

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

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST
WARREN

MI
RAY

NICKNAME

LAST

SUFFIX

CLARK

OFFICE USE ONLY

Date Received
2006 JAN 17 3:31
FILED FOR RECORD
KAUFMAN CO TEXAS

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

11034 REEPEK LANE FORTNEY TX 75126

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(972) 564 3525

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST
JUSAN

MI
E.

NICKNAME

LAST

SUFFIX

CLARK

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

11034 REEPEK LANE FORTNEY TX 75126

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(972) 564 3525

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 THROUGH Month Day Year

7 / 17 / 05 THROUGH 1 / 16 / 06

11 ELECTION

ELECTION DATE: Month Day Year
3 / 7 / 06
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

—

13 OFFICE SOUGHT (if known)

KAUFMAN Co. Commissioner Pet 2

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

RAY CLARK

16 ACCOUNT # (Ethics Commission filers)

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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

\$ 3043⁰⁰

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ - 0 -

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 Warren Clark, this the 17 day of January, 2006, to certify which, witness my hand and seal of office.

Caryn Jackson
Signature of officer administering oath

CARYN JACKSON
Printed name of officer administering oath

Deputy Clerk
Title of officer administering oath

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 CHALK**

3 ACCOUNT # (Ethics Commission filers)

4 Date
1-05-06

5 Payee name
Renfro Industries

8 Amount (\$)
2100⁰⁰

6 Payee address; City; State; Zip Code
**102 Metro DR.
Terrell TX**

7 Purpose of expenditure (See instructions regarding type of information required.)
SIGNS

Reimbursement from political contributions intended

Date
1-09-06

Payee name
FORNEY MESSNGER

Amount (\$)
115⁰⁰

Payee address; City; State; Zip Code
**201 W BROAD ST
FORNEY TX 75126**

Purpose of expenditure (See instructions regarding type of information required.)
Pol Ad

Reimbursement from political contributions intended

Date
1-09-06

Payee name
USPS

Amount (\$)
78⁰⁰

Payee address; City; State; Zip Code
FORNEY

Purpose of expenditure (See instructions regarding type of information required.)
STAMPS

Reimbursement from political contributions intended

Date
12-30-05

Payee name
REPUBLICAN PARTY KAUSMAN

Amount (\$)
750⁰⁰

Payee address; City; State; Zip Code
Kausman TX

Purpose of expenditure (See instructions regarding type of information required.)
Filing FEE

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED