

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:


| | | | |
|---------------------------------|---------------|-------|--------|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |
| | Mr | Clint | C |
| | | Ives | |

| | | | | | |
|---|--------------------------|----------------|-------|--------|----------|
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| | PO Box 533 Inez TX 77968 | | | | |

| | | | |
|----------------------------------|-----------|--------------|-----------|
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (361) | 649-2068 | |

| | | | |
|---------------------------|---------------|-------|--------|
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |
| | Mrs | Nancy | L |
| | | Ives | |

OFFICE USE ONLY



Date Received: _____

Date Hand Delivered or Date Re-marked: _____

Receipt # _____ Amount \$ _____

Date Processed: **FEB 22 2022**

Date Imaged: _____

KJ

| | | | | | |
|---|------------------------------------|----------------|-------|--------|----------|
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| | 9579 J2 Ranch Rd Inez TX 77968 | | | | |

| | | | |
|----------------------------|-----------|--------------|-----------|
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (361) | 550-2475 | |

| | | | | |
|---------------|-------------------------------------|---|--|--|
| 9 REPORT TYPE | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) |
| | <input type="checkbox"/> July 15 | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) |

| | | | | | | | |
|-------------------|-------|-----|------|---------|-------|-----|------|
| 10 PERIOD COVERED | Month | Day | Year | THROUGH | Month | Day | Year |
| | 1 | 21 | 22 | | 2 | 19 | 22 |

| | | | | | | |
|-------------|---------------|-----|------|---|----------------------------------|--|
| 11 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month | Day | Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description |
| | 3 | 1 | 22 | <input type="checkbox"/> General | <input type="checkbox"/> Special | _____ |

| | | |
|-----------|------------------------------------|-----------------------------|
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) |
| | Victoria County Commissioner Pct 4 | |

| | | | |
|---|---|--------------------------------------|--|
| 14 NOTICE FROM POLITICAL COMMITTEE(S) 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 | COMMITTEE NAME | |
| | GENERAL | COMMITTEE ADDRESS | |
| | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Clint C Ives

16 Filer ID (Ethics Commission Filers)

| | | |
|-------------------------|---|--------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 9,200.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 13,929.69 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 1,500.97 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

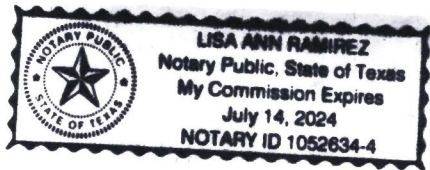
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Lisa Ann Ramirez this the 22nd day of February, 2022, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|--|--------------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 9,200.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. SCHEDULE E: LOANS | \$ |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 10,829.69 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 3,100.00 |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Clint C Ives | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/08/2022 | 5 Full name of contributor out-of-state PAC (ID#: _____) Victoria Area Realtors Association TREPAC 6 Contributor address; City; State; Zip Code 2906 E Airline Victoria TX 77901 | 7 Amount of contribution (\$) 1,500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|--|-----------------------------|
| Date | Full name of contributor 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 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 out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| 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

If the requested information is not applicable, **DO NOT** include this page in the report.

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Clint C Ives | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/21/2022 | 5 Full name of contributor out-of-state PAC (ID#: _____) Scott & BJ Nelson 6 Contributor address; City; State; Zip Code 244 Riverwood Dr Victoria, TX 77904 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 02/21/2022 | Full name of contributor out-of-state PAC (ID#: _____) Shane Stuart Contributor address; City; State; Zip Code 2001 J2 Ranch Rd Inez TX 77968 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 02/15/2022 | Full name of contributor out-of-state PAC (ID#: _____) Jay Neukomm Contributor address; City; State; Zip Code 402 Edinburgh St Victoria TX 77904 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 02/15/2022 | Full name of contributor out-of-state PAC (ID#: _____) Clint & Jennifer Ives Contributor address; City; State; Zip Code PO Box 533 Inez TX 77968 | Amount of contribution (\$) 2,000.00 |
| 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

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Clint C Ives

3 Filer ID (Ethics Commission Filers)

4 Date

02/10/2022

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

Mark & Sarah Barnes

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

114 Wearden Dr Victoria, TX 77904

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/07/2022

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

Dr Rick Heard

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

5606 N Navarro Street Ste 304 Victoria TX 77904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/16/2022

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

Rex & Teresa Easley

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

808 W nueces Victoria TX 77901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/21/2022

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

Robert Leon & Charla Borchers

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

2203 N De Leon St Victoria TX 77901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Clint C Ives

3 Filer ID (Ethics Commission Filers)**4** Date

02/03/2022

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

John & Marty Stockbauer

7 Amount of contribution (\$)**100.00****6** Contributor address; City; State; Zip Code

PO Box 208 Telferner TX 77988

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

02/09/2022

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

D. B Holzheuser

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

4612 Ramsey Ave Austin TX 78756

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/10/2022

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

Thomas & Lisa Null

Amount of contribution (\$)

300.00

Contributor address; City; State; Zip Code

801 Champion Row Victoria TX 77904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/07/2022

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

Randy Davis

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

801 Treasure Oaks Drive Inez TX 77968

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Clint C Ives | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/04/2022 | 5 Full name of contributor out-of-state PAC (ID#: _____) John Zacek 6 Contributor address; City; State; Zip Code 46 Benbow Rd Inez TX 77968 | 7 Amount of contribution (\$) 250.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 02/04/2022 | Full name of contributor out-of-state PAC (ID#: _____) AC Water Well LLC Contributor address; City; State; Zip Code 428 Brady Rd Inez TX 77968 | Amount of contribution (\$) 200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 02/02/2022 | Full name of contributor out-of-state PAC (ID#: _____) Tom & Jam Marchbanks Contributor address; City; State; Zip Code 535 J2 Ranch Drive | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 02/07/2022 | Full name of contributor out-of-state PAC (ID#: _____) Dr David Hanselka Contributor address; City; State; Zip Code 407 Conti Ln Victoria, TX 77904 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Clint C Ives | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/30/2022 | 5 Full name of contributor out-of-state PAC (ID#: _____) Dr Aaron Muegge 6 Contributor address; City; State; Zip Code 203 Masters Dr Victoria, TX 77904 | 7 Amount of contribution (\$) 50.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 01/31/2022 | Full name of contributor out-of-state PAC (ID#: _____) Viola Saenz Contributor address; City; State; Zip Code 6010A Country Club Dr Victoria, TX 77904 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/31/2022 | Full name of contributor out-of-state PAC (ID#: _____) Randy &Sany Muegge Contributor address; City; State; Zip Code 202 Buckingham St Victoria, TX 77904 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/31/2022 | Full name of contributor out-of-state PAC (ID#: _____) Michael Maraggia Contributor address; City; State; Zip Code 529 Mill Lane Inez, TX 77968 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Clint C Ives | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/31/2022 | 5 Full name of contributor out-of-state PAC (ID#: _____) Gloria Volkmer 6 Contributor address; City; State; Zip Code 501 Rhodes Rd Victoria, TX 77904 | 7 Amount of contribution (\$) 50.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|--|--|
| Date 02/01/2022 | Full name of contributor out-of-state PAC (ID#: _____) Kenneth and Becky Allen Contributor address; City; State; Zip Code 5098 Eule Dr Katy, TX 77493 | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|---|--|
| Date 01/30/2022 | Full name of contributor out-of-state PAC (ID#: _____) Mark Zafereo Contributor address; City; State; Zip Code 125 KreekView Dr Victoria, TX 77904 | Amount of contribution (\$) 200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|--|--|
| Date 01/31/2022 | Full name of contributor out-of-state PAC (ID#: _____) Kyle & Gail Brady Contributor address; City; State; Zip Code 17205 N FM 444 Inez, TX 77968 | Amount of contribution (\$) 200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|--|--|--|
| | | |
|--|--|--|

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Clint C Ives | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/31/2022 | 5 Full name of contributor out-of-state PAC (ID#: _____) Jon New 6 Contributor address; City; State; Zip Code PO Box 1247 Victoria, TX 77902 | 7 Amount of contribution (\$) 250.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 01/30/2022 | Full name of contributor out-of-state PAC (ID#: _____) Dr Martha Noble Contributor address; City; State; Zip Code 805 Mockingbird Ln Suite D Victoria TX 77904 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/27/2022 | Full name of contributor out-of-state PAC (ID#: _____) Ken & Doe Richter Contributor address; City; State; Zip Code 1372 Richter Rd Inez, TX 77968 | Amount of contribution (\$) 200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/31/2022 | Full name of contributor out-of-state PAC (ID#: _____) Robert McKay Contributor address; City; State; Zip Code 609 E Mockingbird Ln Victoria, TX 77904 | Amount of contribution (\$) 50.00 |
| 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. | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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: | 2 FILER NAME Clint C Ives | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/21/2022 | 5 Payee name United States Postal Service | |
| 6 Amount (\$) 300.00 | 7 Payee address; City; State; Zip Code 312 S Main Victoria TX 77901 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Postage | (b) Description Stamps |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Clint C Ives | Office sought Office held |
| Date 01/21/2022 | Payee name UPS Store | |
| Amount (\$) 1,290.57 | Payee address; City; State; Zip Code 1708 N Navarro Victoria TX 77901 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertisement | Description Printing |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Clint C Ives | Office sought Office held |
| Date 01/21/2022 | Payee name BBM | |
| Amount (\$) 1,000.00 | Payee address; City; State; Zip Code 120 S Main St Victoria, TX 77901 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertisement | Description Production |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Clint C Ives | Office sought Office held |
| | Victoria County Commissioner Pct 4 | Victoria County Commissioner Pct 4 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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: | 2 FILER NAME Clint C Ives | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/24/2022 | 5 Payee name Inustrial Education Foundation | |
| 6 Amount (\$) 250.00 | 7 Payee address; City; State; Zip Code Vanderbilt TX | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertisement | (b) Description Sponsorship |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Clint C Ives | Office sought Victoria County Commissioner pct4 |
| | | Office held Victoria County Commissioner Pct4 |
| Date 01/27/2022 | Payee name UPS Store | |
| Amount (\$) 250.00 | Payee address; City; State; Zip Code 1708 North Navarro Victoria TX 77901 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertisement | Description Printing |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| | | Office held |
| Date 01/27/2022 | Payee name USPS | |
| Amount (\$) 306.85 | Payee address; City; State; Zip Code 312 S Main Victoria TX 77901 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Postahe | Description Postage |
| | Check if travel outside of Texas. Complete Schedule T. 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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: | 2 FILER NAME Clint C Ives | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|-------------------------------------|--|

| | |
|-----------------------------|----------------------------------|
| 4 Date 02/03/2022 | 5 Payee name UPS Store |
|-----------------------------|----------------------------------|

| | | | | |
|--------------------------------|---|-------|--------|----------|
| 6 Amount (\$) 200.00 | 7 Payee address; 1708 N Navarro Victoria TX 77901 | City; | State; | Zip Code |
|--------------------------------|---|-------|--------|----------|

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

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

| | |
|--------------------|---|
| Date 02/05/2022 | Payee name Industrial Education Foundation |
|--------------------|---|

| | | | | |
|-----------------------|----------------------------|-------|--------|----------|
| Amount (\$) 290.00 | Payee address; Inez, TX | City; | State; | Zip Code |
|-----------------------|----------------------------|-------|--------|----------|

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

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

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|--------------------|-------------------------|
| Date 02/14/2022 | Payee name UPS Store |
|--------------------|-------------------------|

| | | | | |
|-------------------------|---|-------|--------|----------|
| Amount (\$) 1,190.70 | Payee address; 1708 N NavarroVictoria TX 77901 | City; | State; | Zip Code |
|-------------------------|---|-------|--------|----------|

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

| | | | |
|--|-------------------------------|---------------|-------------|
| 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

If the requested information is not applicable, **DO NOT** include this page in the report.

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: | 2 FILER NAME Clint C Ives | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|-------------------------------------|--|

| | |
|-----------------------------|---|
| 4 Date 02/15/2022 | 5 Payee name Nicholson & Associates |
|-----------------------------|---|

| | | | | |
|--------------------------------|--|-------|--------|----------|
| 6 Amount (\$) 532.49 | 7 Payee address; PO Box 2522 Victoria TX 77902 | City; | State; | Zip Code |
|--------------------------------|--|-------|--------|----------|

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

| | | | |
|---|---|--|---|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Clint C Ives | Office sought Victoria County Commissioner Pct4 | Office held Victoria County Commissioner Pct 4 |
|---|---|--|---|

| | |
|--------------------|------------------------|
| Date 02/17/2022 | Payee name A4 Media |
|--------------------|------------------------|

| | | | | |
|-----------------------|--|-------|--------|----------|
| Amount (\$) 739.29 | Payee address; 1 Court Sq 47TH FL, Long Island City | City; | State; | Zip Code |
|-----------------------|--|-------|--------|----------|

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

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

| | |
|--------------------|------------------------------------|
| Date 02/17/2022 | Payee name Victoria Radio Works |
|--------------------|------------------------------------|

| | | | | |
|-----------------------|---|-------|--------|----------|
| Amount (\$) 318.75 | Payee address; 3613 N Main St Victoria, TX 77901 | City; | State; | Zip Code |
|-----------------------|---|-------|--------|----------|

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

| | | | |
|--|-------------------------------|---------------|-------------|
| 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

If the requested information is not applicable, **DO NOT** include this page in the report.

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: | 2 FILER NAME Clint C Ives | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|-------------------------------------|--|

| | |
|-----------------------------|---|
| 4 Date 02/07/2022 | 5 Payee name Industrial Little League |
|-----------------------------|---|

| | | | | |
|--------------------------------|-------------------------------------|-------|--------|----------|
| 6 Amount (\$) 500.00 | 7 Payee address; Inez, TX | City; | State; | Zip Code |
|--------------------------------|-------------------------------------|-------|--------|----------|

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

| | | | |
|---|---|---|---|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Clint C Ives | Office sought Victoria County Commissioner Pct 4 | Office held Victoria County Commissioner Pct 4 |
|---|---|---|---|

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|--------------------|------------------------------------|
| Date 02/08/2022 | Payee name Victoria Radio Works |
|--------------------|------------------------------------|

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|-----------------------|--|-------|--------|----------|
| Amount (\$) 297.50 | Payee address; 3613 N Main St Victoria TX 77901 | City; | State; | Zip Code |
|-----------------------|--|-------|--------|----------|

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

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

| | |
|--------------------|------------------------|
| Date 02/10/2022 | Payee name A4 Media |
|--------------------|------------------------|

| | | | | |
|-----------------------|--|-------|--------|----------|
| Amount (\$) 739.29 | Payee address; 1 Court Sq 47TH FL, Long Island City | City; | State; | Zip Code |
|-----------------------|--|-------|--------|----------|

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

| | | | |
|--|-------------------------------|---------------|-------------|
| 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

If the requested information is not applicable, **DO NOT** include this page in the report.

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: | 2 FILER NAME Clint C Ives | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|-------------------------------------|--|

| | |
|-----------------------------|----------------------------------|
| 4 Date 02/11/2022 | 5 Payee name UPS Store |
|-----------------------------|----------------------------------|

| | |
|--------------------------------|---|
| 6 Amount (\$) 300.00 | 7 Payee address; City; State; Zip Code 1708 N Navarro Victoria TX 77901 |
|--------------------------------|---|

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

| | | | |
|---|---|---|---|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Clint C Ives | Office sought Victoria County Commissioner Pct 4 | Office held Victoria County Commissioner Pct 4 |
|---|---|---|---|

| | |
|--------------------|-------------------|
| Date 02/13/2022 | Payee name BBM |
|--------------------|-------------------|

| | |
|----------------------|--|
| Amount (\$) 33.00 | Payee address; City; State; Zip Code 120 S Main Victoria TX 77901 |
|----------------------|--|

| | | |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Avertising | Description Advertising |
| | <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 |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------|------------------------------------|
| Date 02/15/2022 | Payee name Victoria Radio Works |
|--------------------|------------------------------------|

| | |
|-----------------------|---|
| Amount (\$) 191.25 | Payee address; City; State; Zip Code 3613 N Main Victoria TX 77901 |
|-----------------------|---|

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|-------------------------------|--|----------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Advertising |
| | <input checked="" 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Clint C Ives | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/17/2022 | 5 Payee name Beverly Woods Fishing And Hunting With Kids Foundation | |
| 6 Amount (\$) 100.00 | 7 Payee address; City; State; Zip Code 353 Bandera Lanr Springfield TN 37172 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Sponsorship |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Clint C Ives | Office sought Victoria County Commissioner Pct4 |
| | | Office held Victoria County Commissioner Pct 4 |
| Date 02/17/2022 | Payee name KAVU | |
| Amount (\$) 2,000.00 | Payee address; City; State; Zip Code 3808 N Navarro Victoria TX 77901 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Advertising |
| | <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 |
| 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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

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 G: | 2 FILER NAME Clint C Ives | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/27/2022 | 5 Payee name Nicholson & Associates | |
| 6 Amount (\$) 900.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code PO Box 2522 Victori TX 77901 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting | (b) Description Consulting |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 01/28/2022 | Payee name BBM | |
| Amount (\$) 2,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 120 S Main St Victoria TX 77901 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Advertising |
| | <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 |
| Date 01/29/2022 | Payee name Northside Rotary | |
| Amount (\$) 200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code Victoria TX | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Sponsorship |
| | <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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