

# 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:

5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR C

FIRST

MI

NICKNAME

WARREN

LAST

RAY

SUFFIX

CLARK

OFFICE USE ONLY

Date Received

BY: DR

FILED FOR RECORD  
KAUFMAN CO. TEXAS  
2008 JAN - 8 11:54  
LAURIA HUGHES  
COUNTY CLERK

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

11034 REEDER LAKE  
FORNEY TX 75126

Change of Address

Date Hand Delivered Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(972) 564 3525

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR C

FIRST

MI

NICKNAME

SUSAN

LAST

SUFFIX

CLARK

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

11034 REEDER LAKE FORNEY 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 / 1 / 07    12 / 31 / 07

11 ELECTION

ELECTION DATE    ELECTION TYPE

Month Day Year     Primary     Runoff     General     Special

7 / 1 / 07

12 OFFICE

OFFICE HELD (if any)

Commissioner Pct 2

13 OFFICE SOUGHT (if known)

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  <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

*N/A*

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *00*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *00*

4. TOTAL POLITICAL EXPENDITURES

\$ *1386<sup>00</sup>*

CONTRIBUTION BALANCE

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

\$ *2484<sup>00</sup>*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *00*

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 10, 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 *8th* day of *January*, 20*08*, 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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME **RAG CLARK**

3 ACCOUNT # (Ethics Commission files)

4 Date **8-15**

5 Payee name **Greg Dorsten**

7 Amount (\$) **45<sup>00</sup>**

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)  
**DONATION to Kaufman Chamber**  
(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 **8-15**

Payee name **Jeb Hensarling**  
Payee address; City; State; Zip Code

Amount (\$) **250<sup>00</sup>**

Purpose of payment (See instructions regarding type of information required.)  
**pol donation**  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held  
**Jeb Hensarling U.S. Rep**

Date **9-7**

Payee name **KAUFMAN Co. Republican Women**  
Payee address; City; State; Zip Code

Amount (\$) **100<sup>00</sup>**

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 **9-12**

Payee name **Mike Chitty**  
Payee address; City; State; Zip Code

Amount (\$) **200**

Purpose of payment (See instructions regarding type of information required.)  
**pol donation**  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held  
**Mike Chitty 422 Dist Judge**

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: **3**

2 FILER NAME **RAY CLARK** 3 ACCOUNT # (Ethics Commission files)

4 Date <b>9/28</b>	5 Payee name <b>FORNEY Chamber of Commerce</b>	7 Amount (\$) <b>245<sup>00</sup></b>
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) <b>Tour and sponser</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditures to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
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Date <b>10/10</b>	Payee name <b>FORNEY High School</b>	Amount (\$) <b>50<sup>00</sup></b>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <b>Ad.</b> <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditures to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
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Date <b>10/15</b>	Payee name <b>Tennell Chamber of Commerce</b>	Amount (\$) <b>80<sup>00</sup></b>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <b>Barguet ticket</b> <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
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Date <b>10/36</b>	Payee name <b>DAVID BYRNES Campaign</b>	Amount (\$) <b>100</b>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <b>Pol donation</b> <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditures to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held <b>DAVID BYRNES      Sheriff</b>
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**POLITICAL EXPENDITURES** **SCHEDULE F**

The instruction Guide explains how to complete this form. 1 Total pages Schedule F: **3**

2 FILER NAME **Ray Clark** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>11/10</b>	5 Payee name <b>Beth Brown Campaign</b> 6 Payee address; City; State; Zip Code	7 Amount (\$) <b>50<sup>00</sup></b>
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8 Purpose of payment (See instructions regarding type of information required.) <b>pol donation</b> (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: <b>Beth Brown</b> Office sought: <b>State Rep</b> Office held:
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Date <b>11/22</b>	Payee name <b>Ranch Hand BBQ</b> Payee address; City; State; Zip Code	Amount (\$) <b>191<sup>00</sup></b>
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Purpose of payment (See instructions regarding type of information required.) <b>Lunches Employees Thanksgiving</b> (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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Date <b>12/13</b>	Payee name <b>Terrill Chambers of Commerce</b> Payee address; City; State; Zip Code	Amount (\$) <b>75<sup>00</sup></b>
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Purpose of payment (See instructions regarding type of information required.) <b>Directory Ad</b> (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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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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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:
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