

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 # <small>(Ethics Commission Filers)</small>	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Clint C. <small>NICKNAME LAST SUFFIX</small> Ives	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; text-align: center;"> JAN 09 2014 <i>Mill</i> </div> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 533 Inez TX 77968		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 649-2068		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Nancy L. <small>NICKNAME LAST SUFFIX</small> Null/Ives		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9579 J-2 Ranch Rd Inez TX 77968		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 576-0638		
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 7 / 1 / 13 12 / 31 / 13		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Victoria County Commissioner Pct 4	13 OFFICE SOUGHT (if known)	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

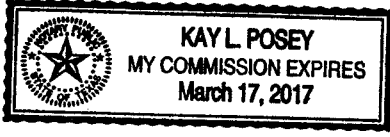
14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO 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.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME _____
		COMMITTEE ADDRESS _____
		COMMITTEE CAMPAIGN TREASURER NAME _____
		COMMITTEE CAMPAIGN TREASURER ADDRESS _____


17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$1,675.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$2,845.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$1693.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 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.



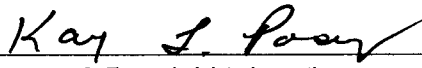
KAY L. POSEY
MY COMMISSION EXPIRES
March 17, 2017



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Clint C. Ives, this the 9th day of January, 20 14, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Kay L. Posey
 Printed name of officer administering oath

Notary Public
 Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Clint C. Ives		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/16/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jon R. New 6 Contributor address; City; State; Zip Code PO Box 1247 Victoria, TX 77902	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/17/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Dickson Contributor address; City; State; Zip Code 305 Buckingham Victoria, TX 77904	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/16/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gene Migura Contributor address; City; State; Zip Code 105 Kreekview Victoria, TX 77904	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/17/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W. Brzozowski Contributor address; City; State; Zip Code 205 Whispering Creek Dr Victoria, TX 77904	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/17/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bette-Jo Buhler Contributor address; City; State; Zip Code 8607 N Navaro Suit M Victoria, TX 77904	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Clint C. Ives		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/19/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruschhaupt & Sons 6 Contributor address; City; State; Zip Code 8444 Lower Mission Valley Rd Victoria, TX 77905	7 Amount of contribution (\$) \$100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/18/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert McKay Contributor address; City; State; Zip Code 303 Leisure Ln Victoria, TX 77904	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/14/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Steen Contributor address; City; State; Zip Code 508 N. Glass Victoria, TX 77901	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/14/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Zafereo Contributor address; City; State; Zip Code 125 Kreekview Dr Victoria, TX 77904	Amount of contribution (\$) \$100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/14/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milton Chapman Contributor address; City; State; Zip Code 217 Canyon Creek Victoria, TX 77901	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Clint C. Ives		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/14/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Dunnam 6 Contributor address; City; State; Zip Code 508 N. Glass Victoria, TX 77901	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/16/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr.'s Lisa & William Campbell Contributor address; City; State; Zip Code 213 Woodlands Ln Victoria, TX 77904	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/13/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John McQuillen Contributor address; City; State; Zip Code 402 Windy Way Dr. Victoria, TX 77904	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/14/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan Dunn O'Connor Contributor address; City; State; Zip Code PO Box 290 Victoria, TX 77902	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/21/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janet Miller Contributor address; City; State; Zip Code 6040 Country Club Dr Victoria, TX 77904	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Clint C. Ives		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/26/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dr. John McNeill 6 Contributor address; City; State; Zip Code PO Box 3446 Victoria, TX 77903	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/30/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dr. Robert Lee Contributor address; City; State; Zip Code 106 Professional Park Victoria, TX 77904	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Clint C. Ives	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/14/13	5 Payee name Howell NJHS	
6 Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Victoria, TX 77901	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Advertising
Date 9/14/13	Payee name Inez Comm Benefit Assoc.	
Amount (\$) 20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Inez TX 77968	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Advertising
Date 9/14/13	Payee name Inex Volunteer Fire Depmt.	
Amount (\$) 450.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Inez, TX 77968	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Avertising	Description (If travel outside of Texas, complete Schedule T) Advertising
Date 11/18/13	Payee name Victoria County Republican Party	
Amount (\$) \$750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Victoria, TX 77901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Filing Fee	Description (If travel outside of Texas, complete Schedule T) Filing Fee

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME Clint C. Ives		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/25/13		5 Payee name Boy Scout Troop 368			
6 Amount (\$) \$16.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code Victoria, TX 77904			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Avertising		(b) Description (If travel outside of Texas, complete Schedule T) Fund Raiser Donation	
Date 9/7/13		Payee name Inez Vol. Fire Department			
Amount (\$) \$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Inez, TX 77968			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Avertising		Description (If travel outside of Texas, complete Schedule T) Fund Raiser Donation	
Date 9/7/13		Payee name St. Joseph Catholic Church			
Amount (\$) \$305.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Victoria, TX 77901			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Fund Raiser Donation	
Date 9/3/13		Payee name Industrial Junior High Band Booster			
Amount (\$) \$24.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Inez, TX 77968			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Fund Raiser Donation	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME Clint C. Ives		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/25/13		5 Payee name Wood-Hi Elementary Booster			
6 Amount (\$) \$225.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code Victoria, TX 77904			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) Fund Raiser Donation	
Date 9/7/13		Payee name Inez Vol. Fire Department			
Amount (\$) \$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Inez, TX 77968			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Fund Raiser Donation	
Date 11/12/13		Payee name Mercer Photography			
Amount (\$) \$663.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Inez, TX 77968			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Campaign Family photo, sitting, printing of mailers and release.	
Date 12/12/13		Payee name Office Depot			
Amount (\$) \$141.76 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Victoria, TX 77904			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Labels, printing, stamps /mailer	

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