CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		*	OOVER OHEET PO T
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	Mr Clint	C	Dale Received
	Ives	SUFFIX	FEB 0 5,2018
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P. O Box 533 Inez	TX 77968	Date Hand-delivered or Postmarked
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 649-2068	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	Mrs First Nancy	L MI	Date Imaged
	NICKNAME LAST IVES	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NOPOBOX PLEASE): APT/SUITE#, 9583 J-2 Ranch Rd	Inez TX	77968
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 550-2475	EXTENSION	
REPORT TYPE	January 15 X 30th day before election July 15 8th day before election	Runoff Exceeded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
0 PERIOD COVERED	Month Day Year THROUGH	Month Day 1 / 25 /2	Year 018
1 ELECTION	Month ELECTION DATE Year 3 6 2018	Runolf Go	enoral Special
2 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Victoria County Commissioner Pct 4	Victoria County C Pct 4	ommissioner
	GO TO PAGE	Ξ2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

			OOVER OHEET PG 2	
Clint C Ives			15 ACCOUNT# (Ethics Commission Filers	
16 NOTICE FROM POLITICAL COMMITTEE(S)	GANDIDATE / OFFIC	CODE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANTES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE			
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 125.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 2,650.00	
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		ZED \$	
	4. TOTAL F	4. TOTAL POLITICAL EXPENDITURES		
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	\$3,685.01		
OUTSTANDING LOAN TOTALS	6. TOTAL PR LAST DAY	\$		
AFFIDAVIT		swear, or affirm, under penalty of p	erium, that the accompanying report	
	* My Not	is true and correct and includes all in me under Title 15, Election Code. Inverse 30, 2019	formation required to be reported by	
		Signature of Candid	ate or Officeholder	
AFFIX NOTARY STAMP		e, by the said Clint C. IVe	5 this the	
5 day		. 20 18 , to certify which, witness my	hand and seal of office.	
Signature of officer adminis	stering oath	Printed name of officer administering cath	NotARry Public Title of officer administering oath	
			•	

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A	
The Instruction Guide explains how to complete this form.			1 Total pages So	1 Total pages Schedule A.	
2 FILER NAME	² FILER NAME Clint C Ives		3 ACCOUNT# (Ethics Commission Filers)	
4 Date 1/5/2018	Full name of contributor Cut-of-state PAC(F) ** R.I. Gandy 6 Contributor address; City, State; Zip Code PO Box 1316 Corpus Chris		7 Amount of contribution (\$) 1,000.0	8 In-kind contribution description (if applicable)	
9 Principal acces	pullur. Tob title risee instructions,	10 Employer (See		Of (BAdS, Complete Suservier 1)	
Date 1/10/2018	Thomas and Grace Innes		Amount of contribution (\$)	in-kind contribution description (if applicable)	
	Contributor address; City, State: Zip Code 222 Sirocco Dr Victoria, TX7790		25.00		
Principal occup	pation / Job title (See Instructions)	Employer (See	(If travel cutside of Instructions)	of Texas, complete Schedule T)	
Date 1/15/2018	Full name of contributor Out-of-state PAC (L.A. S. Holtzheauser Contributor address: City; State: Zip Code		Amount of contribution: (\$)	In-kind contribution description (if applicable)	
1/15/2016	3200 Grandview Dr Austin, TX 78	3705	500.00	_	
Principal occupa	ation / Job title (See Instructions)	Employer (See in		f Texas, complete Schedule T)	
Date 1/24/18	Full name of contributor out-of-state PAC (LOW) Empire Field Services Contributor address, City, State; Zip Code		Amount of contribution (\$)	In-king contribution description (if applicable)	
	PO Box 4609Victoria, TX 77903		1,000.00		
Principal occupa	ation / Job title (See Instructions)	Employor (See In	(If travel outside of structions)	Texas, complete Schedule T)	
Date	Full name of contributor cut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code				
Principal occupat	tion / Job title (See Instructions)	Employer (See In:	(if travel outside of I structions)	Texas, complete Schedule T)	
If con	ATTACH ADDITIONAL COPIES OF ntributor is out-of-state PAC, please see instruc	THIS SCHEDULE A	SNEEDED	quirements.	

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURI	E CATEGORIES	FOR BOX 8(a))	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Foos	Gift/Awards/Memorials Expense Legal Services Fnod/Beverage Expenso Polling Expense Printing Expense	Salaries/Wages/O Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/R	ontract Labor vising Expense	Loan Repayment/Rei Transportation Equip Contributions/Donatio Candidate/Officeh	ment & Related Expense
	The Instruction Guide			fm.	g ny manana dia 14.
1 Total pages Schedule F:	2 FILER NAME Clint C Ives			3 ACCOUNT#	(Ethics Commission Fifers)
1/5/2018	5 Payce name McCoys				
6 Amount (\$)	7 Payee address; City; St	ate. Zip Code		The same of the sa	
74.69	Victoria TX 77904				
8 PURPOSE	(a) Category (See catagonies Ested at the top	p of this schedule)	(b) Description ((If travel outside of Texas, c.	omplete Schedule II,
OF EXPENDITURE	Advertising Exp				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	The second of the second secon	Office sought		Office held
Date 1/12/18	Martin Printing			PORT OF THE PROPERTY OF THE PR	
Amount (\$)	Payee address; City; Sta	ate; Zip Code	** *** *** *** *** *** *** *** *** ***	to the commence of the second	
453.57	Victoria, TX				
PURPOSE	Catogory (See categories listed at the top	of this schedule)	Description (travel outside of Texas, co	riplete Schedule I)
OF EXPENDITURE	Printing	MARKET (COM), OR			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	aranga an ar	Office sought		Office held
Date 1/15/2018	Payee name Industrial Education Fou	undation Ma	roon Ball		
Amount (\$)	Payee address; City. State	e; Zip Code	Andrew or statement and		
350.00	Inez, TX 77968				
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (In	travel outside of Texas, cor-	iptale Schedule T)
OF EXPENDITURE	Advertising Exp	t -			
Complete <u>DNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
Date 1/18/2018	Payee name UHV Night with the J	Jags			
Amount (\$)		: Zip Code	The state of the s		
90.00	Victoria, TX				
PURPOSE OF EXPENDITURE	Advertising Exp	this school (in)	Description (If in	avel outskie of Texas, comp	oteta Schedule ! }
Complete ONLY if direct	Candidate / Officeholder name		Office sought	-	Office held
Complete ONLY if direct expenditure to benefit C/OH					

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CA	TEGORIES FOR BOX 8(a)	
Accounting/Banking Consulting Expense Event Expense Fees	Accounting/Banking Legal Services Solicitation/Fun Consulting Expense Food/Bavarage Expense Travel In District Event Expense Polling Expense Travel Out Of F		Loan Repayment/Reimbursement Transportation Equipment & Related Expens Contributions/Donations Made By Cancidate/Officeholder/Political Committee	
		plains how to complete this fo	OTHER (enter a category not listed above) orm.	
1 Total pages Schedule F:	2 FILER NAME Clint C Ives		3 ACCOUNT # (Ethics Commission Filer	
4 Date 1/20/2018	5 Payee name Inez Community Benefit As	ssociation	1	
6 Amount (\$)	7 Payee address; City: State:	Zip Code		
325.00	Inez, TX 77968			
8 PURPOSE	(a) Category (See categories Island at the top of this	schedule) (b) Description	HDSmith and All and	
OF EXPENDITURE	Advertising Exp	10 Coscipiion	(If travel outside of Toxas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name		Office sough	t Office neid	
Date	Payed name			
	!		And the second s	
Amount (\$)	Payeo address; City; State;	Zip Code		
		LID OOGE		
PURPOSE	0			
FURFUSE	Category (See categories listed at the top of this s	chedula) Constant	The state of the s	
OF EXPENDITURE	Category (See categories listed at the top of this a	chedule) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name	Office sought		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		If travel outside of Texas, complete Schedule II) Office held	
OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name			
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name			
OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/O Date	Candidate / Officeholder name	Office sought		
OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/O Dato Amount (\$) PURPOSE OF	Candidate / Officeholder name H Payee name Payee address, City: State, Zi	Office sought	Office held	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Dato Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H Payee name Payee address, City: State, Zi Category (See categories listed at the top of this sci	Office sought p Code hedule) Description (If	Office held Office held fravel outside of Texas, complete Schedule T)	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Candidate / Officeholder name Payee name Payee address, City: State, Zi Category (See categories listed at the top of this sci	Office sought P Code Description (if	Office held fravel outside of Texas, complete Schedule T)	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Candidate / Officeholder name Payee name Payee address, City: State, Zi Category (See categories listed at the top of this sci Candidate / Officeholder name Payee name Payee address: City, State; Zip	Office sought Description (If Office sought	Office held fravel outside of Texas, complete Schedule T)	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name Payee name Payee address, City: State, Zi Category (See categories listed at the top of this so Candidate / Officeholder name	Office sought P Code Description (if Office sought	Office held fravel outside of Texas, complete Schedule T)	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/C Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F	ontract Labor Laising Expense 7 trict Rontal Expense C	oan Repayment/Reimbursement fransportation Equipment & Related Expense contributions/Donations Made By Candidate/Officoholder/Political Committee ITHER (enter a category not listed above)
1 Total pages Schedule G:	Clint C Ives			3 ACCOUNT # (Ethics Commission Filers)
1/20/2018	Ventura's Tamales	***************************************		
6 Aniount (\$) 81.41	7 Payee address, City. Sta	te; Zip Code		
Reimbulsement from political contributions intended	Victoria, TX			
8 PURPOSE	(a) Category (See categories listed at the top of	of this schooling	(b) Description if	vaval outside of Texas, complete Schedula T)
OF EXPENDITURE	Event Exp		not age	
1/20/2018	Inez Community B	enefit As	sociation	
Amount (\$) 120.00	Payee address; City, State	a: Zip Code		
Reimbursement from political contributions intended	Inez, TX 77968			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top o	filtia scheduluj	Description (In	ravel outside of Texas, complete Schadule 1)
Date	Payee name			
Amount (\$)	Payee address; City; State	Zip Code		
Raimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule)	Description (If is	ovel outside of Taxus complete Schedule }
Date	Payee name	The second secon	The second secon	
Amount (\$)	Payee address, Gity, State	Zip Code		
Réimbursement troiri politicel contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of t	his schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COP	IES OF THIS SCI	HEDULE AS NEE	DED