

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:** 2

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR: _____ FIRST: Sophia MI: L
 NICKNAME: _____ LAST: Clemon SUFFIX: _____

OFFICE USE ONLY

Date Received: 2009 JUL 15 AM 7:19
 KAUFMAN CO. TEXAS
 FILED FOR RECORD

Date Hand-delivered or Date Postmarked: 2009

Receipt # _____ Amount _____

Date Processed _____

Date Imaged _____

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____
8000 County Road 130
Terrell Tx 75161

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: (972) PHONE NUMBER: 551-3399 EXTENSION: _____

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: _____ FIRST: Sophia MI: L
 NICKNAME: _____ LAST: Clemon SUFFIX: _____

7 CAMPAIGN TREASURER ADDRESS
 STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____
8000 County Road 130
Terrell Tx 75161

8 CAMPAIGN TREASURER PHONE
 AREA CODE: (972) PHONE NUMBER: 551-3399 EXTENSION: _____

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED
 Month / Day / Year: 5 / 28 / 09 THROUGH Month / Day / Year: 6 / 30 / 09

11 ELECTION
 ELECTION DATE: Month / Day / Year: 3 / 2 / 09
 ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (if any): NA **13 OFFICE SOUGHT (if known)**: County Clerk

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: NA

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 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	\$	<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>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	<u>0</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.

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 15th day of July, 2009, to certify which, witness my hand and seal of office.

Cynthia Ramirez Cynthia Ramirez deputy clerk
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath