

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

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

15 C/OH NAME

Ray Clark

16 ACCOUNT # (Ethics Commission Filers)

17 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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ _____

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *5315⁰⁰/₁₄*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ _____

4. TOTAL POLITICAL EXPENDITURES

\$ *3428⁶³/₁₆*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *2369³⁷/₁₁*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ _____

19 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.

Ray Clark

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Warren Ray Clark, this the 14th day of January 2010, to certify which, witness my hand and seal of office.

Cynthia Ramirez
Signature of officer administering oath

Cynthia Ramirez
Printed name of officer administering oath

deputy clerk
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: 6	
2 FILER NAME Ray Clark		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7-23-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Dobbs	7 Amount of contribution (\$) 200⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 327 Kings Court Forney TX 75841		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) INSURANCE EXEC		10 Employer (See Instructions) TFB	
Date 7-23-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUSAN CLARK	Amount of contribution (\$) 800⁰⁰	In-kind contribution description (if applicable) 800⁰⁰
Contributor address; City; State; Zip Code 11034 REEDER RD FORNEY TX 75121		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Society Specialist		Employer (See Instructions) TXDOT	
Date 10-4-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANICE SUE MANN	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code MANN Road FORNEY TX 75826		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10-1-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Mosely	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Kawman TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTY		Employer (See Instructions) SELF	
Date 11-02-9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORMAN PASKITT	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12425 FM 740 Forney TX 75821		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) BUSINESS OWNER/FREELANCE		Employer (See Instructions)	

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

**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 <i>Ran Clark</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11-02-09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DON HARRIS</i>	7 Amount of contribution (\$) <i>25⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>PO Box 868 FORNEY TX 75126</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Retired BANKER</i>		10 Employer (See Instructions)	
Date <i>11-02-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FRIENDS of Bob Weel</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 8609 GREENVILLE TX 75404-8609</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>SNAP GR</i>		Employer (See Instructions)	
Date <i>11-02-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Keith Bell</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 8506 FORNEY TX 75126</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>OWNER IN COLLECTOR</i>		Employer (See Instructions)	
Date <i>11-02-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>R. JAY & Cynthia Anthony</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6022 DeLoache Ave DALLAS TX 75225-2805</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Real Estate</i>		Employer (See Instructions)	
Date <i>11-08-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike Cronin</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>311 Laurel Trail Pearson TX 75168</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>BANKER</i>		Employer (See Instructions) <i>ANK</i>	

**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 <i>Roy Clark</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11-08-09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>LANCE Gooden</i>	7 Amount of contribution (\$) <i>50⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>PO Box 2125 JERREY TX 75160</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>INSURANCE CONSULTANT</i>		10 Employer (See Instructions)	
Date <i>11-08-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ERLEIGH MORRIS</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 68 KAUFMAN TX 75142</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>CO COURT LAW JUDGE</i>		Employer (See Instructions) <i>CO. COURT</i>	
Date <i>11-08-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JANET TRESKI</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1095 Old Military Trail TORNEY TX 75226</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>ATTY</i>		Employer (See Instructions) <i>SELF</i>	
Date <i>11-08-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>CALVIN SCHINDEN</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 323 FORMER TX 75126</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11-08-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>BRUCE WOOD</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>314 Laurel Trail LAWRENCE TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retiree</i>		Employer (See Instructions)	

**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 <i>Ray Clark</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11-08-09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RICK HARRISON</i>	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>PO BOX 863 FORNEY TX 75121</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>District Atty</i>		10 Employer (See Instructions) <i>Kaufman County</i>	
Date <i>11-08-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVID BURNES</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>140 MARTIN LANE COMBINE TX 75149</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Sheriff</i>		Employer (See Instructions) <i>Kaufman County</i>	
Date <i>11-08-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DARRELL GROOMS</i>	Amount of contribution (\$) <i>200</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>PO BOX 909 FORNEY TX 75121</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>REAL ESTATE CONSULTANT</i>		Employer (See Instructions)	
Date <i>11-08-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leslie O WARE</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>2101 Cedar Springs Rd Suite 1700 DALLAS TX 75201</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>ATTY</i>		Employer (See Instructions) <i>SELF</i>	
Date <i>11-08-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DON White</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>PO BOX 1523 FORNEY TX 75126</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>OWNER CAR SALES</i>		Employer (See Instructions) <i>SELF</i>	

**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 <i>Ray Clark</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11-05-09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Breeden</i>	7 Amount of contribution (\$) <i>166⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>PO Box 794 Terrell TX 75160</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Retired</i>		10 Employer (See Instructions)	
4 Date <i>11-05-09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>K.L Breeden</i>	7 Amount of contribution (\$) <i>168⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>PO Box 355 Terrell TX 75160</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Retired</i>		10 Employer (See Instructions)	
4 Date <i>11-08-09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wynne Breeden</i>	7 Amount of contribution (\$) <i>166⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>PO Box 794 Terrell TX 75160</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Retired</i>		10 Employer (See Instructions)	
4 Date <i>11-08-09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda M. Millon</i>	7 Amount of contribution (\$) <i>40⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>PO Box 907 Forsyth TX 75946</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Retired</i>		10 Employer (See Instructions)	
4 Date <i>11-08-09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J.K. Cook</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>Box 155 Forsyth TX 75946</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Meat Driver</i>		10 Employer (See Instructions) <i>SELF</i>	

**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		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11-05-07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grady Harris	7 Amount of contribution (\$) 50⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Box 1924 Forney Tx 75121		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) R.E. Developer		10 Employer (See Instructions) SELF	
Date 12-09-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay Crawford	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6216 Aberdeen Ave Dallas Tx 75230		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Att'y		Employer (See Instructions) SELF	
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)	
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)	

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 4
2 FILER NAME RAY CLARK		3 ACCOUNT # (Ethics Commission filers)
4 Date 1-16-08 7-23-09	5 Payee name Nixon notes 6 Payee address; City; State; Zip Code 10140 CR 4089 Scurry Tx 75155	7 Amount (\$) 1000⁰⁰
8 Purpose of payment (See instructions regarding type of information required.) CONSULTANT RETAINER (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 8-10	Payee name NIXON NOTES Payee address; City; State; Zip Code 10140 CR 4084 Scurry Tx 75158	Amount (\$) 200⁰⁰
Purpose of payment (See instructions regarding type of information required.) CONSULTANT (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 9-10	Payee name NIXON NOTES Payee address; City; State; Zip Code SAME	Amount (\$) 200
Purpose of payment (See instructions regarding type of information required.) CONSULTANT (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10-1	Payee name NIXON NOTES Payee address; City; State; Zip Code SAME	Amount (\$) 298²⁵
Purpose of payment (See instructions regarding type of information required.) Campaign letter (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

The Instruction Guide explains how to complete this form.

1 Total pages Schedule ~~478~~

2 FILER NAME

Rag Clark

3 ACCOUNT # (Ethics Commission filers)

4 Date

11-1-09

5 Payee name

Nixon notes

7 Amount (\$)

425³⁵

6 Payee address: City: State: Zip Code

JAME

8 Purpose of payment (See instructions regarding type of information required.)

Kickoff mailer
(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

11-17-09

Payee name

LANCE GOODEN CAMPAIGN

Amount (\$)

50⁰⁰

Payee address: City: State: Zip Code

PO BOX 2125
Terrell TX 75160

Purpose of payment (See instructions regarding type of information required.)

DONATION
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

11-21-09

Payee name

MIKE SMITH JP CAMPAIGN

Amount (\$)

50⁰⁰

Payee address: City: State: Zip Code

Terrell TX

Purpose of payment (See instructions regarding type of information required.)

DONATION
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

12-3

Payee name

Child Advocacy Center

Amount (\$)

20⁰⁰

Payee address: City: State: Zip Code

Madison TX

Purpose of payment (See instructions regarding type of information required.)

DONATION
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

The Instruction Guide explains how to complete this form.

Total pages Schedule 7

4

2 FILER NAME

Ray Clark

3 ACCOUNT # (Ethics Commission filers)

4 Date

12-3-08

5 Payee name

Kaufman County Republican Party

7 Amount (\$)

1750⁰⁰

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

Filing Fee
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

12-3-09

Payee name

FORNEY Lions Club

Amount (\$)

100⁰⁰

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

Donation
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

12-6-09

Payee name

Nixon notes
Same

Amount (\$)

200⁰⁰

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

Consultant
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

12-1

Payee name

Kaufman County Republican Women

Amount (\$)

45⁰⁰

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

Donation Does
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

The instruction Guide explains how to complete this form.

Total pages Schedule F: 4

2 FILER NAME

F. D. Clark

3 ACCOUNT # (Ethics Commission filers)

4 Date

12-21-09

5 Payee name

KANSAS COUNTY CHILDREN'S SHelter

7 Amount (\$)

50.00

6 Payee address: City: State: Zip Code

WAFARUO TX

8 Purpose of payment (See instructions regarding type of information required.)

Swing donation
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

12-21-09

Payee name

FORNEY MESSENGER

Amount (\$)

40.00

Payee address: City: State: Zip Code

001 W BROAD ST
FORNEY TX 75046

Purpose of payment (See instructions regarding type of information required.)

Christmas Ad
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED