

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: 4 4/4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST <u>WARRON</u> MI <u>RAY</u> NICKNAME LAST SUFFIX <u>CLARK</u>	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: <u>11034 REEDER LANE FORNEY TX 75126</u> APT / SUITE #: CITY: STATE: ZIP CODE	BY: <u>LAURENCE A. HUGHES</u> COUNTY CLERK 2009 JAN 5 PM 1:19 FILED FOR RECORD KAUFMAN CO. TEXAS	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(972)</u> PHONE NUMBER <u>564 3525</u> EXTENSION	Receipt # Amount Date Processed Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u> FIRST <u>SUSAN</u> MI <u>E</u> NICKNAME LAST SUFFIX <u>CLARK</u>	Date Hand Delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <u>11034 REEDER LANE FORNEY TX 75126</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(972)</u> PHONE NUMBER <u>564</u> EXTENSION <u>3525</u>		
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 <u>7 / 1 / 08</u> <u>12 / 31 / 08</u>		
11 ELECTION	ELECTION DATE Month Day Year <u> / / </u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>Commission Pct 2</u>	13 OFFICE SOUGHT (if known) <u>SAME</u>	
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 Address / PO Box; Apt. / Suite #; City; State; Zip Code		

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 expenditures 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> 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	\$ <u>— 0 —</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>— 0 —</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>— 0 —</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1130⁰⁰</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>792⁵⁰</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>— 0 —</u>

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 18th day of January, 20 09, to certify which, witness my hand and seal of office

Amanda Reyes Amanda Reyes
Signature of officer administering oath Printed name of officer administering oath



POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: **2**

2 FILER NAME **Fay Clark**

3 ACCOUNT # (Ethics Commission filers)

4 Date
8-11

5 Payee name
Cindy Faulkner
6 Payee address; City; State; Zip Code
200 E MAIN FORNEY TEXAS

7 Amount (\$)
75⁰⁰

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

Payee name
LIONS Club
Payee address; City; State; Zip Code

Amount (\$)
300⁰⁰

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
9-6

Payee name
JOE DON HAW Campaign
Payee address; City; State; Zip Code

Amount (\$)
200

Purpose of payment (See instructions regarding type of information required.)
Campaign 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
9-11

Payee name
Betty Brown Campaign
Payee address; City; State; Zip Code

Amount (\$)
50⁰⁰

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

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS,**

**SCHEDULE ~~E~~
F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule ~~E~~ **2**

2 FILER NAME
RAY CLARK

3 ACCOUNT # (Ethics Commission files)

4 Date
10-6

5 Payee name
FORNEY Chamber of Commerce

8 Amount (\$)
150

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)
DONATION
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date
11-22

Payee name
ORDER OF EASTERN STAR
Payee address; City; State; Zip Code
FORNEY/TERRILL

Amount (\$)
100⁰⁰

Purpose of expenditure (See instructions regarding type of information required.)
DONATION
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date
12-6

Payee name
LIONS Club
Payee address; City; State; Zip Code
FORNEY

Amount (\$)
100⁰⁰

Purpose of expenditure (See instructions regarding type of information required.)
Christmas Donation
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date
12-10

Payee name
Terrill Chamber of Commerce
Payee address; City; State; Zip Code
Terrill

Amount (\$)
155⁰⁰

Purpose of expenditure (See instructions regarding type of information required.)
Arctian SPONSOR
(If travel outside of Texas, complete Schedule T)

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)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED