CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Clist LAST	SUFFIX	JUL 1 2011
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO BOX 533 Lacz, TX 77968	STATE; ZIP CODE	Date Hand-delivered or Postmarked Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 649-2068	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MSS. NONCY NICKNAME LAST NULL TUES	MI 	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; 9579 J-2 Rouch Rd. Incl, TL 77968	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (36/) 576-0638	EXTENSION	
9 REPORTTYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year / /5 /// THROUGH	Month Day (4 / 30)	Year / / /
11 ELECTION	Month Day Year // 2 //0 ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if knowl	n)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT ÇAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURED TO DISCLOSE THIS INFORMATION	JRES MADE BY OTHERS WITHOUT TH	
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Co	ode	
	GO TO PA	GE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 /	ACCOUNT # (Ethics Commission Filers)		
17 NOTICE FROM POLITICAL	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATIES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY	E'S OR OFFICEHOLDER'S KNOWLEDGE OR		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
	COMMITTEE CAMPAIGN TREASURER NAME				
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
18 CONTRIBUTION TOTALS		AL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN DGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 7037.00				
EXPENDITURE TOTALS	3. TOTAL F	*			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5,976.45		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$		
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder					
1 A	scribed before	me, by the said <u>CLINT C. TVES</u>			
/& day	shine All	, 20 // , to certify which, witness my JOSEPHINE SALAS	hand and seal of office. Notary		
Signature of officer adm	inistering oath	Printed name of officer administering oath	Title of office administering oath		

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
// .	C. Juls			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
2/2/	6 Contributor address; City; State; Zip Code POB x 333 Jacz, 7x 17964		contribution (\$)	description (if applicable)
2/9/11	6 Contributor address; City; State; Zip Code		550.00	
, , ,	POBER 533 JACZ, TX 77164			
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor)	Amount of	In-kind contribution
,	O.R. Borchers		contribution (\$)	description (if applicable)
2/28	Contributor address; City; State; Zip Code		00-	
0/28	100 100 100 100 YOU	kun, TX	250.00	
	1307 E. GONZales St. Yea	1995	/If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		or rexas, complete Schedule 1)
r micipal occup	sation 7 300 title (occ mandelions)	Zimpleyer (Bee 1	mon designey	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/1	Patrick Culler Contributor address; City; State; Zip Code		750.00	description (ii applicable)
5//	POBOX 2938 Victoria, F	^		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	·	,
•				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	ch (100 -		contribution (\$)	description (if applicable)
)	Sharen Steen Contributor address; City; State; Zip Code			1
3/1	104 N. Libertyst.		100.00	1
			,	· }
	Uictoria, Tx 17901		(If travel outside	of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
,	Frances Reese		contribution (\$)	description (if applicable)
2/1	Contributor address; City; State; Zip Code Rok 309 Rok 309 70966			I
'/ '	2 2 1 2-0 Telesnes, Ti	*	100 .0	
	10 150× 307 m966		/ 00.85	
				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
		<u> </u>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
():	at C. Ives			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
1.	Bette-Je Buhler		contribution (\$)	description (if applicable)
3/1	6 Contributor address; City; State; Zip Code	en	50.00	1
l 	8607 N. Navarro St. 50:t	smy X Maay	(If travel outside	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I		, complete contours ()
	(SSS manasisms)		- ,	
Date	Full name of contributor ut-of-state PAC (ID#	<u> </u>	Amount of	In-kind contribution
Date			contribution (\$)	description (if applicable)
	Rob Angerstein			[
2/,	Contributor address; City; State; Zip Code		50	
511	204 A E. Hiller St.		50,,.	
. (U.C. to1:4, TX 17901		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor)	Amount of	In-kind contribution
	No Tour		contribution (\$)	description (if applicable)
21	Contributor address; City; State; Zip Code			1 -
3/2	Communitor address; City; State; Zip Code		500.00	I }
•	1507 N. Ben Jordan St.		, , , ,	•
	Victoria, Px 77901		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
				T
Date	Full name of contributor		Amount of	In-kind contribution
	Denis Caka		contribution (\$)	description (if applicable)
2/2	Contributor address: City: State: Zip Code			1
3/2	LACY Joh. Gockbar Dr.		50,00	I
'				I 1
	V. clar: ~ 7x 77904	!	(If travel outside	of Texas, complete Schedule T
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule 1)
Date	Full name of contributor	``	Amount of	In-kind contribution
	Ran Dickson		contribution (\$)	description (if applicable)
1	, . [*] [*]		100	1
2/1	Contributor address; City; State; Zip Code		100.0	1
71,	305 Bukingham Victoria, PX 77901			[
	Victoria, PX MA Gall			
Principal coor	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
-ппоратосси ₎	pation / Job due (Gee Instructions)	Linployer (See	oao.iona)	
		I		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

	·				
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A:		
2 FILER NAME	That C. Ives		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
3/2	Robert Hewith 6 Contributor address; City; State; Zip Code 10'Conner Plaza		1,000.00	 - -	
	Ste. 100 Victoria TX 77901		(If travel outside o	l of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)		
Date	Full name of contributor		Amount of	In-kind contribution	
,	Mr. & Mis. Elmoic		contribution (\$)	description (if applicable)	
3/3	Contributor address; City; State; Zip Code		25,00		
7/>	1207 N. Wheeler 4t.		67.00		
	Victoria, TX 17901		(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Doto	Full name of contributor out-of-state PAC (ID#:	.1	Amount of	In-kind contribution	
Date (Denis O'Conor/Hereth		contribution (\$)	description (if applicable)	
3/3	Contributor address; City; State; Zip Code 2 O'Conner //a2-		500.00	 	
	ste //00 v.closia,74 17901		(If travel outside	of Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See I	•		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
- /	Robert Hewitt Jr.			1 	
5/3	Contributor address; City; State; Zip Code 1 Olaner Plaz 4te//00		500.00	! 	
ι -	-				
	V.Cboria, 7x 779e1	P** 4		of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	mstructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
. 1	Ron Wasther		Communicia (a)	(ii applicable)	
3/3	Contributor address; City; State; Zip Code		250,00	[[
e e e e e e e e e e e e e e e e e e e	POBOX 108		L)	I	
	U.cteria 14, 11902		(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	12 C. Ives			•
_	5 Full name of contributor out-of-state PAC(ID#:		7 Amount of	8 In-kind contribution
4 Date	· —		contribution (\$)	8 In-kind contribution description (if applicable)
/	James Daffer			1
3/2	6 Contributor address; City; State; Zip Code 1202 MONIETIC ART. 1904		12.00	
// >	1202 MONIEHE ART. 1904		12.00	
	Victoria, 7x 11904		(If travel outside	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I	`	or rexas, complete conceder 1)
• • • • • • • • • • • • • • • • • • • •	, , , , , , , , , , , , , , , , , , , ,		······································	
Date	Full name of contributor)	Amount of	In-kind contribution
,			contribution (\$)	description (if applicable)
2/1	Ruschhauff L Sons		•	
2/6	Contributor address; City; State; Zip Code		750.	1
	8444 lower Mission valley	RU.	<i>L</i> /	
	U.Chria TX 77905		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor		Amount of	In-kind contribution
,	Barrell Schar		contribution (\$)	description (if applicable)
2/9	Contributor address; City; State; Zip Code		1	
511	736 FM 234 N.		100.00	
	Edn-, 9x 17957		`	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
,	lotert Lock		contribution (\$)	description (if applicable)
2/	Contributor address; City; State; Zip Code			•
7/11	5606 N. Navairer St. 200-E		100.00	! !
· ·			/ 00,00	
	Victoria, 7x 11901	•	(If travel outside	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Milter Greesen		contribution (\$)	description (if applicable)
_ /	Contributor address; City; State; Zip Code			k
3/12	٠	CLOS: L, TX	50	
,,,,		•)	!
	2605 G. Roma Vista Ave 77	101	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
_	it C. Tues			
			7 Amount of	8 In-kind contribution
4 Date	5 Full name of contributor out-of-state PAC (ID#:		contribution (\$)	description (if applicable)
,	Dr. Robert E. Lec			1
3/14	Dr. Robert E. Lec 6 Contributor address; City; State; Zip Code 106 Professional Park Dr.		50	1
	V:ctoria, 7x 779e4		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Dr. Ellwood Ginst		contribution (\$)	, description (if applicable)
3/.	Contributor address; City; State; Zip Code			
3/15			50,00	¦
	. 202 whispering creek		50,00	!
	Victoria 17x 77904		(If traval outside (of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		or rexas, complete ochedule 1)
		. , ,	ŕ	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
Date			contribution (\$)	description (if applicable)
,	Kevin Culler			1
3/25	Contributor address; City; State; Zip Code		500.00	<u> </u>
)/63	POB 2938		500,00	I · ·
	V. Ctorsa, Fx 77902		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
				1
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
,	Janet Miller		Contribution (4)	description (ii applicable)
3/28	Contributor address; City; State; Zip Code		7	
216	6040 COUNTRY CLUB Dr.		250.00	
				<u>'</u>
	V:(toria, 7 + 17904		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	To Hedna		contribution (\$)	description (if applicable)
-/-	Contributor address: City: State: Zin Code		210	
3/28	Contributor address; City; State; Zip Code		250.00	· [
, ,	v:cfor: 6, Tx 77804		- .	1
	N: (401:6) 1X 1/1104		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A:		
2 FILER NAME	-		3 ACCOUNT # (Ethics Commission Filers)		
	list C. Ives				
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution	
2/16	Dr. Olver Copeland		contribution (\$)	description (if applicable)	
7100	6 Contributor address; City; State; Zip Code		Son	; [
	gous salem Rd.		500.00	<u> </u>	
	U.Kbria, 7x 17904		(If travel outside	of Texas, complete Schedule T)	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution	
1.	Morgan O'Correr	,	contribution (\$)	description (if applicable)	
3/28	Contributor address; City; State; Zip Code		2/0		
1	POB 290		250.00		
	Uichoria, Tx 77902		(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of	In-kind contribution	
			contribution (\$)	description (if applicable)	
2/	Les Swear inser			I	
3/30	Contributor address; City; State; Zip Code 203 Leisure Ln.		6	T T	
			50.00	1	
	Victoria, Tx 17904		(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)		
			A ' -	In Irinal accusate 11	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
,	B.J. Jacob		(4)]	
4/1	Contributor address; City; State; Zip Code		25.00	1	
111	6041 COUNTY Club Dr.		47160		
	Victoria , 1x 17904				
	NICOSII / / / / / / /			of Texas, complete Schedule T)	
Principal occuş	pation / Job title (See Instructions)	Employer (See I	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
	Mrs. Steve Montusevich		contribution (\$)	description (if applicable)	
2/دا	Contributor address; City; State; Zip Code			1	
713	11769 J-2 Ruch RJ.		25,00	I	
	1			I I	
	Ine2, Tx 17966	!	(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Clint C. Ives		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/7	6 Contributor address; City; State; Zip Code 214 5. Main		100.00	
	U:66x:0,1x 1/901		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date 4/4	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		50	
	victoria, PX 7790ch		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ S. David Hanselle Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/13	407 Conti LA.		50.00	
	Victoria, TX 77904		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside	 of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor 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 occu	pation / Job title (See Instructions)	Employer (See		
	·			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

SCHEDULE ${f F}$

Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/C Solicitation/Fundra		Transportation Equipment & Related Expense	
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of District		Contributions/Donations Made By Candidate/Officeholder/Political Committee		
Fees	Printing Expense	Office Overhead/		OTHER (enter a	category not listed above)
	The Instruction Guid	e explains how to	complete this fo	rm.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUN	T # (Ethics Commission Filers)
3	Clint C. Ives				
4 Date /.	5 Pavee name				
3/6	Concret Lubherner 7 Payee address; City; S	- Church			
6 Amount (\$)	•	tate; Zip Code			
35.00	Irez, TX				
8 PURPOSE OF	(a) Category (See categories listed at the to	pp of this schedule)	1	•	xas, complete Schedule T)
EXPENDITURE	Banefit dinner			Diner	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	e	Office soug	ht	Office held
Date .	Payee name				
3/7	Wassiers Weekend	/			
Amount (\$)		tate; Zip Code			
250.00	Vatoria, TX				
PURPOSE OF	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of Tex	xas, complete Schedule T)
EXPENDITURE	Benel:t		Bench	-7	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	e	Office soug	ht	Office held
Date /	Payee name				
3/7	Chris Nicholson				
Amount (\$)	Payee address; City; S	tate; Zip Code			
431.35	Galveston 17-1				
PURPOSE	Category (See categories listed at the to	op of this schedule)		•	xas, complete Schedule T)
OF EXPENDITURE	Sinn Advertising		Sion D	eposits	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder nam OH	е	Office soug	ht	Office held
Date	Payee name				
3/24	Payee address; City; S				
Amount (\$)	Payee address; City; S	itate; Zip Code			
26.61	Victoria 17x				
PURPOSE	Category (See categories listed at the t	op of this schedule)		•	xas, complete Schedule T)
OF EXPENDITURE	GAVEICPE'S		GAV	1/0832	
Complete ONLY if direct expenditure to benefit C		е	Office soug	ht	Office held
	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULEAS	NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guid	ces Solicitation/Fundraising Expense Trai age Expense Travel In District Con ense Travel Out Of District		Contributions/Don Candidate/Offic OTHER (enter a c	uipment & Related Expense
1 Total pages Schedule F:	2 FILER NAME	:5		3 ACCOUN	T # (Ethics Commission Filers)
4 Date 4/24	hiis Nichalson			L	
6 Amount (\$)	7 Payee address; City; S	state; Zip Code			
2617.39	Galucaten , TX				
8 PURPOSE OF	(a) Category (See categories listed at the to	op of this schedule)	(b) Description	n (If travel outside of Tex	kas, complete Schedule T)
EXPENDITURE	Advertisins		Maile	er5	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	e	Office soug	yht	Office held
Date 4/19	Payee name March of Dime:	5			
Amount (\$)	Payee address; City; S		-		
20.00	Unctoria, TX				
PURPOSE	Category (See categories listed at the to	op of this schedule)	4		kas, complete Schedule T)
OF EXPENDITURE	Benefit		Bence	·4+	·
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	е	Office soug	jht	Office held
Date /	Payee name				
5/1	Payee address; City; S	Saff Ball	Boosfer		
Amount (\$)	ن ند ا	State; Zip Code			
65.00	Inez, 7-4				
PURPOSE	Category (See categories listed at the to	op of this schedule)			xas, complete Schedule T)
OF EXPENDITURE	Benefit		Benc	bit	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	e	Office soug	jht .	Office held
Date 5/7	Payee name (Mr:5 N:(ho/5 Payee address; City; S	e^			
Amount (\$)	I .	State; Zip Code			· · · · · · · · · · · · · · · · · · ·
883.19	Galuestan			·	
PURPOSE	Category (See categories listed at the t	op of this schedule)	1 1/2	` _	xas, complete Schedule T)
OF EXPENDITURE	Advestising		Adve	154.15.119	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder nam	ie	Office soug	ght	Office held
	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULEAS	S NEEDED	

Austin, Texas 78711-2070

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	ontract Labor	Loan Repayment/R	
Accounting/Banking	•	Solicitation/Fundra	ising Expense	•	ipment & Related Expense
Consulting Expense		Travel In District		Contributions/Dona	tions Made By eholder/Political Committee
Event Expense		Travel Out Of Dist Office Overhead/R			tegory not listed above)
Fees	The Instruction Guide		•	•	regery not nated above)
1 Total pages Schedule F:	2 FILER NAME	-	-	1	# (Ethics Commission Filers)
3	Clint (Ives				
4 Date	5 Pavee name				
5/10	Fossial is				
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code			
• •	11storia 17x	•			
372.80	V:(+0112112				
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule)	(b) Description	(If travel outside of Texa	is, complete Schedule T)
OF EXPENDITURE	Cant. Party		(amp.	Parby.	
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough		Office held
expenditure to benefit C/OH					
Date	Payee name				
Amount (\$)	Payee address; City; Sta	te; Zip Code			
	•				
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texa	is, complete Schedule T)
OF		,	,		,
EXPENDITURE			·		
Complete ONLY if direct	Candidate / Officeholder name		Office sough	t	Office held
expenditure to benefit C/C	·n				
Date	Payee name				
Amount (\$)	Payee address; City; Stat	e; Zip Code			
	Catagony (See estagoriae listed at the ten	of this schodula)	Description	(If travel outside of Texa	as, complete Schedule T)
PURPOSE OF	Category (See categories listed at the top of	n usa scriedule)	Description	(Lavoi Calaide Oi Texe	e, complete consecutory
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name		Office sough	nt	Office held
expenditure to benefit C/C	DH .				
Date	Payee name				
Amount (\$)	Payee address; City; Stat	te; Zip Code			
, anount (4)	. Lydd dddiddd, Giry, Glai	,			
			1		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)
OF					
EXPENDITURE			L		086-1-14
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	nt	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Sala Legal Services Solii Food/Beverage Expense Trav Polling Expense Trav	cries/Wages/Contract Labor citation/Fundraising Expense ret In District ret Out Of District ce Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule G:	2 FILER NAME Clint C. Tues 3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name /// 5 N:Cho/50 \ 7 Payee address; City; State; Zip Code		
6 Amount (\$) 965.15 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Galucyton, TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) T.V. Advestising (compercient)		
Date 2/23	Payee name Lyant (CPY)		
Amount (\$) /// // // // Reimbursement from political contributions intended		Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this		ion (If travel outside of Texas, complete Schedule T)
Date Z/25	Payee name POST Master		
Amount (\$) /SO, •• Reimbursement from political contributions intended	Payee address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this		ion (If travel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this	schedule) Descript	tion (If travel outside of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			