

# 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:  11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: <u>CLARA</u> MI: <u>C.</u> NICKNAME: _____ LAST: _____ SUFFIX: _____ <u>Lucas</u>	<b>OFFICE USE ONLY</b> Date Received <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>                      OCT 04 2010                      BY <u>Will</u> </div> Date Hand-Delivered or Date Postmarked: _____ Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <u>PO BOX 533</u> APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: <u>Inez TX 77968</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(361)</u> PHONE NUMBER: <u>669-2068</u> EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>MRS.</u> FIRST: <u>Nancy</u> MI: <u>L</u> NICKNAME: _____ LAST: _____ SUFFIX: _____ <u>NUN LUCAS</u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <u>9579 52 Ranch Rd.</u> APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: <u>Inez TX 77968</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(361)</u> PHONE NUMBER: <u>576-0638</u> EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 <u>7 / 1 / 10</u> <u>9 / 23 / 10</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 2 / 2010</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>County Commissioner Prec 4</u>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	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: _____		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

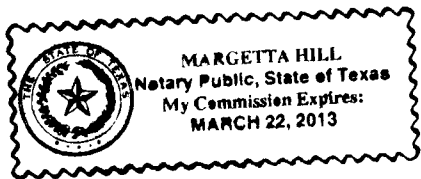
15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES 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	

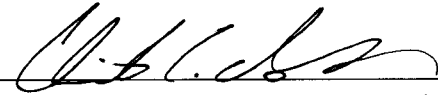
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3225.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3227.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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.




MARGETTA HILL  
Notary Public, State of Texas  
My Commission Expires:  
MARCH 22, 2013

  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Clint C. Ives, this the 4th day of October, 20 10, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

Margetta Hill

 Printed name of officer administering oath

Notary

 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: <b>5</b>	
2 FILER NAME <i>CLINT C. DRES</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>8/3/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MORBAN DANA O'LEARY</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>POB 290 VICTORIA TX 77902</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/3/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bette Noble</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6007 J Country Club Dr. Victoria TX 77904</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/1/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>A.J. Cohen</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>POB 1128 Victoria TX 77902</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/17/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jack &amp; Debra Mullins</i>	Amount of contribution (\$) <i>300.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>116 Elaine St. Victoria TX 77904</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/6/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr. Aaron Muesel</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>705 Monticello Rd. Victoria TX 77904</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM 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: <b>\$ 5</b>	
2 FILER NAME <i>U.N. Lues</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>8/10/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Katherine Edwards</i>	7 Amount of contribution (\$) <i>25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>606 Chimney Rock Dr. Victoria, TX 77904</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/11/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom &amp; L. B. Hill</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>801 Champions Row Victoria, TX 77904</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andy &amp; Kathi Stalle</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>281 Bent Oaks Trl, TX 77901</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/11/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe &amp; Paula Whitaker</i>	Amount of contribution (\$) <i>20.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>112 Berkshire St. Victoria, TX 77904</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom &amp; Jan Martinbanks</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>535 J-2 Ranch Dr. Bacc, TX 77968</i>		(If travel outside of Texas, complete Schedule T)	
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: <b>6</b>	
2 FILER NAME <i>Clint C. Jones</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>8/12/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Janice Gilliam</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>406 Chimney Rock Victoria TX 77904</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/12/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mr. Mrs. James Smith</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>712 Dundee St. Victoria TX 77904</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nathalie Schurber</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2906 Rainbow Rd. Tucc, TX 77968</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/12/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Reddick</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>106 Guinevere St. Victoria TX 77904</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/12/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Randal &amp; Sandy Mueser</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>202 Buckingham St. Victoria TX 77904</i>		(If travel outside of Texas, complete Schedule T)	
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: <b>6</b>	
2 FILER NAME <i>UMA TUES</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>8/16/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROY &amp; KATHY SCHERER</i> 6 Contributor address; City; State; Zip Code <i>225 LEO OAK DR. T22, TX 77468</i>	7 Amount of contribution (\$)  <i>200.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/15/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MUNIR MUNAWAR</i> Contributor address; City; State; Zip Code <i>16107 KENSINGTON DR. SUITE 105 Sugar Land, TX 77479</i>	Amount of contribution (\$)  <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>G. Phillips</i> Contributor address; City; State; Zip Code <i>404 SARKIS VICTORIA TX 77904</i>	Amount of contribution (\$)  <i>50.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/16/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mr. Charles Borchers</i> Contributor address; City; State; Zip Code <i>2901 N. Wheeler Victoria, TX 77901</i>	Amount of contribution (\$)  <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/16/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CONVA &amp; KATHY SCHERER</i> Contributor address; City; State; Zip Code <i>POB 2532 VICTORIA, TX 77902</i>	Amount of contribution (\$)  <i>25.00</i>	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: <b>5</b>	
2 FILER NAME <i>Cliff C. Jones</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>8/27/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr. &amp; Mrs. Ellwood Coast</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>207 Whispering Cigars Victoria, TX 77904</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/27/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brent &amp; Kathy Smolik</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2405 Del Monte Dr. Houston, TX 77019</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/27/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephen Diesel</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4011 Salem Rd. Victoria, TX 77901</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/27</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Sackel</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1269 Holly Brook Dr. Freeport, TX 77546</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/27</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Engel</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6112 County Club Dr. Victoria, TX 77904</i>		(If travel outside of Texas, complete Schedule T)	
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: <b>5</b>	
2 FILER NAME <i>Cliff C. Jones</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8/27/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr. &amp; Mrs. Ellwood East</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>202 Whispering Creek, Victoria, TX 77904</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/27/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brent &amp; Kathy Smelik</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2505 Del Monte Dr. Houston, TX 77019</i>		(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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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: <u>6</u>	
2 FILER NAME <u>U.S.A. Inc's</u>			3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>9/27/10</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mr./Mrs. Elvira Fernandez</u>	6 Contributor address; City; State; Zip Code <u>213 Gettysburg Dr. Victoria TX 77904</u>	7 Amount of contribution (\$) <u>50.00</u>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date <u>10/1</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John &amp; Norine Pula Skie</u>	Contributor address; City; State; Zip Code <u>2629 Balfow Rd. Incc, TX 77968</u>	Amount of contribution (\$) <u>5.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <u>10/1</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bill &amp; Dorothy Patton</u>	Contributor address; City; State; Zip Code <u>207 Sandra Incc, TX 77968</u>	Amount of contribution (\$) <u>25.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <u>10/1</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Renee Atkins</u>	Contributor address; City; State; Zip Code <u>6218 FM 1686 Incc, TX 77968</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <u>10/1</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ben Jordan</u>	Contributor address; City; State; Zip Code <u>1507 N. Ben Jordan - Victoria, TX 77901</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <u>3</u>
2 FILER NAME <u>Cliff C. Ives</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>8/13/10</u>	5 Payee name <u><del>St. Joseph</del> Titan East Booster Club</u> 6 Payee address; City; State; Zip Code <u>Victoria, TX</u>	7 Amount (\$) <u>300.00</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>Program Ad</u> (If travel outside of Texas, complete Schedule T)		9 <input checked="" type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held <u>City Commission Act 4</u>
Date <u>8/14/10</u>	Payee name <u>St. Joseph Booster Club</u> Payee address; City; State; Zip Code <u>Victoria, TX</u>	Amount (\$) <u>130.00</u>
Purpose of payment (See instructions regarding type of information required.) <u>Program Ad</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held <u>City Commission Act 4</u>
Date <u>8/14/10</u>	Payee name <u>Merces Photography</u> Payee address; City; State; Zip Code <u>Laeg, TX</u>	Amount (\$) <u>53.38</u>
Purpose of payment (See instructions regarding type of information required.) <u>Photo</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held <u>City Commission Act 4</u>
Date <u>8/14/10</u>	Payee name <u>Warrior West Booster</u> Payee address; City; State; Zip Code <u>Victoria TX</u>	Amount (\$) <u>300.00</u>
Purpose of payment (See instructions regarding type of information required.) <u>Program Ad</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held <u>City Commission Act 4</u>

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: <div style="text-align: right; font-size: 1.5em;">3</div>
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">CMT C. TUGS</div>		3 ACCOUNT # (Ethics Commission filers)
4 Date <div style="font-size: 1.2em; font-family: cursive;">8/16</div>	5 Payee name <div style="font-size: 1.2em; font-family: cursive;">Office Depot</div>	7 Amount (\$) <div style="font-size: 1.5em; font-family: cursive;">32.44</div>
6 Payee address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">Victoria, TX</div>		
8 Purpose of payment (See instructions regarding type of information required.) <div style="font-size: 1.2em; font-family: cursive;">SUPPLIES</div> (If travel outside of Texas, complete Schedule T)	9 <input checked="" type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held <div style="font-size: 1.2em; font-family: cursive;">CMT Commission and Part 4</div>	
Date <div style="font-size: 1.2em; font-family: cursive;">8/29/10</div>	Payee name <div style="font-size: 1.2em; font-family: cursive;">Chris Nicholson</div>	Amount (\$) <div style="font-size: 1.5em; font-family: cursive;">558.74</div>
Payee address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">Galveston, TX</div>		
Purpose of payment (See instructions regarding type of information required.) <div style="font-size: 1.2em; font-family: cursive;">SUPPLIES</div> (If travel outside of Texas, complete Schedule T)	9 <input checked="" type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held <div style="font-size: 1.2em; font-family: cursive;">CMT Commission and Part 4</div>	
Date <div style="font-size: 1.2em; font-family: cursive;">8/31/10</div>	Payee name <div style="font-size: 1.2em; font-family: cursive;">DVM, Inc.</div>	Amount (\$) <div style="font-size: 1.5em; font-family: cursive;">228.23</div>
Payee address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">Victoria, TX</div>		
Purpose of payment (See instructions regarding type of information required.) <div style="font-size: 1.2em; font-family: cursive;">Party SUPPLIES</div> (If travel outside of Texas, complete Schedule T)	9 <input checked="" type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held <div style="font-size: 1.2em; font-family: cursive;">CMT Commission and Part 4</div>	
Date <div style="font-size: 1.2em; font-family: cursive;">9/17</div>	Payee name <div style="font-size: 1.2em; font-family: cursive;">Mised Advertising</div>	Amount (\$) <div style="font-size: 1.5em; font-family: cursive;">665.33</div>
Payee address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">San Antonio, TX</div>		
Purpose of payment (See instructions regarding type of information required.) <div style="font-size: 1.2em; font-family: cursive;">Signs</div> (If travel outside of Texas, complete Schedule T)	9 <input checked="" type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held <div style="font-size: 1.2em; font-family: cursive;">CMT Commission and Part 4</div>	

**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: <b>3</b>
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/17</b>	5 Payee name <i>Easy Drive</i>	7 Amount (\$) <b>90.83</b>
6 Payee address; City; State; Zip Code <i>San Antonio, TX</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Stamps</i> (If travel outside of Texas, complete Schedule T)	9 <input checked="" type="checkbox"/> Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held <i>City Commission Act 4</i>
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Date <b>9/21</b>	Payee name <i>Star's</i>	Amount (\$) <b>14.46</b>
Payee address; City; State; Zip Code <i>Victoria TX</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Envelopes</i> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH -- <input checked="" type="checkbox"/> Candidate / Officeholder name      Office sought      Office held <i>City Commission Act 4</i>
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Date <b>9/22</b>	Payee name <i>USPS</i>	Amount (\$) <b>300.00</b>
Payee address; City; State; Zip Code <i>Victoria, TX</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Stamps</i> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH -- <input checked="" type="checkbox"/> Candidate / Officeholder name      Office sought      Office held <i>City Commission Act 4</i>
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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
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <u>2</u>
2 FILER NAME <u>Cliff Jacobs</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>8/6/10</u>	5 Payee name <u>Pro. Other Feed Store</u> 6 Payee address; City; State; Zip Code <u> Hwy 87 Victoria TX</u>	8 Amount (\$) <u>219.50</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <u>Sign Supplies</u> (If travel outside of Texas, complete Schedule T)	
Date <u>8/11/10</u>	Payee name <u>Sears</u> Payee address; City; State; Zip Code <u> Hwy 77 N. Victoria TX</u>	Amount (\$) <u>131.57</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <u>Supplies for Party</u> (If travel outside of Texas, complete Schedule T)	
Date <u>8/12/10</u>	Payee name <u>HEB</u> Payee address; City; State; Zip Code <u>Victoria TX</u>	Amount (\$) <u>148.26</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <u>Reception Food</u> (If travel outside of Texas, complete Schedule T)	
Date <u>8/22/10</u>	Payee name <u>Home Depot</u> Payee address; City; State; Zip Code <u>Victoria TX</u>	Amount (\$) <u>25.27</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <u>Sign Supplies</u> (If travel outside of Texas, complete Schedule T)	
Date <u>8/14/10</u>	Payee name <u>Mc Coy's</u> Payee address; City; State; Zip Code <u>Victoria TX</u>	Amount (\$) <u>29.97</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <u>Sign Supplies</u> (If travel outside of Texas, complete Schedule T)	

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