

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 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Mr.</i> <i>CHRIS</i> <i>C</i> NICKNAME LAST SUFFIX <i>Ives</i>	OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 1.2em; font-weight: bold;">OCT 25 2010</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; APT / SUITE #; CITY; STATE; ZIP CODE <i>9583 J2 Ranch Rd.</i> <i>Inez, TX 77968</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361)</i> <i>649-2068</i>	Receipt # Amount Date Processed Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Mrs.</i> <i>Nancy</i> <i>L</i> NICKNAME LAST SUFFIX <i>Nancy Ives</i>	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>9579 J2 Ranch Rd.</i> <i>Inez, TX</i> <i>77968</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361)</i> <i>576-0638</i>		
9 REPORT TYPE	<input 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 checked="" 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 <i>9 / 24 / 10</i> <i>10 / 24 / 10</i>		
11 ELECTION	ELECTION DATE Month Day Year / / /	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) <i>County Commissioner Prec. 4</i>	
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		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

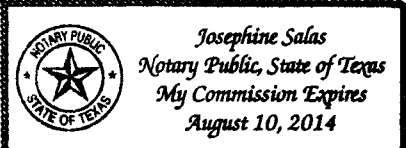
15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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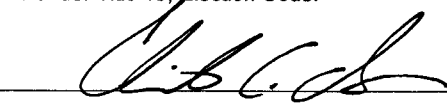
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S 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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 310.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1236.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4027.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1546.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3500.00

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 15, Election Code.




 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CLINT C. IVES, this the 25th day of OCTOBER, 20 10, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

JOSEPHINE SALAS

 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:	
2 FILER NAME <i>CLINT C. LUGS</i>			3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/7</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ron & Kim Smith</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <i>POB 466 Inez TX 77968</i>		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date <i>10/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rhonda Hooper</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>114 Calle Ricardo Victoria, TX 77904</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>10/10</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>6009 J Country Club Dr. 77904</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>10/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ronan Boucher</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>118 Savannah Dr. Victoria, TX 77904</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>10/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. & D. Mullins</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>116 Elbing St. 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 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 <i>Clint C. Ives</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kenneth & Becky Allen</i> 6 Contributor address; City; State; Zip Code <i>2219 Liveoak Dr. Portland, TX 78374</i>	7 Amount of contribution (\$) <i>100.00</i> <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 <i>10/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John & Sandra Gayle</i> Contributor address; City; State; Zip Code <i>119 U.1106y 610 Victoria, TX 77901</i>	Amount of contribution (\$) <i>200.00</i> <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 <i>10/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James DeHes</i> Contributor address; City; State; Zip Code <i>1202 Mallett Apt. 1704 Victoria, TX 77904</i>	Amount of contribution (\$) <i>10.00</i> <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 <i>10/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Jo Kinshorn</i> Contributor address; City; State; Zip Code <i>106 Milton St. Victoria, TX 77901</i>	Amount of contribution (\$) <i>100.00</i> <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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve & Caroline Seckamp</i> Contributor address; City; State; Zip Code <i>103 Champions Row, Victoria, TX 77904</i>	Amount of contribution (\$) <i>25.00</i> <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 <i>Cliff C. Jones</i>			3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Darrell Sklar</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <i>736 Fm 234 Cedar, TX 77957</i>		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date <i>10/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brad Moore</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>106 Lake Forest Dr. Victoria, TX 77904</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>10/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mr. & Mrs. Elvise Fernandez</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>213 Gettysburg Dr. Victoria, TX 77904</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>10/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Miller</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>103 Sunset Dr. Victoria, TX 77901</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>10/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Randall & Gaudin MUESSG</i>	Amount of contribution (\$) <i>50.00</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)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 <i>Clint C. Jones</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Galen & Leslie Franz</i> 6 Contributor address; City; State; Zip Code <i>216 Malon Creek Victoria, TX 77901</i>	7 Amount of contribution (\$) <i>50.00</i> <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 <i>10/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nathaniel S. Shubert</i> Contributor address; City; State; Zip Code <i>2926 Benlow Rd. Dec, TX 77968</i>	Amount of contribution (\$) <i>25.00</i> <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 <i>10/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bastian Investments</i> Contributor address; City; State; Zip Code <i>POB 68 Port Lavaca TX 77977</i>	Amount of contribution (\$) <i>101.00</i> <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 <i>10/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Doris Reiser</i> Contributor address; City; State; Zip Code <i>3202 Cowin Ave. Victoria, TX 77901</i>	Amount of contribution (\$) <i>75.00</i> <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	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)
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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Clint C. Ives</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ <i>3,500.00</i>
5 Date of loan <i>10/12/10</i>	7 Name of lender <i>Clint C. Ives</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) <i>3,500.00</i>
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code <i>9583 J2 Ranch Rd. Inge, TX 77968</i>	10 Interest rate <i>N/A</i>
		11 Maturity date <i>N/A</i>
12 Principal occupation / Job title (See Instructions) <i>Self Employed</i>		13 Employer (See Instructions) <i>Self employed</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation (See Instructions)		20 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

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 F:	2 FILER NAME <i>Clint C. Ives</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>10/11</i>	5 Payee name <i>Martin A. Adams</i>	
6 Amount (\$) <i>549.96</i>	7 Payee address; City; State; Zip Code <i>Victoria, TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>SUPPLIES/PRINTING EXP.</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/11</i>	Payee name <i>Instant COPY</i>	
Amount (\$) <i>91.19</i>	Payee address; City; State; Zip Code <i>Victoria, TX</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>COVERAGES/SUPPLIES/PRINTING</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/12</i>	Payee name <i>Builders Association</i>	
Amount (\$) <i>150.00</i>	Payee address; City; State; Zip Code <i>Victoria, TX</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Hotel Sponsor/Event Expense</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/11</i>	Payee name <i>Chris Nicholson</i>	
Amount (\$) <i>1112.72</i>	Payee address; City; State; Zip Code <i>Galveston, TX</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>SUPPLIES</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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 F:	2 FILER NAME <i>Christ C. Jones</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>10/14</i>	5 Payee name <i>McCoy's</i>	
6 Amount (\$) <i>23.25</i>	7 Payee address; City; State; Zip Code <i>Victoria, TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>SUPPLIES</i>	(b) Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/14</i>	Payee name <i>Office Depot</i>	
Amount (\$) <i>46.52</i>	Payee address; City; State; Zip Code <i>Victoria, TX</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Stationary</i>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/16</i>	Payee name <i>McCoy's</i>	
Amount (\$) <i>19.74</i>	Payee address; City; State; Zip Code <i>Victoria, TX</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>SUPPLIES</i>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/18</i>	Payee name <i>McCoy's</i>	
Amount (\$) <i>24.92</i>	Payee address; City; State; Zip Code <i>Victoria, TX</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>SUPPLIES</i>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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 F:		2 FILER NAME <i>Christ C. Jacobs</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/19</i>		5 Payee name <i>Markin Printing</i>			
6 Amount (\$) <i>576.11</i>		7 Payee address; City; State; Zip Code <i>Victoria, TX</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Printing Exp.</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10/20</i>		Payee name <i>Suddenlink Media</i>			
Amount (\$) <i>794.75</i>		Payee address; City; State; Zip Code <i>Victoria, TX</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Exp.</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10/20</i>		Payee name <i>Victoria Television Group</i>			
Amount (\$) <i>565.25</i>		Payee address; City; State; Zip Code <i>Victoria, TX</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Exp.</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10/23</i>		Payee name <i>McGraw</i>			
Amount (\$) <i>11.28</i>		Payee address; City; State; Zip Code <i>Victoria, TX</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>SUPPLIES</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

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 F:	2 FILER NAME <i>Clint Jones</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>10/03</i>	5 Payee name <i>Offic Depot</i>	
6 Amount (\$) <i>61.77</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing/Supplies Exp.</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED