

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

|                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              |                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The C/OH Instruction Guide explains how to complete this form.                           |                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 ACCOUNT #<br>(Ethics Commission File #)                                    | 2 Total pages filed:<br><b>10</b>                                                                                                                                                  |
| 3 CANDIDATE / OFFICEHOLDER NAME                                                          | MS / MRS / MR<br><b>Mr</b>                                                                                                                                                                                                                                                                                                                                                                                              | FIRST<br><b>Clint</b>                                                        | MI<br><b>C</b>                                                                                                                                                                     |
|                                                                                          | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                                                | LAST<br><b>Ives</b>                                                          | SUFFIX                                                                                                                                                                             |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> change of address | ADDRESS / PO BOX<br><b>P. O Box 533</b>                                                                                                                                                                                                                                                                                                                                                                                 | APT / SUITE #                                                                | CITY, STATE, ZIP CODE<br><b>Inez TX 77968</b>                                                                                                                                      |
|                                                                                          | AREA CODE<br><b>(361 )</b>                                                                                                                                                                                                                                                                                                                                                                                              | PHONE NUMBER<br><b>649-2068</b>                                              | EXTENSION                                                                                                                                                                          |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                                         | MS / MRS / MR<br><b>Mrs</b>                                                                                                                                                                                                                                                                                                                                                                                             | FIRST<br><b>Nancy</b>                                                        | MI<br><b>L</b>                                                                                                                                                                     |
| 6 CAMPAIGN TREASURER NAME                                                                | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                                                | LAST<br><b>Ives</b>                                                          | SUFFIX                                                                                                                                                                             |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business)                                     | STREET ADDRESS (NO PO BOX PLEASE)                                                                                                                                                                                                                                                                                                                                                                                       | APT / SUITE #                                                                | CITY, STATE, ZIP CODE<br><b>Inez TX 77968</b>                                                                                                                                      |
| 8 CAMPAIGN TREASURER PHONE                                                               | AREA CODE<br><b>(361 )</b>                                                                                                                                                                                                                                                                                                                                                                                              | PHONE NUMBER<br><b>550-2475</b>                                              | EXTENSION                                                                                                                                                                          |
| 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)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) |                                                                              |                                                                                                                                                                                    |
| 10 PERIOD COVERED                                                                        | Month<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                       | Day<br><b>26</b>                                                             | Year<br><b>2018</b> THROUGH Month<br><b>2</b> Day<br><b>24</b> Year<br><b>2018</b>                                                                                                 |
| 11 ELECTION                                                                              | Month<br><b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                       | Day<br><b>6</b>                                                              | Year<br><b>2018</b> ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special |
| 12 OFFICE                                                                                | OFFICE HELD (if any)<br><b>Victoria County Commissioner<br/>Pct 4</b>                                                                                                                                                                                                                                                                                                                                                   | 13 OFFICE SOUGHT (if known)<br><b>Victoria County Commissioner<br/>Pct 4</b> |                                                                                                                                                                                    |
| <b>GO TO PAGE 2</b>                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              |                                                                                                                                                                                    |

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

14 C/OH NAME **Clint C Ives** 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE  
 GENERAL  
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

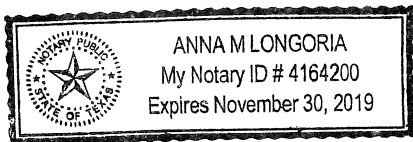
COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

|                         |                                                                                                                       |             |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0        |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 2,125.00 |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED                                                     | \$          |
|                         | 4. TOTAL POLITICAL EXPENDITURES                                                                                       | \$ 3,546.15 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 3,141.47 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$          |

18 AFFIDAVIT

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



*Clinton C. Ives*  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Clinton C. Ives, this the 26 day of Feb, 2018, to certify which, witness my hand and seal of office.

*Anna M Longoria* Anna M. Longoria Notary Public  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|                                                                                                                                                                               |                                                                                                            |                                                   |                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|
| The instruction Guide explains how to complete this form.                                                                                                                     |                                                                                                            | 1 Total pages Schedule A:                         |                                                    |
| 2 FILER NAME<br><b>Clint C Ives</b>                                                                                                                                           |                                                                                                            | 3 ACCOUNT # (Ethics Commission Filers)            |                                                    |
| 4 Date<br><b>1/30/2018</b>                                                                                                                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>Dorothy Simons</b>        | 7 Amount of contribution (\$)<br><b>100</b>       | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City, State; Zip Code<br><b>2021 McDuffie St Houston TX 77019</b>                                                                                      |                                                                                                            | (If travel outside of Texas, complete Schedule T) |                                                    |
| 9 Principal occupation / Job title (See Instructions)                                                                                                                         |                                                                                                            | 10 Employer (See Instructions)                    |                                                    |
| Date<br><b>2/2/2018</b>                                                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>Janet Miller</b>            | Amount of contribution (\$)<br><b>150.00</b>      | In-kind contribution description (if applicable)   |
| Contributor address; City, State; Zip Code<br><b>6040 Country Club Dr Victoria 77904</b>                                                                                      |                                                                                                            | (If travel outside of Texas, complete Schedule T) |                                                    |
| Principal occupation / Job title (See Instructions)                                                                                                                           |                                                                                                            | Employer (See Instructions)                       |                                                    |
| Date<br><b>2/6/2018</b>                                                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>Pat Cullen</b>              | Amount of contribution (\$)<br><b>250.00</b>      | In-kind contribution description (if applicable)   |
| Contributor address; City, State; Zip Code<br><b>PO Box 2938 Victoria TX 77902</b>                                                                                            |                                                                                                            | (If travel outside of Texas, complete Schedule T) |                                                    |
| Principal occupation / Job title (See Instructions)                                                                                                                           |                                                                                                            | Employer (See Instructions)                       |                                                    |
| Date<br><b>2/6/2018</b>                                                                                                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>B. Klimist</b>              | Amount of contribution (\$)<br><b>250.00</b>      | In-kind contribution description (if applicable)   |
| Contributor address; City, State; Zip Code<br><b>204 E Santa Rosa 77901</b>                                                                                                   |                                                                                                            | (If travel outside of Texas, complete Schedule T) |                                                    |
| Principal occupation / Job title (See Instructions)                                                                                                                           |                                                                                                            | Employer (See Instructions)                       |                                                    |
| Date<br><b>2/13/2018</b>                                                                                                                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>Kenneth and Becky Allen</b> | Amount of contribution (\$)<br><b>200.00</b>      | In-kind contribution description (if applicable)   |
| Contributor address; City, State; Zip Code<br><b>5098 Eule Dr Katy TX 77493</b>                                                                                               |                                                                                                            | (If travel outside of Texas, complete Schedule T) |                                                    |
| Principal occupation / Job title (See Instructions)                                                                                                                           |                                                                                                            | Employer (See Instructions)                       |                                                    |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br/>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |                                                                                                            |                                                   |                                                    |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|                                                                                                                                                                                  |                                                                                                                                                                                                   |                                                                                                                    |                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| The instruction Guide explains how to complete this form.                                                                                                                        |                                                                                                                                                                                                   | 1 Total pages Schedule A.                                                                                          |                                                    |
| 2 FILER NAME<br><b>Clint C Ives</b>                                                                                                                                              |                                                                                                                                                                                                   | 3 ACCOUNT # (Ethics Commission Fiers)                                                                              |                                                    |
| 4 Date<br><b>2/13/2018</b>                                                                                                                                                       | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>Dr. Malcolm Sumbera</b><br>6 Contributor address; City, State; Zip Code<br><b>1401 Victoria Station Dr 77901</b> | 7 Amount of contribution (\$)<br><b>100.00</b><br><small>(If travel outside of Texas, complete Schedule T)</small> | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)                                                                                                                            |                                                                                                                                                                                                   | 10 Employer (See Instructions)                                                                                     |                                                    |
| Date<br><b>2/20/2018</b>                                                                                                                                                         | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>Dr a Kopecky</b><br>Contributor address; City, State; Zip Code<br><b>112 Hollywood Blvd 77904</b>                  | Amount of contribution (\$)<br><b>25.00</b><br><small>(If travel outside of Texas, complete Schedule T)</small>    | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)                                                                                                                              |                                                                                                                                                                                                   | Employer (See Instructions)                                                                                        |                                                    |
| Date<br><b>2/20/2018</b>                                                                                                                                                         | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>Allan and Janet Miller</b><br>Contributor address; City, State; Zip Code<br><b>2103 Dudley St. 77901</b>           | Amount of contribution (\$)<br><b>250.00</b><br><small>(If travel outside of Texas, complete Schedule T)</small>   | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)                                                                                                                              |                                                                                                                                                                                                   | Employer (See Instructions)                                                                                        |                                                    |
| Date<br><b>2/15/2018</b>                                                                                                                                                         | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>Jimmy Zaplac</b><br>Contributor address; City, State; Zip Code<br><b>2505 N Navarro 77901</b>                      | Amount of contribution (\$)<br><b>100.00</b><br><small>(If travel outside of Texas, complete Schedule T)</small>   | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)                                                                                                                              |                                                                                                                                                                                                   | Employer (See Instructions)                                                                                        |                                                    |
| Date<br><b>2/15/18</b>                                                                                                                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>Donald and Pat Plowman</b><br>Contributor address; City, State; Zip Code<br><b>307 Leisure Ln 77904</b>            | Amount of contribution (\$)<br><b>200.00</b><br><small>(If travel outside of Texas, complete Schedule T)</small>   | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)                                                                                                                              |                                                                                                                                                                                                   | Employer (See Instructions)                                                                                        |                                                    |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |                                                                                                                                                                                                   |                                                                                                                    |                                                    |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|                                                                                                                                                                                  |                                                                                                                    |                                                   |                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|
| The instruction Guide explains how to complete this form.                                                                                                                        |                                                                                                                    | 1 Total pages Schedule A.                         |                                                    |
| 2 FILER NAME<br><b>Clint C Ives</b>                                                                                                                                              |                                                                                                                    | 3 ACCOUNT # (Ethics Commission Filers)            |                                                    |
| 4 Date<br><b>2/15/2018</b>                                                                                                                                                       | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Dr. David Hanselka</b>      | 7 Amount of contribution (\$)<br><b>75.00</b>     | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>407 Conti Ln 77904</b>                                                                                                        |                                                                                                                    | (If travel outside of Texas, complete Schedule T) |                                                    |
| 9 Principal occupation / Job title (See Instructions)                                                                                                                            |                                                                                                                    | 10 Employer (See Instructions)                    |                                                    |
| Date<br><b>2/15/2018</b>                                                                                                                                                         | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Adrienne and Lowell Smith</b> | Amount of contribution (\$)<br><b>50.00</b>       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>201 New Castle 77905</b>                                                                                                        |                                                                                                                    | (If travel outside of Texas, complete Schedule T) |                                                    |
| Principal occupation / Job title (See Instructions)                                                                                                                              |                                                                                                                    | Employer (See Instructions)                       |                                                    |
| Date<br><b>2/18/18</b>                                                                                                                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Billy Rudock</b>              | Amount of contribution (\$)<br><b>100.00</b>      | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>121 Tradewind Victoria, TX 77904</b>                                                                                            |                                                                                                                    | (If travel outside of Texas, complete Schedule T) |                                                    |
| Principal occupation / Job title (See Instructions)                                                                                                                              |                                                                                                                    | Employer (See Instructions)                       |                                                    |
| Date<br><b>2/18/18</b>                                                                                                                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Dr Aaron Muegge</b>           | Amount of contribution (\$)<br><b>50.00</b>       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>203 Masters Dr Victoria, TX 77904</b>                                                                                           |                                                                                                                    | (If travel outside of Texas, complete Schedule T) |                                                    |
| Principal occupation / Job title (See Instructions)                                                                                                                              |                                                                                                                    | Employer (See Instructions)                       |                                                    |
| Date<br><b>2/18/18</b>                                                                                                                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Thomas and Grace Innes</b>    | Amount of contribution (\$)<br><b>25.00</b>       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>222 Sirocco Victoria, TX 77904</b>                                                                                              |                                                                                                                    | (If travel outside of Texas, complete Schedule T) |                                                    |
| Principal occupation / Job title (See Instructions)                                                                                                                              |                                                                                                                    | Employer (See Instructions)                       |                                                    |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |                                                                                                                    |                                                   |                                                    |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|                                                                                       |                                                                                                                  |                                                   |                                                    |  |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|--|
| The Instruction Guide explains how to complete this form.                             |                                                                                                                  |                                                   | 1 Total pages Schedule A.                          |  |
| 2 FILER NAME<br><b>Clint C Ives</b>                                                   |                                                                                                                  |                                                   | 3 ACCOUNT # (Ethics Commission Filers)             |  |
| 4 Date<br><b>2/20/18</b>                                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Jake and Shelley Srp</b>  | 7 Amount of contribution (\$)<br><b>50.00</b>     | 8 In-kind contribution description (if applicable) |  |
| 6 Contributor address; City, State, Zip Code<br><b>407 Dennis St Edna, TX 77957</b>   |                                                                                                                  | (If travel outside of Texas, complete Schedule T) |                                                    |  |
| 9 Principal occupation / Job title (See Instructions)                                 |                                                                                                                  |                                                   | 10 Employer (See Instructions)                     |  |
| Date<br><b>2/20/18</b>                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Joe and Paula Whiteley</b>  | Amount of contribution (\$)<br><b>50.00</b>       | In-kind contribution description (if applicable)   |  |
| Contributor address; City, State, Zip Code<br><b>112 Berkshire Victoria, TX 77904</b> |                                                                                                                  | (If travel outside of Texas, complete Schedule T) |                                                    |  |
| Principal occupation / Job title (See Instructions)                                   |                                                                                                                  |                                                   | Employer (See Instructions)                        |  |
| Date<br><b>2/22/18</b>                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Raymond and Viola Saenz</b> | Amount of contribution (\$)<br><b>100.00</b>      | In-kind contribution description (if applicable)   |  |
| Contributor address; City, State, Zip Code<br><b>604 Lawndale Victoria TX 77901</b>   |                                                                                                                  | (If travel outside of Texas, complete Schedule T) |                                                    |  |
| Principal occupation / Job title (See Instructions)                                   |                                                                                                                  |                                                   | Employer (See Instructions)                        |  |
| Date                                                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)                                   | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |  |
| Contributor address; City, State, Zip Code                                            |                                                                                                                  | (If travel outside of Texas, complete Schedule T) |                                                    |  |
| Principal occupation / Job title (See Instructions)                                   |                                                                                                                  |                                                   | Employer (See Instructions)                        |  |
| Date                                                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)                                   | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |  |
| Contributor address; City, State, Zip Code                                            |                                                                                                                  | (If travel outside of Texas, complete Schedule T) |                                                    |  |
| 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****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

|                                                              |                                                                                 |                                                                   |
|--------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 1 Total pages Schedule F:                                    | 2 FILER NAME<br>Clint C Ives                                                    | 3 ACCOUNT # (Ethics Commission Filers)                            |
| 4 Date<br>2/8/2015                                           | 5 Payee name<br>Lamar                                                           |                                                                   |
| 6 Amount (\$)<br>\$700.00                                    | 7 Payee address, City, State, Zip Code<br>Main St Victoria TX                   |                                                                   |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See categories listed at the top of this schedule)<br>Advertising | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                   | Office sought Office held                                         |
| Date<br>2/9/2018                                             | Payee name<br>Instant Copy                                                      |                                                                   |
| Amount (\$)<br>471.43                                        | Payee address, City, State, Zip Code<br>1810 N Navarro Victoria TX              |                                                                   |
| PURPOSE OF EXPENDITURE                                       | Category (See categories listed at the top of this schedule)<br>Advertising     | Description (If travel outside of Texas, complete Schedule T)     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                                   | Office sought Office held                                         |
| Date<br>2/12                                                 | Payee name<br>Emmanuel Lutheran Church                                          |                                                                   |
| Amount (\$)<br>100.00                                        | Payee address, City, State, Zip Code<br>Inez, TX                                |                                                                   |
| PURPOSE OF EXPENDITURE                                       | Category (See categories listed at the top of this schedule)<br>Advertising     | Description (If travel outside of Texas, complete Schedule T)     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                                   | Office sought Office held                                         |
| Date<br>2/13/2018                                            | Payee name<br>Postal Service                                                    |                                                                   |
| Amount (\$)<br>302.38                                        | Payee address, City, State, Zip Code<br>Victoria TX 77901                       |                                                                   |
| PURPOSE OF EXPENDITURE                                       | Category (See categories listed at the top of this schedule)<br>Postage         | Description (If travel outside of Texas, complete Schedule T)     |
| 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****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

|                                                              |  |                                                                                          |  |                                                                   |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|--|
| 1 Total pages Schedule F:                                    |  | 2 FILER NAME<br>Clint C Ives                                                             |  | 3 ACCOUNT # (Ethics Commission Filers)                            |  |
| 4 Date<br>2/13/2018                                          |  | 5 Payee name<br>Martin Printing                                                          |  |                                                                   |  |
| 6 Amount (\$)<br>152.37                                      |  | 7 Payee address, City, State, Zip Code<br>Laurent Victoria, TX                           |  |                                                                   |  |
| 8 PURPOSE OF EXPENDITURE                                     |  | (a) Category (See categories listed at the top of this schedule)<br>Advertising/Printing |  | (b) Description (If travel outside of Texas, complete Schedule F) |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name                                                            |  | Office sought Office held                                         |  |
| Date<br>2/13/2018                                            |  | Payee name<br>TISD                                                                       |  |                                                                   |  |
| Amount (\$)<br>179.00                                        |  | Payee address, City, State, Zip Code<br>Victoria, TX                                     |  |                                                                   |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)<br>Digital Advertising      |  | Description (If travel outside of Texas, complete Schedule F)     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name                                                            |  | Office sought Office held                                         |  |
| Date<br>2/14/2018                                            |  | Payee name<br>UPS Store                                                                  |  |                                                                   |  |
| Amount (\$)<br>152.26                                        |  | Payee address, City, State, Zip Code<br>N. Navarro Victoria, TX                          |  |                                                                   |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)<br>Advertising              |  | Description (If travel outside of Texas, complete Schedule F)     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name                                                            |  | Office sought Office held                                         |  |
| Date<br>2/16/2018                                            |  | Payee name<br>McCoys                                                                     |  |                                                                   |  |
| Amount (\$)<br>39.99                                         |  | Payee address, City, State, Zip Code<br>Salem Rd Victoria, TX                            |  |                                                                   |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)<br>Supplies                 |  | Description (If travel outside of Texas, complete Schedule F)     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name                                                            |  | Office sought Office held                                         |  |

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                     |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 1 Total pages Schedule F:                             | 2 FILER NAME<br>Clint C Ives                                                        | 3 ACCOUNT # (Ethics Commission Filers)                            |
| 4 Date<br>2/16/2018                                   | 5 Payee name<br>Gulf Coast Feed                                                     |                                                                   |
| 6 Amount (\$)<br>97.32                                | 7 Payee address, City, State, Zip Code<br>Port Lavaca Hwy Victoria, TX              |                                                                   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Supplies/T-post | (b) Description (If travel outside of Texas, complete Schedule I) |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                       | Office sought Office held                                         |
| Date<br>2/18/2018                                     | Payee name<br>Emmanuel Lutheran Church                                              |                                                                   |
| Amount (\$)<br>325.00                                 | Payee address, City, State, Zip Code<br>Inez, TX                                    |                                                                   |
| PURPOSE OF EXPENDITURE                                | Category (See categories listed at the top of this schedule)<br>Advertising         | Description (If travel outside of Texas, complete Schedule I)     |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                                       | Office sought Office held                                         |
| Date<br>2/23/18                                       | Payee name<br>Victoria Radio Works                                                  |                                                                   |
| Amount (\$)<br>326.40                                 | Payee address, City, State, Zip Code<br>Hwy 87 Victoria, TX 77901                   |                                                                   |
| PURPOSE OF EXPENDITURE                                | Category (See categories listed at the top of this schedule)<br>Advertising         | Description (If travel outside of Texas, complete Schedule I)     |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                                       | Office sought Office held                                         |
| Date<br>2/1/18                                        | Payee name<br>Lonestar Media                                                        |                                                                   |
| Amount (\$)<br>700.00                                 | Payee address, City, State, Zip Code<br>1011 N Frio St, San Antonio TX 78207        |                                                                   |
| PURPOSE OF EXPENDITURE                                | Category (See categories listed at the top of this schedule)<br>Advertising         | Description (If travel outside of Texas, complete Schedule I)     |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                                       | Office sought Office held                                         |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

|                           |                                     |                                        |
|---------------------------|-------------------------------------|----------------------------------------|
| 1 Total pages Schedule G: | 2 FILER NAME<br><b>Clint C Ives</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|-------------------------------------|----------------------------------------|

|                          |                                                        |
|--------------------------|--------------------------------------------------------|
| 4 Date<br><b>1/30/18</b> | 5 Payee name<br><b>Industrial Education Foundation</b> |
|--------------------------|--------------------------------------------------------|

|                                                                                                                        |                                                                |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 6 Amount (\$) <b>152.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address, City, State, Zip Code<br><b>Inez TX 77968</b> |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|

|                          |                                                                                         |                                                                   |
|--------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule):<br><b>Advertising</b> | (b) Description (If travel outside of Texas, complete Schedule I) |
|--------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|                                                                                          |                                      |
|------------------------------------------------------------------------------------------|--------------------------------------|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address, City, State, Zip Code |
|------------------------------------------------------------------------------------------|--------------------------------------|

|                        |                                                              |                                                               |
|------------------------|--------------------------------------------------------------|---------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule I) |
|------------------------|--------------------------------------------------------------|---------------------------------------------------------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|                                                                                          |                                      |
|------------------------------------------------------------------------------------------|--------------------------------------|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address, City, State, Zip Code |
|------------------------------------------------------------------------------------------|--------------------------------------|

|                        |                                                              |                                                               |
|------------------------|--------------------------------------------------------------|---------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule I) |
|------------------------|--------------------------------------------------------------|---------------------------------------------------------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|                                                                                          |                                      |
|------------------------------------------------------------------------------------------|--------------------------------------|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address, City, State, Zip Code |
|------------------------------------------------------------------------------------------|--------------------------------------|

|                        |                                                              |                                                               |
|------------------------|--------------------------------------------------------------|---------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule I) |
|------------------------|--------------------------------------------------------------|---------------------------------------------------------------|

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