

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#
(Ethics Commission Hiera)

2 Total pages filed

63

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
WARREN RAY
NICKNAME LAST SUFFIX
CLACK

OFFICE USE ONLY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
11034 REEDER LANE FORNEY TX 75126

FILED FOR RECORD
KAUFMAN P.O. TEXAS
2010 FEB 22 PM 4: 57
LAURA A. HUGHES
COUNTY CLERK
Date Received BY: Date Being Delivered BY: Date Postmarked
Receipt # Amp
Date Processed
Date Imaged

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 564 3325

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
ROBERT
NICKNAME LAST SUFFIX
DOBBS

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
327 Kings Court FORNEY TX 75126

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 564 6041

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 6th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
01 / 21 / 10 THROUGH 02 / 20 / 10

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
03 / 02 / 50
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
Commissioner Pet 2

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure **

Name
Tim Green Atty.
Address / PO Box, Apt. / Suite #, City, State, Zip Code

additional pages

Dallas, Tx Receipted

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Ray Clark 16 ACCOUNT # (Ethics Commission Filer)

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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2550 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 3484.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2215 ⁸⁰ / 4
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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 Ray Clark, this the 22nd day of February, 20 10, to certify which, witness my hand and seal of office.

[Signature] KAREN JONES Deputy Clerk
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: <u>2</u>	
2 FILER NAME <u>Ray Clark</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>2/3</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>FRANK BABL</u> 6 Contributor address; City; State; Zip Code <u>10704 W FM 455 Celina Tx 75009</u>	7 Amount of contribution (\$) <u>250⁰⁰</u>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>2/3</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>DICK NEAL</u> Contributor address; City; State; Zip Code <u>424 Bowie FORNEY Tx 75121</u>	Amount of contribution (\$) <u>1000⁰⁰</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <u>Retired FARMER</u>		Employer (See Instructions)	
Date <u>2/3</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Mike Smith</u> Contributor address; City; State; Zip Code <u>4 CARL LEE CIRCLE TERRILL Tx 75160</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <u>TR #3</u>		Employer (See Instructions)	
Date <u>2/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Shane Miller</u> Contributor address; City; State; Zip Code <u>13853 Selma FORNEY Tx 75121</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>2/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>James Dannebaum</u> Contributor address; City; State; Zip Code <u>5100 W ALABAMA HOUSTON Tx 77098</u>	Amount of contribution (\$) <u>1000⁰⁰</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <u>ENGINEER</u>		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	
2 FILER NAME Roy Clark		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARGIE LUTRELL	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City, State, Zip Code DINSON Road FORNEY TX 75121		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Ret Bank		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City, State, Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City, State, Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City, State, Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City, State, Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G /

2 FILER NAME **Ray Clark** 3 ACCOUNT # (Ethics Commission filers)

4 Date 2-10	5 Payee name U.S. Postmaster 6 Payee address; City; State; Zip Code Postage	8 Amount (\$) 507⁵⁹
7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 2-04	Payee name NIXON notes Payee address; City; State; Zip Code Pol Act	Amount (\$) 1868¹⁶
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 1-27	Payee name U.S. Postmaster Payee address; City; State; Zip Code Postage	Amount (\$) 507⁵⁹
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F. /

2 FILER NAME **RAY CLARK** 3 ACCOUNT # (Ethics Commission filers)

4 Date 1/20	5 Payee name FORNEY Messenger 6 Payee address; City; State; Zip Code	7 Amount (\$) 126⁰⁰
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8 Purpose of payment (See instructions regarding type of information required) Ad (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 2/4	Payee name Renfro Graphic Payee address; City; State; Zip Code	Amount (\$) 173²⁰
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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
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Date 2/17	Payee name FORNEY Messenger Payee address; City; State; Zip Code	Amount (\$) 252⁰⁰
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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
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Date 2/20	Payee name FORNEY Chamber of Commerce Payee address; City; State; Zip Code	Amount (\$) 50⁰⁰
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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
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