

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:** 6/10

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u>	FIRST <u>WARREN</u>	MI <u>RAY</u>
	NICKNAME <u>CLACK</u>	LAST	SUFFIX

OFFICE USE ONLY

Date Received: 2008 JUL 14
LAURAA HUGHES
COUNTY CLERK

FILED FOR RECORD
KAUFMAN COUNTY TEXAS

Date Hand-Delivered or Date Post-Marked: A 11:55

Receipt # _____ Amount _____

Date Processed _____

Date Imaged _____

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <u>11034 REEDER LANE FORNEY TX 75126</u>	APT / SUITE #:	CITY:	STATE:	ZIP CODE:
	<input type="checkbox"/> Change of Address				

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>972</u>	PHONE NUMBER: <u>564 3525</u>	EXTENSION:
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6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u>	FIRST <u>JUSAN</u>	MI <u>E</u>
	NICKNAME <u>CLACK</u>	LAST	SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); <u>11034 REEDER LANE FORNEY TX 75126</u>	APT / SUITE #:	CITY:	STATE:	ZIP CODE:

8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>972</u>	PHONE NUMBER: <u>564</u>	EXTENSION: <u>3525</u>
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9 REPORT TYPE	<input 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 checked="" 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: <u>1</u> Day: <u>10</u> Year: <u>08</u>	THROUGH	Month: <u>7</u> Day: <u>1</u> Year: <u>08</u>
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11 ELECTION	ELECTION DATE: Month: <u>1</u> Day: <u>1</u> Year: <u>08</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>County Commissioner Pet 2</u>	13 OFFICE SOUGHT (if known)
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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: _____	
	Address / PO Box: Apt. / Suite #: City: State: Zip Code: _____	

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME _____ **16 ACCOUNT # (Ethics Commission File#)** _____

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. ***

<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)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 971 ⁰⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1513 ⁰⁰
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 13, Election Code.

Warren 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 July, 2008, to certify which, witness my hand and seal of office.

Annabel Guerrero Annabel Guerrero Deputy Clerk
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME RAY CHARK

3 ACCOUNT # (Ethics Commission filers)

4 Date
1-4

5 Payee name
WADE GENT CAMPAIGN
6 Payee address; City; State; Zip Code

7 Amount (\$)
100⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)
pol contribution
(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
1-29

Payee name
FRIENDS OF TEENELL LIBRARY
Payee address; City; State; Zip Code

Amount (\$)
30⁰⁰

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
1-30

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

Amount (\$)
80⁰⁰

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
2/20

Payee name
Pyles
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

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME

FAY CLARK

3 ACCOUNT # (Ethics Commission filers)

4 Date
2/21

5 Payee name
FORNEY Chamber of Commerce
6 Payee address; City; State; Zip Code

7 Amount (\$)
50⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)
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
3/5

Payee name
Forney Chamber of Commerce
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

Date
3-10

Payee name
FORNEY Band Boosters
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

Date
3-15

Payee name
Kaufman County Leadership Council
Payee address; City; State; Zip Code

Amount (\$)
120⁰⁰

Purpose of payment (See instructions regarding type of information required.)
Donation Kaufman County day
(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: **4**

2 FILER NAME **Ray Clark**

3 ACCOUNT # (Ethics Commission filers)

4 Date
4-1

5 Payee name
Kaufman County Republican - New Club
5 Payee address; City; State; Zip Code

7 Amount (\$)
30⁰⁰

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

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

(If travel outside of Texas, complete Schedule T)

Date
~~4-1~~
5-3

Payee name
FORNEY Parents & Friends
Payee address; City; State; Zip Code

Amount (\$)
243⁰⁰

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

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

(If travel outside of Texas, complete Schedule T)

Date
4-20

Payee name
TERRILL Lions Club
Payee address; City; State; Zip Code

Amount (\$)
18⁰⁰

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

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

(If travel outside of Texas, complete Schedule T)

Date
~~4-9~~
4-9

Payee name
FORNEY Parents & Friends
Payee address; City; State; Zip Code

Amount (\$)
50⁰⁰

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

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

(If travel outside of Texas, complete Schedule T)

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: 4

2 FILER NAME

Kay Chasal

3 ACCOUNT # (Ethics Commission files)

4 Date

6-25

5 Payee name

Victory 08

6 Payee address; City; State; Zip Code

7 Amount (\$)

100⁰⁰

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

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

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

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