/2017

Full name of contributor out-of-state PAC (ID#: _____)
DANIEL JC COPPS, III

Amount of contribution (\$)

\$325.00

Contributor address; City; State; Zip Code
6018 PINEY BIRCH CT.
KINGWOOD, TX 77345

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME JIM M. CLARK, II		3 Filer ID (Ethics Commission Filers)
4 Date 10/25/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRISTIN BAYS <hr/> 6 Contributor address; City; State; Zip Code 11991 WHITE OAK PATH CONROE, TX 77385	7 Amount of contribution (\$) \$600.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/19/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COSTELLO INC. PAC <hr/> Contributor address; City; State; Zip Code 9990 RICHMOND AVE STE 450N HOUSTON, TX 77042-4566	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VARINDER BOBBY SINGH <hr/> Contributor address; City; State; Zip Code 12511 STILL HARBOUR DR. HOUSTON, TX 77041	Amount of contribution (\$) \$5000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/1/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INDERJIT KAUR <hr/> Contributor address; City; State; Zip Code 13218 OREGOLD DR. HOUSTON, TX 77041	Amount of contribution (\$) \$5000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME JIM M. CLARK, II		3 Filer ID (Ethics Commission Filers)
4 Date 10/10/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DARRELL MORRISON 6 Contributor address; City; State; Zip Code 4226 ARMAND VIEW DR. PASADENA, TX 77505	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/13/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES D PITCOCK JR. Contributor address; City; State; Zip Code 10006 BALMFORTH LN HOUSTON, TX 77096	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAVIRAJ YANAMANDALA Contributor address; City; State; Zip Code 2504 BAYFRONT DR. PEARLAND, TX 77584-4312	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MD MARTIN Contributor address; City; State; Zip Code 10128 JENNIFER WILLIS, TX 77318	Amount of contribution (\$) \$5000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME JIM M. CLARK, II		3 Filer ID (Ethics Commission Filers)
4 Date 10/12/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN ARNETT <hr/> 6 Contributor address; City; State; Zip Code 6 MIDDLE GATE PLACE THE WOODLANDS, TX 77381	7 Amount of contribution (\$) \$2500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/12/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITNEY & ASSOCIATES <hr/> Contributor address; City; State; Zip Code 2040 N LOOP 336 W STE 120 CONROE, TX 77304	Amount of contribution (\$) \$2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/5/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LYLE HENKEL <hr/> Contributor address; City; State; Zip Code 6915 ALDERNEY DR. HOUSTON, TX 77055	Amount of contribution (\$) \$3000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/24/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT L PAGE <hr/> Contributor address; City; State; Zip Code 2040 N LOOP 336W STE 212 CONROE, TX 77304	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14

2 FILER NAME
JIM M. CLARK, II

3 Filer ID (Ethics Commission Filers)

4 Date

8/31/2017

5 Full name of contributor out-of-state PAC (ID#: _____)
KEVIN KNEISLEY
.....
6 Contributor address; City; State; Zip Code
211 RIGGS ST.
CONROE, TX 77301

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/12/2017

Full name of contributor out-of-state PAC (ID#: _____)
JONES & CARTER INC. PAC
.....
Contributor address; City; State; Zip Code
6335 GULFTON STE 100
HOUSTON, TX 77081

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/29/2017

Full name of contributor out-of-state PAC (ID#: _____)
YOLLIK LAW FIRM
.....
Contributor address; City; State; Zip Code
PO BOX 7571
THE WOODLANDS, TX 77387

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/10/2017

Full name of contributor out-of-state PAC (ID#: _____)
GITI ZARINKELK
.....
Contributor address; City; State; Zip Code
1025 S SHEPHERD DR. UNIT 310
HOUSTON, TX 77019

Amount of contribution (\$)

\$5000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME JIM M. CLARK, II		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CORTEZ KING <hr/> 6 Contributor address; City; State; Zip Code 5850 SAN FELIPE NO. 490 HOUSTON, TX 77057	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/5/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALTER SMITH <hr/> Contributor address; City; State; Zip Code 35578 FM 1486 HEMPSTEAD, TX 77445	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/14/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN HOLZWARH <hr/> Contributor address; City; State; Zip Code 103 GREENWAY DR. CONROE, TX 77304	Amount of contribution (\$) \$4000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/11/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACK MILLER <hr/> Contributor address; City; State; Zip Code 1146 GARDEN CREST HOUSTON, TX 77077	Amount of contribution (\$) \$2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME JIM M. CLARK, II		3 Filer ID (Ethics Commission Filers)
4 Date 9/14/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDREW PADERANGA 6 Contributor address; City; State; Zip Code 26314 CRESCENT COVE LN KATY, TX 77494	7 Amount of contribution (\$) \$2500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME JIM M. CLARK, II		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/25/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COBB FENDLEY PAC	8 Amount of Contribution \$ \$1000.00	9 In-kind contribution description FRAMED PICTURES, SPORTS MEMORIBILIA
7 Contributor address; City; State; Zip Code HOUSTON, TX 77040		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
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4 Date 7/8/2017	5 Payee name NCHS FFA
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6 Amount (\$) \$110.00	7 Payee address; City; State; Zip Code 21650 LOOP 494 NEW CANEY, TX 77357
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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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Buckle Sponsorship
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/3/2017	Payee name Sean Thompson
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Amount (\$) \$2000.00	Payee address; City; State; Zip Code 7 SWITCHBUD PL STE 192-147 THE WOODLANDS, TX 77380
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media Consultant
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/4/2017	Payee name Conroe Noon Lions Club
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Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 1135 CONROE, TX 77305
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sight Saver Sponsorship
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
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4 Date 8/1/2017	5 Payee name GEMC Chamber
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6 Amount (\$) \$875.00	7 Payee address; City; State; Zip Code 21575 HWY 59 N #100 NEW CANEY, TX 77357
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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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues, Lunches & Table Sponsorships
---	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/8/2017	Payee name US Postal Service
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Amount (\$) \$166.00	Payee address; City; State; Zip Code 809 W DALLAS ST. CONROE, TX 77301
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post Office Box Rental
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/12/2017	Payee name EMC Fair & Rodeo
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Amount (\$) \$1100.00	Payee address; City; State; Zip Code PO BOX 704 PORTER, TX 77365
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rodeo Sponsorship
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
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4 Date 8/17/2017	5 Payee name Alliance Sports Group
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6 Amount (\$) \$63.64	7 Payee address; City; State; Zip Code PO BOX 203246 DALLAS, TX 75320
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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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DOOR PRIZES
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/20/2017	Payee name JT Alford Benefit
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Amount (\$) \$1000.00	Payee address; City; State; Zip Code 24001 DAPPLE GRAY LN E MONTGOMERY, TX 77356
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charity Auction/Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/21/2017	Payee name EMC Fair & Rodeo
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Amount (\$) \$150.00	Payee address; City; State; Zip Code PO BOX 704 PORTER, TX 77365
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BUCKLE SPONSOR
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date 8/23/2017	5 Payee name Splendora Youth Football Association	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO BOX 173 SPLENDORA, TX 77372	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ASSOCIATION SPONSOR
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/21/2017	Payee name Sean Thompson	
Amount (\$) \$1500.00	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	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media Political Consultant
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/23/2017	Payee name EMC Fair & Rodeo	
Amount (\$) \$500.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPONSORSHIP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
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4 Date 9/22/2017	5 Payee name Brett Ligon Campaign
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6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code PO BOX 805 MONTGOMERY, TX 77356
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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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Brett Ligon	Office sought	Office held District Attorney
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Date 9/29/2017	Payee name Melanie Bush Campaign
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Amount (\$) \$3350.00	Payee address; City; State; Zip Code 25227 GROGANS MILL RD STE 220 THE WOODLANDS, TX 77380
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution/Auction
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Melanie Bush	Office sought County Treasurer	Office held
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Date 9/29/2017	Payee name Friends of the NRA
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Amount (\$) \$2625.00	Payee address; City; State; Zip Code 11250 WAPLES MILL RD. FAIRFAX, VA 22030
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution/Auction Fundraiser
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
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4 Date 10/10/2017	5 Payee name HLSR Metro Committee
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6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code PO BOX 22 PORTER, TX 77365
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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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food Sponsor
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/10/2017	Payee name Allison Guillot
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 13470 FM 1485 CONROE, TX 77306
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship for Caney Creek Cheerleaders
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/10/2017	Payee name Fur N Feathers 4H
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 9020 AIRPORT RD. CONROE, TX 77303
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Program Sponsorship
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date 10/1/2017	5 Payee name Splendora FFA ALUMNI	
6 Amount (\$) \$3300.00	7 Payee address; City; State; Zip Code PO BOX 621 SPLENDORA, TX 77372	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Progress Show Cake Auction
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10/14/2017	Payee name Splendora FFA ALUMNI	
Amount (\$) \$965.00	Payee address; City; State; Zip Code PO BOX 621 SPLENDORA, TX 77372	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Skeet Shoot Sponsor & Auction
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10/14/2017	Payee name Kimberly Sutton	
Amount (\$) \$110.00	Payee address; City; State; Zip Code 811 LIGHTNINGBUG LN 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Books for Donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 (\$) \$250.00		7 Payee address; City; State; Zip Code 931 FM 2090 EAST SPLENDORA, TX 77372			
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation FALL FESTIVAL	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/25/2017		Payee name Vince Ross			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 210 SPRINGS EDGE DR. MONTGOMERY, TX 77356			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auctioneering for Fundraiser	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/25/2017		Payee name Ezra Charles			
Amount (\$) \$1700.00		Payee address; City; State; Zip Code 5405 JESSAMINE HOUSTON, TX 77081			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser Entertainment	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
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4 Date 11/21/2017	5 Payee name Peach Creek Baptist Church
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 25963 FM 1485 E NEW CANEY, TX 77357
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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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Thanksgiving Dinner Sponsorship
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/2/2017	Payee name Lynch Signs
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Amount (\$) \$470.89	Payee address; City; State; Zip Code PO BOX 1017 CONROE, TX 77305
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/2/2017	Payee name EMCID
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Amount (\$) \$820.00	Payee address; City; State; Zip Code 21575 US HWY 59 #200 NEW CANEY, TX 77357
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EDUCATION FOUNDATION DONATION
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date 11/4/2017	5 Payee name CHERRISTEE BRADY	
6 Amount (\$) \$890.00	7 Payee address; City; State; Zip Code 13470 FM 1485 CONROE, TX 77306	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser for Cheerleaders-Caney Creek
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11/10/2017	Payee name Green Trailer & Equipment	
Amount (\$) \$3501.88	Payee address; City; State; Zip Code 11990 US HWY 59 SOUTH CLEVELAND, TX 77327	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage for Signs & Equipment
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11/11/2017	Payee name Montgomery County Republican Party	
Amount (\$) \$1250.00	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) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fees for Office
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date 11/11/2017	5 Payee name CC Plus	
6 Amount (\$) \$3960.26	7 Payee address; City; State; Zip Code 4205 W DAVIS CONROE, TX 77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auction Items on Consignment
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/11/2017	Payee name GEMC Chamber	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 21575 HWY 59 N STE 100 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Raffle Tickets for Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/15/2017	Payee name Top Hat Catering	
Amount (\$) \$673.37	Payee address; City; State; Zip Code 1702 WILSON TR. Rd. HUMBLE, TX 77396	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Celebration Day/Thanksgiving with Commissioner Staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Media Consultant
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Benefit for Caney Creek Student-LAYNE ROGERS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/2/2017	Payee name EMC Fair & Rodeo	
Amount (\$) \$700.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BBQ Youth Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date 12/2/2017	5 Payee name New Caney Athletics	
6 Amount (\$) \$526.71	7 Payee address; City; State; Zip Code 21580 LOOP 494 NEW CANEY, TX 77357	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Room Rental - Fundraiser
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 12/2/2017	Payee name New Caney Ag Boosters	
Amount (\$) \$650.00	Payee address; City; State; Zip Code PO BOX 2448 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cake Auction-Progress Show
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11/21/2017	Payee name Montgomery County	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 501 N THOMPSON CONROE, TX 77301	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 1/5 Portrait Expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date 12/2/2017	5 Payee name KC Strategies	
6 Amount (\$) \$4141.66	7 Payee address; City; State; Zip Code 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Consultant
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 12/2/2017	Payee name Willis Ag Boosters	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 1735 WILLIS, TX 77318	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Raffle Tickets
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 12/2/2017	Payee name BMC Fair & Rodeo	
Amount (\$) \$21,200.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auction/Scholarship Fundraiser
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
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4 Date 12/12/2017	5 Payee name Allison McGrady
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6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 22098 FM 494 LOOP NEW CANEY, TX 77357
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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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mission NE Christmas
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/12/2017	Payee name New Caney HS
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Amount (\$) \$400.00	Payee address; City; State; Zip Code 21650 TX 494 LOOP NEW CANEY, TX 77357
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flowers for Fundraiser
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/20/2017	Payee name Sam's Club
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Amount (\$) \$374.77	Payee address; City; State; Zip Code 22296 MARKET PLACE DR NEW CANEY, TX 77357
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CELEBRATION DAY FOR EMPLOYEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date 12/12/2017	5 Payee name Coals Smokehouse	
6 Amount (\$) \$226.50	7 Payee address; City; State; Zip Code 25069 FM 2090 SPLENDORA, TX 77372	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for EMCRW-PAC Christmas
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 12/4/2017	Payee name WalMart	
Amount (\$) \$312.84	Payee address; City; State; Zip Code 20310 US 59 BUSINESS NEW CANEY, TX 77357	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFTS/AWARDS/MEMORIAL EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DOOR PRIZES & GIFT CARDS FOR SENIORS & EMPLOYEES
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 12/2/2017	Payee name Coals Smokehouse	
Amount (\$) \$284.82	Payee address; City; State; Zip Code 25069 FM 2090 SPLENDORA, TX 77372	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Concerned Citizens Christmas Dinner
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
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4 Date 12/2/2017	5 Payee name Sams Club
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6 Amount (\$) \$294.25	7 Payee address; City; State; Zip Code 22296 MARKET PLACE DR NEW CANEY, TX 77357
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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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DOOR PRIZES FOR SENIORS & CHAMBER
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/30/2017	Payee name Facebook
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Amount (\$) \$13.00	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BOOSTER ADS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/14/2017	Payee name Google Play
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Amount (\$) \$10.61	Payee address; City; State; Zip Code 1600 AMPITHEATER PARKWAY MOUNTAIN VIEW, CA 94043
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTERNET ADVERTISING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date 11/14/2017	5 Payee name Swiftpage Act1	
6 Amount (\$) \$44.77	7 Payee address; City; State; Zip Code 621 17TH STREET STE 500 DENVER, CO 80293	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFCE OVERHEAD/RENTAL EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATABASE MANAGEMENT
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11/13/2017	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEBSITE FEES
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11/12/2017	Payee name Google Play	
Amount (\$) \$8.49	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTERNET ADS
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date 10/31/2017	5 Payee name Facebook	
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BOOSTED ADS
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10/31/2017	Payee name LITTLE CAESARS PIZZA	
Amount (\$) \$313.93	Payee address; City; State; Zip Code 23741 US HWY 59 N 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DINNER FOR FFA MTG.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10/30/2017	Payee name Sams Club	
Amount (\$) \$151.42	Payee address; City; State; Zip Code 2000 WESTVIEW BLVD CONROE, TX 77304	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPEAKER FOR DONATION-LIBERTY BELLES
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 (\$) \$172.94	7 Payee address; City; State; Zip Code 2000 WESTVBIW BLVD CONROE, TX 77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PORTABLE SPEAKER FOR EVENTS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/30/2017	Payee name Paypal	
Amount (\$) \$19.99	Payee address; City; State; Zip Code PO BOX 5138 TIMONIUM, MD 21094	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTERNET ADVERTISING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/24/2017	Payee name Sams Club	
Amount (\$) \$357.34	Payee address; City; State; Zip Code 22296 MARKET PLACE DR NEW CANEY, TX 77357	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CELEBRATION DAY LUNCHES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date 10/23/2017	5 Payee name Sams Club	
6 Amount (\$) \$333.20	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) SOLICITATION/FUNDRAISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AUCTION ITEMS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/23/2017	Payee name Academy	
Amount (\$) \$316.87	Payee address; City; State; Zip Code 21770 MARKET PLACE DR. NEW CANEY, TX 77357	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AUCTION ITEMS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/23/2017	Payee name Office Depot	
Amount (\$) \$760.42	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) OFFICE OVERHEAD/RENTAL EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN LAPTOP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
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4 Date 10/23/2017	5 Payee name Google Play
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6 Amount (\$) \$9.99	7 Payee address; City; State; Zip Code 1600 AMPITHEATER PARKWAY MOUNTAIN VIEW, CA 94043
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense INTERNET ADS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/23/2017	Payee name KK Insurance
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Amount (\$) \$135.00	Payee address; City; State; Zip Code 1712 MAGNAVOX WAY FORT WAYNE, IN 46804
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Insurance for Room/Facility
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/23/2017	Payee name Pappa's Restaurant
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Amount (\$) \$8501.81	Payee address; City; State; Zip Code PO BOX 571749 HOUSTON, TX 77257
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering for Fundraiser
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
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4 Date 10/16/2017	5 Payee name Swiftpage Act!
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6 Amount (\$) \$44.77	7 Payee address; City; State; Zip Code 621 17TH STREET STE 500 DENVER, CO 80293
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFCE OVERHEAD/RENTAL EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATABASE MANAGEMENT
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/16/2017	Payee name Google Play
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Amount (\$) \$10.61	Payee address; City; State; Zip Code 1600 AMPITHEATER PARKWAY MOUNTAIN VIEW, CA 94043
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTERNET ADS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/13/2017	Payee name Campaign Partner
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Amount (\$) \$49.00	Payee address; City; State; Zip Code PO BOX 118 STILL RIVER, MA 01467
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEBSITE FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
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4 Date 10/10/2017	5 Payee name Lone Star LEMC, INC.
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6 Amount (\$) \$1670.00	7 Payee address; City; State; Zip Code PO BOX 2545 CONROE, TX 77305
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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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BENEFIT FOR VERNONS KATFISH
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/21/2017	Payee name WalMart
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Amount (\$) \$32.67	Payee address; City; State; Zip Code 20310 US 59 BUSINESS NEW CANEY, TX 77357
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES FOR MAILOUT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/28/2017	Payee name Brian Dawson
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 3600 FM 1488 STE 120-154 CONROE, TX 77384
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Brian Dawson	Office sought Commissioner Pct 2	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date 9/27/2014	5 Payee name Quik Pics	
6 Amount (\$) \$294.44	7 Payee address; City; State; Zip Code 25329 BUDDERD 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HEADSHOTS/PICTURES FOR CAMPAIGN
9 Complete <u>ONLY</u> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTERNET ADS
Complete <u>ONLY</u> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTERNET ADS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer 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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTERNET ADS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATABASE MANAGEMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/12/2017	Payee name Cracker Barrel	
Amount (\$) \$182.21	Payee address; City; State; Zip Code 1301 LEAGUE LINE RD. CONROE, TX 77304	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LUNCH FOR OFFICE STAFF
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RENTAL FOR EQUIPMENT FOR REPAIR
9 Complete <u>ONLY</u> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTERNET ADS
Complete <u>ONLY</u> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES FOR INVITES/FUNDRAISER
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
4 Date 8/17/2017	5 Payee name Fed Ex Office Store	
6 Amount (\$) \$465.48	7 Payee address; City; State; Zip Code 1304 W DAVIS CONROE, TX 77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER INVITATIONS & LETTERS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/14/2017	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 EXPENSES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATABASE MANAGEMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/13/2017	Payee name Google Play	
Amount (\$) \$8.49	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTERNET ADS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
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4 Date 8/1/2017	5 Payee name Cracker Barrel
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6 Amount (\$) \$69.18	7 Payee address; City; State; Zip Code 24400 BASTEX FRWY KINGWOOD, TX 77339
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN MEETING
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/31/2017	Payee name Sams Club
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Amount (\$) \$340.61	Payee address; City; State; Zip Code 22296 MARKET PLACE DR NEW CANEY, TX 77357
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DOOR PRIZES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/14/2017	Payee name Swiftpage Act!
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Amount (\$) \$44.77	Payee address; City; State; Zip Code 621 17TH STREET STE 500 DENVER, CO 80293
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD/RENTAL EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATABASE MANAGEMENT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
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4 Date 7/10/2017	5 Payee name Sams Club
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6 Amount (\$) \$150.18	7 Payee address; City; State; Zip Code 19091 INTERSTATE 45 S SHENANDOAH, TX 77385
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN SUPPLIES/WATERS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/3/2017	Payee name Home Depot
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Amount (\$) \$39.65	Payee address; City; State; Zip Code 1341 W DAVIS ST. CONROE, TX 77304
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES FOR PARADE/SIGNS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/3/2017	Payee name Home Depot
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Amount (\$) \$180.19	Payee address; City; State; Zip Code 23575 IS 59 PORTER, TX 77365
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS/TRAILER FOR PARADE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	2 FILER NAME Jim M. Clark, II	3 Filer ID (Ethics Commission Filers)
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4 Date 7/1/2017	5 Payee name Home Depot
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6 Amount (\$) \$216.13	7 Payee address; City; State; Zip Code 1341 W DAVIS CONROE, TX 77304
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGN FRAMES FOR PARADE
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/3/2017	Payee name WALMART
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Amount (\$) \$10.00	Payee address; City; State; Zip Code 831 HWY 59 S CLEVELAND, TX 77327
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Conditions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GIFT CARDS FOR SENIORS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/4/2017	Payee name BROOKSHIRE BROS.
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Amount (\$) \$4.64	Payee address; City; State; Zip Code 20185 HWY 59 NEW CANEY, TX 77357
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFTS/AWARDS/MEMORIAL EXPENSES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CARD FOR EMPLOYEE BIRTHDAY
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 37	2 FILER NAME JIM M CLARK, II	3 Filer ID (Ethics Commission Filers)
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4 Date 9/20/2017	5 Payee name WALMART
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6 Amount (\$) \$80.00	7 Payee address; City; State; Zip Code 20310 US HWY 59 NEW CANEY, TX 77357
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GIFTS/AWARDS/MEMORIAL EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GIFT CARDS FOR SENIOR/CELEBRATION DAYS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/20/2017	Payee name WALMART
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Amount (\$) \$80.00	Payee address; City; State; Zip Code 20310 US HWY 59 NEW CANEY, TX 77357
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFTS/AWARDS/MEMORIAL EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GIFT CARDS FOR SENIOR/CELEBRATION DAYS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/3/2017	Payee name WALMART
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Amount (\$) \$10.00	Payee address; City; State; Zip Code 831 HWY 59 S CLEVELAND, TX 77327
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFTS/AWARDS/MEMORIAL EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GIFT CARDS FOR SENIORS/CELEBRATION DAYS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	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 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GIFT CARDS FOR SENIORS/CELEBRATION DAY
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10/17/2017	Payee name 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	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GIFT CARDS FOR SENIORS/CELEBRATION DAY
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 11/15/2017	Payee name 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	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GIFT CARDS FOR SENIORS/CELEBRATION DAY
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 37	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COOKIE TRAY FOR OFFICE
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 12/20/2017	Payee name 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	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GIFT CARDS FOR SENIORS & CELEBRATION DAY
	Complete <u>ONLY</u> 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)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 _____	

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