

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 filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">8</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs Sophia L NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Clemon</div>	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received BY: OK 2010 JAN 1 P 2:58 FILED FOR RECORD KAUFMAN CO. TEXAS LAURA HUGHES COUNTY CLERK Date Hand-Delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <div style="text-align: center; font-size: 1.2em;">8000 County Road 130 Terrell Texas 75161</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 551-3399		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs Sophia L NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Clemon</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <div style="text-align: center; font-size: 1.2em;">8000 County Road 130 Terrell Texas 75161</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 551-3399		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 09 THROUGH 12 / 31 / 09		
11 ELECTION	ELECTION DATE Month Day Year 3 / 2 / 10	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="font-size: 1.5em; text-align: center;">County Clerk</div>		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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 <div style="font-size: 2em; text-align: center;">NA</div> Address / PO Box, Apt. / Suite #: City: State: Zip Code		

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

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

15 C/OH NAME Sophia Clemon **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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>NA</u>
		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)	\$ <u>1095.83</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>749.13</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>346.70</u>
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.

Sophia Clemon
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sophia Clemon, this the 11th day of January, 20 10, 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

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 filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS FIRST Sophia MI L NICKNAME LAST SUFFIX Clemon	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 8000 County Road 130 Terrell Tx 75161		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 551-3399		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS FIRST Elena MI NICKNAME LAST SUFFIX Martinez		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 501 E. 9th Street Kaueman Tx 75142		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 932-6170		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 09 12 / 31 / 09		
11 ELECTION	ELECTION DATE Month Day Year 3 / 2 / 10	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) County Clerk	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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 NA Address / PO Box: Apt. / Suite #: City: State: Zip Code		

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**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>Sophia L Clemon</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>8/14/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sophia L Clemon</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>8000 County Rd 130 Terrell Tx 75161</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Supervisor</i>		10 Employer (See Instructions) <i>Kaufman County</i>	
Date <i>8/22/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sophia L. Clemon</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8000 County Rd 130 Terrell Tx 75161</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Supervisor</i>		Employer (See Instructions) <i>Kaufman County</i>	
Date <i>9-4-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sophia L Clemon</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8000 County Rd 130 Terrell Tx 75161</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Supervisor</i>		Employer (See Instructions) <i>Kaufman County</i>	
Date <i>9-15-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nancy Dickerson</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Kaufman Tx 75142</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>District Clerk</i>		Employer (See Instructions) <i>Kaufman County</i>	
Date <i>9-15-09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nancy Dickerson</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Kaufman Tx 75142</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		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>Sophia L. Clemon</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>9/29/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Billie Granville</i>	7 Amount of contribution (\$) <i>25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3728 Oney Ct. Dallas Tx 75241-1604</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Retired</i>		10 Employer (See Instructions)	
Date <i>10/24/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SCARECROW Fundraiser</i>	Amount of contribution (\$) <i>205.08</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Kaufman Tx 75142</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Kaufman County</i>		Employer (See Instructions)	
Date <i>10/24/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Donation "Fundraiser"</i>	Amount of contribution (\$) <i>65.75</i>	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 <i>12/26/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Houston Smith</i>	Amount of contribution (\$) <i>350.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>210 East Moore Terrell Tx 75160</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		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)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Sophia Clemon

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/14/09

5 Payee name

Sophia Clemon

7 Amount (\$)

50.00

6 Payee address; City; State; Zip Code

*8000 County Rd 130
Terrell Tx 75161*

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

Fund Raiser Supplies
(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

9/3/09

Payee name

Vista Print

Amount (\$)

44.96

Payee address; City; State; Zip Code

Online

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

Business Cards
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

9/8/09

Payee name

Vista Print

Amount (\$)

137.95

Payee address; City; State; Zip Code

Online

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

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

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

Candidate / Officeholder name Office sought Office held

Date

9/15/09

Payee name

Super Cheap Signs

Amount (\$)

129.19

Payee address; City; State; Zip Code

Online

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

YARD Signs
(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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Sophia Clemon</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>9/18/09</i>	5 Payee name <i>Kaufman Chamber Commerce</i> 6 Payee address; City; State; Zip Code <i>Washington Street Kaufman TX 75142</i>	7 Amount (\$) <i>75.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Fund Raiser Booth</i> (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 <i>9/28/09</i>	Payee name <i>Sup Vistaprint</i> Payee address; City; State; Zip Code <i>Online</i>	Amount (\$) <i>44.96</i>
Purpose of payment (See instructions regarding type of information required.) <i>Business Cards</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/2/09</i>	Payee name <i>U:staprint</i> Payee address; City; State; Zip Code <i>online</i>	Amount (\$) <i>49.48</i>
Purpose of payment (See instructions regarding type of information required.) <i>Magnetic CAR</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/22/09</i>	Payee name <i>Sam's</i> Payee address; City; State; Zip Code <i>Mesquite Tx</i>	Amount (\$) <i>22.59</i>
Purpose of payment (See instructions regarding type of information required.) <i>Fundraiser Supplies</i> (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		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Sophia Clemon</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10/24/09</i>	5 Payee name <i>Debbie Lovell</i> 6 Payee address; City; State; Zip Code <i>Terrell TX</i>	7 Amount (\$) <i>11.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Reimburse Fundraiser</i> (If travel outside of Texas, complete Schedule T) <i>Supplies</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/24/09</i>	Payee name <i>Lounie Clemon</i> Payee address; City; State; Zip Code <i>8000 C.R. 130 Terrell TX 75161</i>	Amount (\$) <i>9.00</i>
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 <i>10/24/09</i>	Payee name <i>Sophia Clemon</i> Payee address; City; State; Zip Code <i>8000 County Rd 130 Terrell TX 75161</i>	Amount (\$) <i>5.0.00</i>
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 <i>12/5/09</i>	Payee name <i>B & P Women Club</i> Payee address; City; State; Zip Code <i>Terrell TX 75160</i>	Amount (\$) <i>125.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Fundraiser/gathering</i> (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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