# 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 /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Harry	D.	Date Received
	NICKNAME LAST	SUFFIX	·
	are the Cloub		
4 CANDIDATE /	"Dale" Clark  ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	T/ 201 ELE BY:
OFFICEHOLDER	ADDRESS FFO BOX, AFT FOOTIER, ST.1,	dirie, El OOSE	
MAILING ADDRESS			Date Hand-defivered or Rostmarked
change of address			Réceipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Receipt # Amount
OFFICEHOLDER	ALE COSE	Erit Eritore	Date Processed
PHONE			3 6 E
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Date Imaged 5
NAME	Arturo		, j
	NICKNAME LAST	SUFFIX	)
	Camacho		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
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	Month Day	Year
OOVERED	1 / 15 / 2014 THROUGH	7 / 15 /	2014
11 ELECTION	ELECTION DATE ELECTION TYPE		
·	Month Day Year Primary	Runoff	General Special
	7 / 31 / 2012		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
011102	Tarrant County Constable Pct. 1	OFFICE SCOOM (I KNOWN)	
	Tanama Soundy Soundaries Foli. 1		
	GO TO PAG	- <del>'</del> iE 2	

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Harry "Dale	" Clark	<b>15</b> AC	CCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY P HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY R	'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	DFW Conservative Voters PAC	
	GENERAL		RY: EE 20
		COMMITTEE ADDRESS	* E 20
	X SPECIFIC	PO Box 173065 Arlington, TX 76003	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		Stuart Lane	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		NA	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00
	l .	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,860.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1,223.86
	4. TOTAL	POLITICAL EXPENDITURES	\$ 10,820.02
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 39.98
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ -0-
18 AFFIDAVIT		I swear, or affirm, under penalty of perju	ury, that the accompanying report
	*****	is true and correct and includes all informe under Title 15, Election Code.	mation required to be reported by
	DONNA PLISK My Commission E November 08, 20	coires t	dalsy
· · · · · · · · · · · · · · · · · · ·		Signature of Candidate	e or Officeholder
AFFIX NOTARY STAN	MP / SEAL ABOVE		
Sworn to and sub	scribed before	me, by the said Harry "Dale" Clark	, this the
14th May	of Jul	, 20 14 , to certify which, witness my h	·
1 John VI	isla	Donna Pliska	Notary
Signature of officer adm	ninistering oath		Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

-				
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME		·	3 ACCOUNT # (E	thics Commission Filers)
Harry	"Dale" Clark			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
10/27/2011	Harry D. Clark		contribution (\$)	description (if applicable)
10/27/2011				
	6 Contributor address; City; State; Zip Code	4.5	\$275.00	
	3208 Haltom Rd. Haltom City, TX 761			
-			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Retired Po	lice Officer			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/28/2011	Harry D. Clark			a a la constant de la
22.20.20.2	Contributor address; City; State; Zip Code		\$200.00	Soli was
	3208 Haltom Rd. Haltom City, TX 76	117	\$200.00	
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	lice Officer	Employer (occ )	natius (iona)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
11/29/2011	Harry D. Clark		contribution (\$)	description (if applicable)
11/25/2011	Contributor address; City; State; Zip Code			
- · · · · · · · · · · · · · · · · · · ·	3208 Haltom Rd. Haltom City, TX 76	117	\$200.00	
	3206 Hallom Rd. Hallom City, 12/70	117		
	Library Challes (On a Brahamatian a)	F1 (O 1		of Texas, complete Schedule T)
	pation / Job title (See Instructions) plice Officer	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$).	In-kind contribution description (if applicable)
12/6/2011	Harry D. Clark  Contributor address; City; State; Zip Code		COMMIDATION (4)	l description (ii applicable)
		C117	\$2,500.00	1
	3208 Haltom Rd. Haltom City, TX 76	)117	\$2,300.00	1
			(If travel outside	of Texas, complete Schedule T)
· '	pation / Job title (See Instructions)	Employer (See I	instructions)	
Retired Po	lice Officer			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/28/2011	Harry D. Clark Contributor address; City; State; Zip Code			
	3208 Haltom Rd. Haltom City, TX	76117	\$3,000.00	
	2200 Hallom Rd. Hallom Otty, 174			
	<u> </u>	T	<del>*************************************</del>	of Texas, complete Schedule T)
	pation / Job title (See Instructions) plice Officer	Employer (See I	instructions)	

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Harry	"Dale" Clark			
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	Harry D. Clark	, , , , , , , , , , , , , , , , , , , ,	contribution (\$)	description (if applicable)
12/28/2011				
	6 Contributor address; City; State; Zip Code		\$2,000.00	52 5
	3208 Haltom Rd. Haltom City, TX 761	117	42,000.00	
			(If travel outside	of Texas, complete-Schedule T)
	pation / Job title (See Instructions) lice Officer	10 Employer (See I	nstructions)	30 B 25
Date	Full name of contributor  ut-of-state PAC(ID#:_		Amount of	In-kind contribution
1/20/2012	Ernest E. Reynolds, III		contribution (\$)	description (if applicable)
1/20/2012	Contributor address; City; State; Zip Code			
-	314 Main St., Ste 300, Fort Worth, TX	76102	\$50.00	
	314 Main St., Sto 300, 1 oft Worth, 171	70102		
-				of Texas, complete Schedule T)
, ,	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Attorney				
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/28/2012	Thanh T. Ha			1
	Contributor address; City; State; Zip Code		\$50.00	l
	4045 East Belknap St., Ste 11, Fort W	Vorth TX 76111		1
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Insurance	e Agent			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/28/2012	Harry D. Clark		(4)	docomption (in applicable)
	Contributor address; City; State; Zip Code			
	3208 Haltom Rd. Haltom City, TX 7	6117	\$300.00	
Principal occu	bation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
, ,	Police Officer			
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
6/13/2012	Marria D. Smith		contribution (\$)	description (if applicable)
	Marvin D. Smith Contributor address: City; State; Zip Code			
	7600 Douglas Lane, North Richland Hi		\$250.00	
		* .		
Principal accur	nation / Joh title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	pation / Job title (See Instructions) erty home landlord	Employer (See I	mad ucdons)	
	2004			Military in the second
i				

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Harry	"Dale" Clark			,
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
		·	contribution (\$)	description (if applicable)
6/13/2012	Harry D. Clark			X E 3
	6 Contributor address; City; State; Zip Code		\$1,000.00	1 3 5 5
	3208 Haltom Rd. Haltom City, TX 761	117	\$1,000.00	
			(If travel outside	of Texas, complete Schedule T)
	nation / Job title (See Instructions) lice Officer	10 Employer (See I	nstructions)	
Date	Full name of contributor  uut-of-state PAC (ID#:	)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
6/13/2012	Jack O. Lewis  Contributor address: City: State: Zip Code			
			\$35.00	
	4600 Sabelle Haltom City, TX 76117		,	
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I		
Retired Quali	ty Control Mgr Howe, Ind.			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/22/2012	Harry D. Clark		contribution (\$)	description (ii applicable)
	Contributor address; City; State; Zip Code		#1 000 00	
-	3208 Haltom Rd. Haltom City, TX 76	117	\$1,000.00	
	5206 Hallom Rd. Hallom City, 12 70	117		
		I		of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
				of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	, J., J., J., J., J., J., J., J., J., J.			
		,		
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Texas Ethics Commission

				1 Total pages Sche	edule B:
	The	Instruction Guide explains how to complete this	form.		· · · · · · · · · · · · · · · · · · ·
F	ILER NAME			3 ACCOUNT # (Et	hics Commission Filers)
	TOTA	AL OF UNITEMIZED PLEDGES:	D D D	<b>⇒ ⇒</b>	\$
. [	Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
		7 Pledgor address; City; State; Zip Code			TARRA 2014 JUL STE
				(If travel outside o	of Texas, complete Schedule T)
0 F	rincipal occu	pation / Job title (See Instructions)	11 Employer (See In		and the second s
C	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description-
		Pledgor address; City; State; Zip Code			
				(If travel outside	of Texas, complete Schedule T)
F	rincipal occu	pation / Job title (See Instructions)	Employer (See Ir		or rexas, complete schedule 1)
			:.		
ı	Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code			
				(If travel outside	of Texas, complete Schedule T)
F	Principal occu	pation / Job title (See Instructions)	Employer (See In		
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code			
				(If travel outside	of Texas, complete Schedule T)
F	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code	• • • • • • • • • •	* *	
				(If travel outside	of Texas, complete Schedule T)
F	Principal occu	pation / Job title (See Instructions)	Employer (See I	<u> </u>	o shae, complete contesting 1)

Austin, Texas 78711-2070

P.O. Box 12070

LOANS			SCHEDULE <b>E</b>
LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	ages Schedule E:
2 FILER NAME		3 ACCO	UNT # (Ethics Commission Filers)
4 тота	L OF UNITEMIZED LOANS:	<del>+</del> + + + +	20 ELI
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	9 Loss Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	10 CD
14 Description of Coll	lateral	15 Check if personal funds were deposite	d into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
is lender a financial	Lender address; City; State;	Zip Code	Interest rate
Institution?			Maturity date
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal funds were deposite	d into political account
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	<u> </u>
If len	ATTACH ADDITIONAL COPI der is out-of-state PAC, please see inst	ES OF THIS SCHEDULE AS NEEDED ruction guide for additional reporting r	equirements.

P.O. Box 12070

#### SCHEDULE F

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Advertising Expense Gift/Awards/Memorials Expense Solicitation/Fundraising Expense Accounting/Banking Legal Services Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel Out Of District Event Expense Polling Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule F: Harry D. Clark 4 Date 5 Payee name 11/8/2011 Wells Fargo Bank City; State; Zip Code 6 Amount (\$) 7 Payee address; \$121.97 5604 Broadway, Haltom City, TX 76117 (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Sch **PURPOSE** EXPENDITURE Checkbook Banking expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11/15/2011 Arturo Camacho Amount (\$) Payee address; City; State; Zip Code \$100.00 5612 Bonner Drive, Haltom City, Tx 76148 Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Treasurer Expense Campaign management Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 11/30/2011 Watkins Printing City; State; Zip Code Payee address; Amount (\$) \$218.67 3232 Friendly Lane, Haltom City, TX 76117 Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Business cards Advertising Expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 12/23/2011 **Becky Tate** City; State; Zip Code Amount (\$) Payee address; \$60.00 633 Reed St., Roanoke, TX 76262 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE EXPENDITURE** Advertising expense Website detailing Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

## **POLITICAL EXPENDITURES**

P.O. Box 12070

## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ising Expense trict tental Expense	Loan Repaym Transportation Contributions Candidate OTHER (enterm	n Equipn /Donation /Officeho	nent & Rela ns Made E older/Politi	ated Exp By cal Com	mittee
1 Total pages Schedule F:	2 FILER NAME	explains now to	complete tino lo		DUNT #	(Ethics Co	mmission	Filers)
10 10tal pages Schedule F.	Harry D. Clark			,,,,,,,		[m]	20	-1
4 Date	5 Payee name					110	C.	20
12/9/2011	Lil' Angels Photography (W	(Kemper)					Contract code	73 73
6 Amount (\$)		ate; Zip Code	-			pant.		
\$35.00	3309 Winthrop Ave., Ft. W	orth, TX 7611	6					35
8 PURPOSE	(a) Category (See categories listed at the top	o of this schedule)	(b) Description	(If travel outside	of Texas,	compléte Sc	hedule,T)	erga Kiro
OF EXPENDITURE	Advertising Expense		Photos for	campaign	flier	24	CT CT	-< '
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough			Office	held	
expenditure to benefit C/C	DH .				1			
Date	Payee name							
12/15/2011	Arturo Camacho							
Amount (\$)	Payee address; City; St	ate; Zip Code						
\$100.00	5612 Bonner Drive, Halton	n City, Tx 76	148					
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside	of Texas,	complete Sc	hedule T)	
OF EXPENDITURE	Campaign management		Treasure	r Expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough			Office	held	
Date	Payee name							
1/5/2012	Tarrant County GOP							
Amount (\$)		ate; Zip Code						
\$300.00	2405 Gravel Rd., Fort Wo	orth, TX 76118	8					
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside	of Texas,	complete Sc	hedule T)	
OF EXPENDITURE	Event Expense		Campaign	table kios	sk-NR	H strav	v poll	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	•	Office soug			Office		
Date	Payee name							
1/17/2012	Arturo Camacho		-					
Amount (\$)		tate; Zip Code						
\$100.00	5612 Bonner Dr., Haltom (	City, TX <b>7</b> 614	8					
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside	of Texas,	complete So	hedule T)	
OF EXPENDITURE	Campaign management		Treasurer	expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/		<b>)</b>	Office soug			Office	e held	-
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS	NEEDED				

#### SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/R	ntract Labor Loan Repa sing Expense Transportal Contribution Candida	yment/Reimbursement tion Equipment & Related Expense ns/Donations Made By te/Officeholder/Political Committee ter a category not listed above)
	The Instruction Guide explains how to	complete this form.	em FR 1
Total pages Schedule F:	2 FILER NAME	<b>3</b> AC	COUNT # (Ethics Commission Filers)
10	Harry D. Clark		2 = =
Date	5 Payee name		SE 5-3-
1/28/2012	Staples		200
Amount (\$)	7 Payee address; City; State; Zip Code		
\$251.01	6201 NE Loop 820. North Richland Hills	s, TX 76101	
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside	47.5%
OF EXPENDITURE	Printing Expense	Stock paper, printi	ng ink
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C			
Date	Payee name		
1/31/2012	Tarrant County GOP		
Amount (\$)	Payee address; City; State; Zip Code		
\$300.00	2405 Gravel Rd., Fort Worth, TX 76118		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outsi	de of Texas, complete Schedule T)
EXPENDITURE	Event expense		sk - Pct. Convention
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/31/2012	Trueprint, USA		
Amount (\$)	Payee address; City; State; Zip Code		
\$323.67	3301 Cleburne Road, Fort Worth, TX 76	5110	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outsi	de of Texas, complete Schedule T)
OF EXPENDITURE	A description of Francisco	Campaign brochur	<b>A</b>
	Advertising Expense	Campaign brochur	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH Payee name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/C  Date  2/1/2012  Amount (\$)	Candidate / Officeholder name DH	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/C Date 2/1/2012	Candidate / Officeholder name  Payee name  Hightechgrafix		Office held
Complete ONLY if direct expenditure to benefit C/C  Date  2/1/2012  Amount (\$) \$116.91	Payee name  Hightechgrafix Payee address; City; State; Zip Code	5053	Office held
Complete ONLY if direct expenditure to benefit C/C  Date  2/1/2012  Amount (\$) \$116.91	Payee name Hightechgrafix Payee address; City; State; Zip Code 8749 Bedford-Euless Road, Hurst, TX 76	5053	
Complete ONLY if direct expenditure to benefit C/C  Date  2/1/2012  Amount (\$) \$116.91	Candidate / Officeholder name  Payee name  Hightechgrafix  Payee address; City; State; Zip Code  8749 Bedford-Euless Road, Hurst, TX 76  Category (See categories listed at the top of this schedule)  Advertising expense  Candidate / Officeholder name	5053  Description (If travel outsi	

#### SCHEDULE F

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense

**Printing Expense** 

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  2/7/2012  Amount (\$)  Purpose OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Mailing expense  Candidate / Officeholder name  Category (See categories listed at the top of this schedule)  Mailing expense  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  2/13/2012  Payee name  Sign Idea  Amount (\$)  Payee address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Mailing expense  Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  2/13/2012  Sign Idea  Payee address; City; State; Zip Code  \$389.70  3012 NE 28th St., Fort Worth, TX 76111	Description (liftra  Printing i  Office sought  Description (liftra  Stamps  Office sought	ink	completé Schedule Office held	T PN 3552
Staples   Staples	Printing i  Office sought  Description (If tra	ink	complete Schedule	T) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
Amount (\$)	Printing i  Office sought  Description (If tra	ink	Office held	T) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
Amount (\$) 7 Payee address; City; State; Zip Code 6201 NE Loop 820, North Richland Hills, T2  PURPOSE OF Printing Expense  Complete ONLY if direct expenditure to benefit C/OH  Date Payee address; City; State; Zip Code  4 Yagee name  2/7/2012 U.S. Postal Service  Amount (\$) Payee address; City; State; Zip Code 5709 Broadway, Haltom City, TX 76117  PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Mailing expense  Candidate / Officeholder name  Category (See categories listed at the top of this schedule)  Mailing expense  Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  Sign Idea  Amount (\$) Payee name  2/13/2012 Sign Idea  Amount (\$) Payee address; City; State; Zip Code  3012 NE 28th St., Fort Worth, TX 76111	Printing i  Office sought  Description (If tra	ink	Office held	T) (1)
### PURPOSE OF EXPENDITURE    Complete ONLY if direct expenditure to benefit C/OH    Complete ONLY if direct expenditure to benefit C/OH    Complete ONLY if direct expenditure to benefit C/OH    Date	Printing i  Office sought  Description (If tra	ink	Office held	T) (1)
PURPOSE OF Printing Expense  Complete ONLY if direct expenditure to benefit C/OH  Date Payee name 2/7/2012 U.S. Postal Service  Amount (\$) Payee address; City; State; Zip Code 5709 Broadway, Haltom City, TX 76117  PURPOSE OF EXPENDITURE  Candidate / Officeholder name  Category (See categories listed at the top of this schedule)  Mailing expense  Candidate / Officeholder name  Category (See categories listed at the top of this schedule)  Mailing expense  Candidate / Officeholder name  Candidate / Officeholder name  Payee name  Sign Idea  Amount (\$) Payee address; City; State; Zip Code  3012 NE 28th St., Fort Worth, TX 76111	Printing i  Office sought  Description (If tra	ink	Office held	17)
EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  2/7/2012  Amount (\$)  Purpose OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Mailing expense  Candidate / Officeholder name  Category (See categories listed at the top of this schedule)  Mailing expense  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  2/13/2012  Payee name  Sign Idea  Amount (\$)  Payee address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Mailing expense  Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  2/13/2012  Sign Idea  Payee address; City; State; Zip Code  \$389.70  3012 NE 28th St., Fort Worth, TX 76111	Printing in Office sought  Description (If tra	ink	Office held	17)
EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  2/7/2012  Amount (\$)  Purpose OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Mailing expense  Candidate / Officeholder name  Category (See categories listed at the top of this schedule)  Mailing expense  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  2/13/2012  Payee name  Sign Idea  Amount (\$)  Payee address; City; State; Zip Code  Sagn Idea  Payee address; City; State; Zip Code  Sign Idea  Payee address; City; State; Zip Code  \$389.70  3012 NE 28th St., Fort Worth, TX 76111	Printing in Office sought  Description (If tra	ink	Office held	17)
Complete ONLY if direct expenditure to benefit C/OH  Date  2/7/2012  Amount (\$)  Purpose OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Mailing expense  Candidate / Officeholder name  Payee name  U.S. Postal Service  Payee address; City; State; Zip Code  5709 Broadway, Haltom City, TX 76117  Category (See categories listed at the top of this schedule)  Mailing expense  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  2/13/2012  Payee name  Sign Idea  Payee address; City; State; Zip Code  \$389.70  3012 NE 28th St., Fort Worth, TX 76111	Office sought  Description (If tra		Office held	Τ)
Complete ONLY if direct expenditure to benefit C/OH  Date  2/7/2012  Amount (\$)  Purpose OF EXPENDITURE  Candidate / Officeholder name  U.S. Postal Service  Payee address; City; State; Zip Code  5709 Broadway, Haltom City, TX 76117  Category (See categories listed at the top of this schedule)  Mailing expense  Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  Sign Idea  Payee address; City; State; Zip Code  3012 NE 28th St., Fort Worth, TX 76111	Office sought  Description (If tra		, complete Schedule	·T)
Date 2/7/2012  Amount (\$)  Payee address; City; State; Zip Code  \$36.00  5709 Broadway, Haltom City, TX 76117  PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Mailing expense  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  2/13/2012  Payee name  Sign Idea  Payee address; City; State; Zip Code  \$389.70  3012 NE 28th St., Fort Worth, TX 76111	Stamps	ivel outside of Texas,		
2/7/2012  Amount (\$) Payee address; City; State; Zip Code \$36.00  PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Mailing expense  Complete ONLY if direct expenditure to benefit C/OH  Date Payee name  2/13/2012  Amount (\$) Payee address; City; State; Zip Code \$389.70  3012 NE 28th St., Fort Worth, TX 76111	Stamps	ivel outside of Texas.		
2/7/2012  Amount (\$) Payee address; City; State; Zip Code \$36.00  PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Mailing expense  Complete ONLY if direct expenditure to benefit C/OH  Date Payee name  2/13/2012  Amount (\$) Payee address; City; State; Zip Code \$389.70  3012 NE 28th St., Fort Worth, TX 76111	Stamps	ivel outside of Texas.		
Amount (\$) Payee address; City; State; Zip Code  \$36.00 5709 Broadway, Haltom City, TX 76117  PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Mailing expense  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name  2/13/2012 Sign Idea  Amount (\$) Payee address; City; State; Zip Code  \$389.70 3012 NE 28th St., Fort Worth, TX 76111	Stamps	ivel outside of Texas.		
\$36.00 5709 Broadway, Haltom City, TX 76117  PURPOSE OF EXPENDITURE Mailing expense  Complete ONLY if direct expenditure to benefit C/OH  Date Payee name  2/13/2012 Sign Idea  Amount (\$) Payee address; City; State; Zip Code  \$389.70 3012 NE 28th St., Fort Worth, TX 76111	Stamps	ivel outside of Texas,		
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  2/13/2012  Amount (\$)  Payee address;  Category (See categories listed at the top of this schedule)  Mailing expense  Candidate / Officeholder name	Stamps	ivel outside of Texas,		
OF EXPENDITURE  Mailing expense  Complete ONLY if direct expenditure to benefit C/OH  Date  2/13/2012  Amount (\$)  Payee address; City; State; Zip Code \$389.70  Sign Idea  Payee address; Fort Worth, TX 76111	Stamps	ivel outside of Texas,		
OF EXPENDITURE  Mailing expense  Complete ONLY if direct expenditure to benefit C/OH  Date  2/13/2012  Amount (\$)  Payee name  Sign Idea  Payee address; City; State; Zip Code  \$389.70  3012 NE 28th St., Fort Worth, TX 76111	Stamps	ivel outside of Texas.		
Complete ONLY if direct expenditure to benefit C/OH  Date Payee name 2/13/2012 Sign Idea  Amount (\$) Payee address; City: State; Zip Code \$389.70 3012 NE 28th St., Fort Worth, TX 76111			Office held	i I
Date Payee name  2/13/2012 Sign Idea  Amount (\$) Payee address; City; State; Zip Code  \$389.70 3012 NE 28th St., Fort Worth, TX 76111	Office sought		Office held	
Date Payee name  2/13/2012 Sign Idea  Amount (\$) Payee address; City; State; Zip Code  \$389.70 3012 NE 28th St., Fort Worth, TX 76111				
2/13/2012         Sign Idea           Amount (\$)         Payee address; City; State; Zip Code           \$389.70         3012 NE 28th St., Fort Worth, TX 76111				
Amount (\$) Payee address; City; State; Zip Code \$389.70 3012 NE 28th St., Fort Worth, TX 76111				
Amount (\$) Payee address; City; State; Zip Code \$389.70 3012 NE 28th St., Fort Worth, TX 76111				
	-			
Category (See rategories listed at the top of this schedule)				
	Description (If tra	evel outside of Texas	. complete Schedule	• T)
OF	• • •		,	
Advertising Expense	Magnetic sig	gns		
Complete ONET if direct	Office sought		Office held	1
expenditure to benefit C/OH				
Date Payee name				
2/15/2012 Arturo Camacho				
Amount (\$) Payee address; City; State; Zip Code				
\$100.00 5612 Bonner Dr., Haltom City, TX 76148				
PURPOSE Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas	. complete Schedule	T)
OF C			,p.sto ochoude	. , 1
	reasurer exp	ense		
Complete ONET II direct	Office sought		Office held	i
expenditure to benefit C/OH				

## SCHEDULE F

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

(512) 463-5800

The Instruction Guide explains how to complete this form.

	The Instruction Guide explains how to c	omplete this form.		-171		
Total pages Schedule F:	2 FILER NAME		3 ACCOU	# (Ethics Co	minission	r Filers)
10	Harry D. Clark			C	sch	-53
Date	5 Payee name			C	-	20.
2/15/2012	ATT			1 (82)		, 47'
Amount (\$)	7 Payee address; City; State; Zip Code					marafig juman
\$280.34	6600 North Fwy, Ste 120, Ft. Worth, TX 7	6137			mop-4	1.0
				- <u>19</u> 16		- 23 24
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if tra	avel outside of T	exas, complete Sci		
OF		_			. CI	
EXPENDITURE	Campaign Expense	Campaign cel	I phone	77		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought		Office	neia	
Date	Payee name					-
2/27/2012	U.S. Postal Service					
Amount (\$)	Payee address; City; State; Zip Code					
\$60.00	5709 Broadway Ave., Haltom City, Tx 76	5117				
	Stor Broadway Tives, Tiantoni exp, Tin A					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of 1	Texas, complete Sc	hedule T)	
OF EXPENDITURE	Mailing expense	P.O. Box R	ental			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought		Office	held	
Date	Payee name					
3/9/2012	Radio Shack					
Amount (\$)	Payee address; City; State; Zip Code					
\$95.24	3901 East Belknap, Fort Worth, TX 761	11				
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of	Fexas, complete Sc	hedule T)	
EXPENDITURE	Campaign Expense	Cell phone	"Bluetoo	th"		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office	held	
Date	Payee name					
3/15/2012	Arturo Camacho					
Amount (\$)	Payee address; City; State; Zip Code					
\$100.00	5612 Bonner Dr., Haltom City, TX 76148	3				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of	Texas, complete Sc	hedule T)	
OF EXPENDITURE	Campaign management	Treasurer exp	pense			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought		Office	held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NE	EDED			

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Printing Expense  EXPENDITURE CATEGORIES Salaries/Wages/Co Solicitation/Fundrai Travel In District Office Overhead/R Office Overhead/R	ntract Labor Loan F sing Expense Transp Contrib rict Car ental Expense OTHER	Repayment/Reimbursement portation Equipment & Related Expens putions/Donations Made By adidate/Officeholder/Political Committ R (enter a category not listed above)	tee
	The Instruction Guide explains how to			
1 Total pages Schedule F:	2 FILER NAME	3	ACCOUNT# (Ethnics Commission Fil	lers)
10	Harry D. Clark			() v
4 Date	5 Payee name		= 2° =	(C)
3/26/2012	Staples			<u> </u>
6 Amount (\$) \$256.35	7 Payee address; City; State; Zip Code 6201 NE Loop 820, North Richland Hills,	TX 76101		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel	outside of Texas, complete Schedule T	
OF EXPENDITURE	Drinting Evnance	C4 1	nting int	-< .
	Printing Expense  Candidate / Officeholder name	Stock paper, pri	Office held	
9 Complete ONLY if direct expenditure to benefit C/O		Office sought	. Office field	
Date	Payee name			
4/5/2012	Tarrant County GOP			:
Amount (\$)	Payee address; City; State; Zip Code			
\$200.00	2405 Gravel Drive, Fort Worth, TX 761	18		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel	outside of Texas, complete Schedule T)	
OF EXPENDITURE	<b>D</b>	State delegate (	9) Conv table kiosk	
Complete ONLY if direct expenditure to benefit C/O	Event expense Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name			
4/11/2012	Hightechgrafix			
4/11/2012 Amount (\$)	Payee address; City; State; Zip Code			-
\$882.25		052		
Φ002.23	8749 Bedford-Euless Rd., Hurst, TX 760	055		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trave	outside of Texas, complete Schedule T)	
OF EXPENDITURE	Printing Expense	Tri-fold mailer		.
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C				
Date	Рауее пате			
4/16/2012	Arturo Camacho			
Amount (\$)	Payee address; City; State; Zip Code			
\$100.00	5612 Bonner Dr., Haltom City, TX 7614	3		٠.
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trave	outside of Texas, complete Schedule T)	
OF EXPENDITURE	Campaign management	Treasurer exper		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

P.O. Box 12070

### SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundi Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead	Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
	The Instruction Guide explains how to	
Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
10	Harry D. Clark	- Eq = %-
Date	5 Payee name	Contraction of the contraction o
4/17/2012	Hightechgrafix	
Amount (\$)	7 Payee address; City; State; Zip Code	2
\$135.31	8749 Bedford-Euless Rd., Hurst, TX 760	in the second se
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule 1)
OF EXPENDITURE	Printing Expense	Additional tri-fold mailers
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4/18/2012	Watkins Printing	
Amount (\$)	Payee address; City; State; Zip Code	WAR TO THE TOTAL
\$1342.92	3232 Friendly Lane, Haltom City, Tx 76	5117
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising expense	4' x 4' and 2' x 4' signs
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
4/20/2012	Staples	
	Payee address; City; State; Zip Code	
Amount (\$)	, ages and the same of the sam	
Amount (\$) \$131.90	6201 NE Loop 820, North Richland H	ills, TX 76101
	1	Description (If travel outside of Texas, complete Schedule T)
\$131,90  PURPOSE OF	6201 NE Loop 820, North Richland Hi	Description (If travel outside of Texas, complete Schedule T)
\$131.90  PURPOSE OF EXPENDITURE	6201 NE Loop 820, North Richland Hi Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T)  Stock paper, printing ink
\$131.90  PURPOSE OF	6201 NE Loop 820, North Richland Hi  Category (See categories listed at the top of this schedule)  Printing Expense  Candidate / Officeholder name	Description (If travel outside of Texas, complete Schedule T)
\$131.90  PURPOSE OF EXPENDITURE  Complete ONLY if direct	6201 NE Loop 820, North Richland Hi  Category (See categories listed at the top of this schedule)  Printing Expense  Candidate / Officeholder name	Description (If travel outside of Texas, complete Schedule T)  Stock paper, printing ink
\$131.90  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/A	6201 NE Loop 820, North Richland Hi Category (See categories listed at the top of this schedule)  Printing Expense Candidate / Officeholder name OH  Payee name	Description (If travel outside of Texas, complete Schedule T)  Stock paper, printing ink  Office sought  Office held
\$131.90  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/v  Date  4/25/2012  Amount (\$)	6201 NE Loop 820, North Richland Hi  Category (See categories listed at the top of this schedule)  Printing Expense  Candidate / Officeholder name  OH	Description (If travel outside of Texas, complete Schedule T)  Stock paper, printing ink  Office sought  Office held
\$131.90  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/4  Date 4/25/2012	6201 NE Loop 820, North Richland Hi Category (See categories listed at the top of this schedule)  Printing Expense Candidate / Officeholder name OH  Payee name Fort Worth Hispanic Chamber of Comm	Description (If travel outside of Texas, complete Schedule T)  Stock paper, printing ink  Office sought  Office held
\$131.90  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/d  Date  4/25/2012  Amount (\$) \$50.00	6201 NE Loop 820, North Richland Hi  Category (See categories listed at the top of this schedule)  Printing Expense Candidate / Officeholder name  OH  Payee name  Fort Worth Hispanic Chamber of Comm Payee address; City; State: Zip Code	Description (If travel outside of Texas, complete Schedule T)  Stock paper, printing ink  Office sought  Office held
\$131.90  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/0  Date  4/25/2012  Amount (\$) \$50.00	Category (See categories listed at the top of this schedule)  Printing Expense Candidate / Officeholder name OH  Payee name Fort Worth Hispanic Chamber of Comm Payee address; City; State; Zip Code 1327 North Main St., Haltom City, TX	Description (If travel outside of Texas, complete Schedule T)  Stock paper, printing ink  Office sought  Office held  Description (If travel outside of Texas, complete Schedule T)
\$131.90  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/4  Date 4/25/2012  Amount (\$) \$50.00  PURPOSE OF	6201 NE Loop 820, North Richland His  Category (See categories listed at the top of this schedule)  Printing Expense  Candidate / Officeholder name  OH  Payee name  Fort Worth Hispanic Chamber of Comm  Payee address; City; State; Zip Code  1327 North Main St., Haltom City, TX  Category (See categories listed at the top of this schedule)  Mailing expense  Candidate / Officeholder name	Description (If travel outside of Texas, complete Schedule T)  Stock paper, printing ink  Office sought  Office held  Description (If travel outside of Texas, complete Schedule T)

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

#### **POLITICAL EXPENDITURES**

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense

P.O. Box 12070

Legal Services

Food/Beverage Expense

Polling Expense

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement

(512) 463-5800

Transportation Equipment & Related Expense Contributions/Donations Made By
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	3 ACCOUNT # (Ethics Commission Filers)
10	Harry D. Clark	
4 Date	5 Payee name	
5/15/2012	Arturo Camacho	C-1 P3
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$100.00	5612 Bonner Dr., Haltom City, TX 761	48
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete ScheduleT)
OF EXPENDITURE	G	1 2 3
	Campaign management	Treasurer expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
		=
Date 5 /1 6 /2 0 1 2	Payee name	
5/16/2012	Teacher's Tools	
Amount (\$)	Payee address; City; State; Zip Code	
\$166.23	9982 Grapevine Hwy., Hurst, TX 7605	4
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Mailing aypansa	Prochure supplies
	Mailing expense	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C		
Date	Payee name	
5/23/2012	Staples	
Amount (\$)	Payee address; City; State; Zip Code	EU1 - 7037 F/21 04
\$34.68	6201 NE Loop 820, North Richland H	IIIIs, 1X /6101
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense	Stock paper, printing ink
	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/		
Data	Payer same	
Date	Payee name	
5/24/2012	U.S. Postal Service	
Amount (\$) \$450.00	Payee address; City; State; Zip Code	76117
ψ <del>1</del> 20.00	5709 Broadway Ave., Haltom City, TX	/011/
•		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Mailing expense	Stamps
	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C		
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEEDED
	ATTACH ADDITIONAL COFTES OF THE	

Texas Ethics Commission

#### SCHEDULE F

(TDD 1-800-735-2989)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/F Food/Beverage Expense Travel In Dis Polling Expense Travel Out C	ges/Contract Labor undraising Expense strict of District lead/Rental Expense	Transportation E Contributions/D Candidate/O OTHER (enter a	nt/Reimbursement Equipment & Related E onations Made By fficeholder/Political Co a category not listed al	mmittee
1 Total pages Schedule F:	2 FILER NAME		3 ACCOL	INT # (Ethics Commiss	ion Filers)
10	Harry D. Clark				
4 Date	5 Payee name				
6/11/2012			•		<del>1</del> 20
	Staples 7 Payee address; City; State; Zip Cod			5.5	**************************************
6 Amount (\$) \$41.35				30-11	A company of
	6201 NE Loop 820, North Richland	Hills, TX 76101		E SE	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule	) (b) Description (	(If travel outside of	Texas, complete Schedule	ankider !
EXPENDITURE	Printing Expense	Envelopes		1 3 2	
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
6/15/2012	Arturo Camacho				
O/13/2012 Amount (\$)	Payee address; City; State; Zip Coo	10			
\$100.00					
\$100.00	5612 Bonner Drive, Haltom City, Tx	. /0148			
PURPOSE	Category (See categories listed at the top of this schedule	) Description (	(If travel outside of	Texas, complete Schedule	Γ)
OF EXPENDITURE	Campaign management	Treasurer	Expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
6/19/2012	Hightechgrafix				
Amount (\$)	Payee address; City; State; Zip Coo	de			
\$81.19	8749 Bedford-Euless Rd., Hurst, TX	ζ 76053			-
PURPOSE	Category (See categories listed at the top of this schedule	) Description	(If travel outside of	Texas, complete Schedule	Γ)
EXPENDITURE	Printing Expense	Additional	mailers fo	r runoff	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sough		Office held	
Date	Payee name				
6/28/2012	Johnsons Press		1000		
Amount (\$)	Payee address; City; State; Zip Coo	de			
\$2543.44	3300 S. Freeway, Fort Worth, TX	76110			
PURPOSE	Category (See categories listed at the top of this schedule	) Description	(If travel outside of	Texas, complete Schedule	T)
OF EXPENDITURE	Mailing/printing expense	Printing/pos	tage/mailir	ng of mailers	
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought	<b>t</b> ·	Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS I	NEEDED		

Texas Ethics Commission

## SCHEDULE F

	EXPENDITURI	E CATEGORIES I	FOR BOX 8(a)			
Advertising Expense	se Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement					
Accounting/Banking	Legal Services Solicitation/Fundraising Expense Transportation Equ			uipment & Related	d Expense	
Consulting Expense	Food/Beverage Expense Travel In District Contributions/Dona					Committee
Event Expense	Polling Expense Travel Out Of District Candidate/Officeholder/Political Con- Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed about the control of the c					
Fees	Printing Expense				category not listed	, abov <del>e)</del>
	The Instruction Guid	e explains now to d	complete this forn			
Total pages Schedule F:	2 FILER NAME			3 ACCOUN	IT # (Ethics Comm	ssion Filers
10	Harry D. Clark				30	
Date	5 Payee name					F
7/13/2012	Saigon Dallas Media, LLo	C	1.00		7. 7.	<b>~</b> ○
Amount (\$)		itate; Zip Code		-	7.9	
\$768.00 10935 Estate Lane, #180, Dallas, TX 75238				(3) T		
	10933 Estate Euro, "100,	Danus, 111 /52			3	CTI -
		· ·			1 0	12
PURPOSE	(a) Category (See categories listed at the t	op of this schedule)	(b) Description (	f travel outside of Te	xas complete Schedu	ile T)
OF EXPENDITURE	<b>M</b> - 1' 1 1'	-	Dadia adam	4:		
	Media advertisement		Radio adver	usement		<del> </del>
Complete ONLY if direct	Candidate / Officeholder nam	e	Office sought		Office he	ld
expenditure to benefit C/0	)n					
Date	Payee name					
7/15/2012	Arturo Camacho					
		State; Zip Code			<del></del>	·
Amount (\$)		•			•	
\$100.00	5612 Bonner Drive, Halto	m City, Tx 761	48			
	Category (See categories listed at the t	on of this schodule)	Description (	f traval outside of To	xas, complete Schedu	do T\
PURPOSE OF	Category (See Categories listed at tile t	op of this scriedule)	Description (i	i traver outside or re	:	101/
EXPENDITURE	Campaign management		Treasurer	Expense		
Complete ONLY if direct	Candidate / Officeholder nam	e	Office sought		Office he	ld
expenditure to benefit C/0	ЭН					
Data	Payee name					
Date						
7/18/2012	Staples					
Amount (\$)	Payee address; City; S	State; Zip Code				
\$216.49	6201 NE Loop 820, No	rth Richland Hi	lls TX 76101			
	0201 112 200p 020, 110	ion reionnana i ii	115, 111 /0101			
			B			
PURPOSE	Category (See categories listed at the t	top of this schedule)	Description (i	f travel outside of Te	exas, complete Schedu	lie I)
OF EXPENDITURE	Printing Expense		Prochure	moterial me	ailers, misc.	
	Candidate / Officeholder nam		Office sought		Office he	old.
Complete ONLY if direct	• • • • • • • • • • • • • • • • • • • •	le	Office sought		Office ne	·
expenditure to benefit C/0						
	Payee name					
expenditure to benefit C/						
expenditure to benefit C/	Payee name	State; Zip Code				
expenditure to benefit C/	Payee name	State; Zip Code				
expenditure to benefit C/	Payee name	State; Zip Code				
expenditure to benefit C/	Payee name	State; Zip Code				
Date  Amount (\$)	Payee name		Description (	f travel outside of Te	exas, complete Schedu	ıle T)
expenditure to benefit C/	Payee name Payee address; City; S		Description (	f travel outside of Te	exas, complete Schedu	ule T)
Date  Amount (\$)  PURPOSE	Payee name Payee address; City; S		Description (I	f travel outside of Te	exas, complete Schedu	ıle T)
Date  Amount (\$)  PURPOSE OF	Payee name  Payee address; City; S  Category (See categories listed at the	top of this schedule)	Description (I	,	exas, complete Schedu Office he	
expenditure to benefit C/4  Date  Amount (\$)  PURPOSE  OF  EXPENDITURE	Payee name  Payee address; City; S  Category (See categories listed at the telephone)  Candidate / Officeholder name	top of this schedule)		,		

Austin, Texas 78711-2070

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense

Printing Expense

P.O. Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

Loan Repayment/Reimbursement

OTHER (enter a category not listed above)

Transportation Equipment & Related Expense

The Instruction Guide explains how to complete this form

1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers
1 Date	5 Payee name	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2011 BY:
6 Amount (\$)	7 Payee address; City; State; Zip Code	110 E 20
Reimbursement from political contributions intended		557 F
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
Date	Payee name	33
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENIBITIBE	· ·	

#### PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule H:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name	20 ELEC
S Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Date	Business name	
Amount (\$)	Business 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 ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Business name	
Amount (\$)	Business 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 ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business 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 ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
	ATTACH ADDITIONAL CODIES OF THIS	COULDING ACADEDED

(512) 463-5800

#### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE I

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
		3 E 2
Date	5 Payee name	TARR.
Amount (\$)	7 Payee address; City; State; Zip Code	5
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description (Se	e instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE	Category (See categories listed at the top of this schedule)  Description (See	e instructions regarding type of information required.)
OF EXPENDITURE		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (See	ee instructions regarding type of information required.)
Date	Рауее пате	
Amount (\$)	Payee address; City; State; Zip Code	
	Category (See categories listed at the top of this schedule)  Description (S	ee instructions regarding type of information required.)

## INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

P.O. Box 12070

#### SCHEDULE K

	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:	-
2	FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
			201 T	
4	Date	5 Name of person from whom amount is received	8 9 Amount 3	
				I specifi
		6 Address of person from whom amount is received; City; State; Zip Code		1 m
			3:52	
		7 Purpose for which amount is received		
	Date	Name of person from whom amount is received	Amount	=
	Duto	Name of person from whom amount is received	(\$)	
		Address of person from whom amount is received; City; State; Zip Code		
		Purpose for which amount is received		-
	Date	Name of person from whom amount is received	Amount (\$)	
		Address of person from whom amount is received; City; State; Zip Code	***********	
		Purpose for which amount is received	· · · · · · · · · · · · · · · · · · ·	
	Date	Name of person from whom amount is received	Amount (\$)	
		Address of person from whom amount is received; City; State; Zip Code		
		Purpose for which amount is received		
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ACNEEDED	_

#### IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H COH-UC Schedule N COH-T PAC-C-6 Dates of travel 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E PAC-C Schedule H Schedule N COH-UC COH-T Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E COH-UC COH-T PAC-C Schedule N Schedule H Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## **CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT**

P.O. Box 12070

FORM C/OH - FR

	The Instruction Guide explains how to complete Complete only if "Report Type" on page 1 is marked			••		
С/ОН	NAME	<b>2</b> A	CCOUNT	# (Ethics	Commissio	n Filers)
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SIGN	IATURE			(2)		70
			1	120		70) -
				£0%		2000 m
	ot expect any further political contributions or political expenditures in connection with					
-	as a final report terminates my campaign treasurer appointment. I also understand that we any campaign expenditures without a campaign treasurer appointment on file.	at i may not	accepta	iny car <del>np</del> a	ign c <del>onti</del> n	bullons
Oi iiiai	to any campaign experiances without a campaign a cacar of appearance in the			539	့ ယ့	and the second
		West and the second		2	្រ	-<
	Sig	gnature of	Candid	ate / Office	ceholder	
				Ē.	MACC 10	
	R WHO IS NOT AN OFFICEHOLDER  nplete A & B below <i>only</i> if you are not an officeholder. ••					
A.	CAMPAIGN FUNDS					
Che	ock only one:					
	I do not have unexpended contributions or unexpended interest or income earned to	from politic	al contrib	outions.		
	I have unexpended contributions or unexpended interest or income earned from pol					
	not convert unexpended political contributions or unexpended interest or income e					
	use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contributions					
	report. Further, I understand that I must dispose of unexpended political contribu					
	earned on political contributions in accordance with the requirements of Election Co	ode, § 254.2	204.			
В.	ASSETS					
Che	eck only one:					
	I do not retain assets purchased with political contributions or interest or other inco	ome from p	olitical c	ontribution	ns.	
	I do retain assets purchased with political contributions or interest or other income from	om political	contribu	tions. I un	derstand t	hat
	I may not convert assets purchased with political contributions or interest or other inc					
	use. I also understand that I must dispose of assets purchased with political contrib	utions in ac	ccordanc	e with the	requireme	ents
	of Election Code, § 254.204.					
		Sign	ature of	Candida	te	
	ICEHOLDER mplete this section <i>only</i> if you are an officeholder ••					
		o does not h	nave a ca	mpaign tre	asurer on	file.
	I am aware that I remain subject to filing requirements applicable to an officeholder who					
	I am aware that I remain subject to filing requirements applicable to an officeholder who I am also aware that I will be required to file reports of unexpended contributions	if, after filir				an
	I am also aware that I will be required to file reports of unexpended contributions officeholder, I retain political contributions, interest or other income from political cont	if, after filir				an
	I am also aware that I will be required to file reports of unexpended contributions	if, after filir				an
	I am also aware that I will be required to file reports of unexpended contributions officeholder, I retain political contributions, interest or other income from political cont	if, after filir				an