P.O. Box 12070

	TE / OFFICEHOLDER N 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 Harry NICKNAME LAST	MI D. SUFFIX	OFFICING ONLY Date Received C TAR
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	"Dale" Clark ADDRESS /PO BOX; APT/SUITE#; CITY;	STATE; ZIP CODE TX 76117	Date Received C FRANK PHILE PROMISE ADDITIONS
change of address 5 CANDIDATE/		EXTENSION	5 0
OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Arturo NICKNAME LAST Camacho	MI 	Date Processed Date Imaged
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 July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year 2015
11 ELECTION	Month ELECTION DATE Primary 7 / 31 / 2012	Runoff	General Special
12 OFFICE	OFFICE HELD (if any) Tarrant County Constable Pct. 1	13 OFFICE SOUGHT (if know	n)
	GO TO PAC	GE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

	GIOIAL) V E 1	K On	CE I	PG Z
14 C/OH NAME			15 ACCO	UNT#	(Ethics	Commis	sion Filers)
Harry "Dale	" Clark						
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	HIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY ANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE ONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY I				KNOWLE	DGE OR
	COMMITTEE TYPE	DFW Conservative Voters PAC	ę. -	B. Y:	ELEC	2015	7
	X SPECIFIC	PO Box 173065 Arlington, TX 76003			FRANK PH	TI NW	RRANT
X additional pages		COMMITTEE CAMPAIGN TREASURER NAME Stuart Lane COMMITTEE CAMPAIGN TREASURER ADDRESS	The state of the s	-	LLIPS	PM 3:	LUNDO
		NA			ÖR -	O	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		\$	50.00	0	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 1	0,860.	00	
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED	\$	1,223.	86	
	4. TOTAL	POLITICAL EXPENDITURES		\$ 1	10,820	.02	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY	\$	39.98	3	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE	\$	-0-		
3/≥/~~~ \\ My (DONNA PLISKA Commission Expires ovember 08, 2016	I swear, or affirm, under penalty of is true and correct and includes all me under Title 15, Election Code. Signature of Car	II information	on req	uired to		
AFFIX NOTARY STAM			_				
Sworn to and subs	2014	me, by the said Harry "Dale" Clar $\int_{-\infty}^{\infty}$, to certify which, witness			, t iseal o		
Signature of officer admi	US/Ca	Donna Pliska Printed name of officer administering oath		Nota of office	ary cer admir	nisterin	n oath
Signature of officer admi		name of omee, duminatoring out	inde	J. J.	au i i ii		9 20111

Texas Ethics Con	irnission P.O. Box 12070 Austin, Te	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
l .	CAL CONTRIBUTIONS THAN PLEDGES OR LOAD	NS		ZOISJAN LECSIONS
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule AO P
2 FILER NAME			3 ACCOUNT # (E	thics Cemmission Hers)
Harry	"Dale" Clark			TRA TRA
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_		7 Amount of	8 to kind contribution
10/27/2011	Harry D. Clark		contribution (\$)	destription (if applicable)
	6 Contributor address; City; State; Zip Code		#275 OO	
	3208 Haltom Rd. Haltom City, TX 76	117	\$275.00	
			(If travel outside	I of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor		Amount of	In-kind contribution
11/28/2011	Harry D. Clark		contribution (\$)	description (if applicable)
11/26/2011	. Harry D. Clark			
	3208 Haltom Rd. Haltom City, TX 76	117	\$200.00	
			(If toward outside o	t Tours assumbte Cabadula To
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	olice Officer		~	
Date	Full name of contributor		Amount of	In-kind contribution
11/29/2011	Harry D. Clark Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
	3208 Haltom Rd. Haltom City, TX 76	5117	\$200.00	
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I		
Retired Po	olice Officer			
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		(4)	
	3208 Haltom Rd. Haltom City, TX 70	6117	\$2,500.00	
		1		of Texas, complete Schedule T)
	pation / Job title (See Instructions) lice Officer	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
12/28/2011	Harry D. Clark Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
	3208 Haltom Rd. Haltom City, TX	76117	\$3,000.00	
			(If travel outside	of Texas, complete Schedule T)
	l pation / Job title (See Instructions)	Employer (See I		or revide, complete confedure 1)
Retired Po	olice Officer			
lf c	ATTACH ADDITIONAL COPIES (contributor is out-of-state PAC, please see inst			requirements.
	, , , , , , , , , , , , , , , , , ,	.		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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			B E 2
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In kind commoution
12/28/2011	Harry D. Clark		contribution (\$)	description (it applicable)
	6 Contributor address; City; State; Zip Code		\$2,000.00	満ヶ寺
	3208 Haltom Rd. Haltom City, TX 76	117		
			(If travel outside	of Texas, complete Schedule
	pation / Job title (See Instructions) lice Officer	10 Employer (See	Instructions)	S IO
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)
	Contributor address; City; State; Zip Code	76102	\$50.00	
	314 Main St., Ste 300, Fort Worth, TX	76102		
			(if travel outside o	of Texas, complete Schedule T)
Principal occup Attorne	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/28/2012	Thanh T. Ha Contributor address; City; State; Zip Code		\$50.00	
	4045 East Belknap St., Ste 11, Fort W	orth TX 76111	\$30.00	1
			(If travel outside	of Texas, complete Schedule T)
Principal occup Insurance	pation / Job title (See Instructions) e Agent	Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC(ID#:_		Amount of	In-kind contribution
2/28/2012			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	3208 Haltom Rd. Haltom City, TX 7	6117	\$300.00	
			(If travel outside	l of Texas, complete Schedule T)
	pation / Job title (See Instructions) Police Officer	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
6/13/2012	Marvin D. Smith		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	7600 Douglas Lane, North Richland Hi	lls, TX 76182	\$250.00	· ·
-			(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		or rexas, complete scriedule 1)
	erty home landlord	,		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAD	NS		SCHEDULE A
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	TAR
2 FILER NAME			3 ACCOUNT # (E	thics Consission ers)
Harry	"Dale" Clark			SE = 3F
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 Inviting contribution
6/13/2012	Harry D. Clark		Contribution (\$)	description (mapplicable)
	6 Contributor address; City; State; Zip Code		¢1 000 00	180 3: 4T
	3208 Haltom Rd. Haltom City, TX 761	117	\$1,000.00	
			(If travel outside of	Texas, complete Schedule T)
	oation / Job title (See Instructions) Lice Officer	10 Employer (See I	(nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
6/13/2012	Jack O. Lewis		contribution (\$)	description (if applicable)
0/13/2012	Contributor address; City; State; Zip Code		\$25.00	
	4600 Sabelle Haltom City, TX 76117		\$35.00	
	•		(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I		r lexas, complete contectie 1)
Retired Quali	ty Control Mgr Howe, Ind.			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/22/2012	Harry D. Clark Contributor address; City; State; Zip Code		\$1,000.00	
	3208 Haltom Rd. Haltom City, TX 76	117	Ψ1,000.00	
			(If travel outside	 of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
			contribution (\$)	description (ii applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
D-4-	Full name of contributor Out-of-state PAC (ID#:		Amount of	In-kind contribution
Date	Full name of contributor out-of-state PAC (ID#:		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	Contributor address, Oity, Clate, 219 Code			
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Fillicipal occup	Paudi / Job due (Jee maddelions)	Employer (Gee I		
If c	ATTACH ADDITIONAL COPIES (contributor is out-of-state PAC, please see inst			requirements.

P.O. Box 12070

PLED	GED CONTRIBUTIONS			SCHEDULE B
Т	he Instruction Guide explains how to complete th	is form.	1 Total pages Sch	
2 FILER NAM	AE .			hics Commission Filers)
4 TO	TAL OF UNITEMIZED PLEDGES:		→ →	S ADM
5 Date	6 Full name of pledgor out-of-state PAC (ID#:	e	8 Amount of pledge (\$)	Intigue description (Citapplicable) NTY
10 Principal oc	cupation / Job title (See Instructions)	11 Employer (See In		of Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC(ID#:		Amount of pledge (\$)	In-kind description (if applicable)
w				of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
				l of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See In	istructions)	
Date	Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable) of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See In		y rexas, complete ochedate 1)
Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable) of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See In	nstructions)	
If	ATTACH ADDITIONAL COPIES (f contributor is out-of-state PAC, please see instr			requirements.

	LOANS				SCHEDULE E
	The	Instruction Guide explains how to compl	ete this form.	1 Total pa	ages Schedule E:
2	FILER NAME			3 ACCOL	INT # (Emics Commission Filers) BY:
4	ТОТА	L OF UNITEMIZED LOANS:	>	>	ARRANT COUNT
5	Date of loan	7 Name of lender	out-of-state PAC (ID#:)	Loan Mount (S) COU
6	Is lender a financial Institution?	8 Lender address; City; State; 2	Zip Code		10 Integer rate
12		on / Job title (See Instructions)	13 Employer (See Instructions)		
		,			
14	Description of Coll	ateral	15 Check if personal funds were	deposited	I into political account
	none				
16	GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City; S	state; Zip Code		
20	Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)		
	Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
	Is lender a financial Institution?	Lender address; City; State; 2	Zip Code		Interest rate
	Y N				Maturity date
		on / Job title (See Instructions)	Employer (See Instructions)		
	Description of Colla	ateral	Check if personal funds were of	deposited	into political account
	none			,	
	GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	not applicable	Guarantor address; City; S	itate; Zip Code		
	Principal Occupati	ion (See Instructions)	Employer (See Instructions)		
	If lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	S OF THIS SCHEDULE AS NEED uction guide for additional repo		quirements.

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Total pages Schedule F: 2 FILER NAME Harry D. Clark 4 Date 11/8/2011 8 Purpose Banking expense Expension Expense Event Expense Banking expense Expension Expense Event Expense Event Expense Event Expense Banking expense Expension Expense Event Expense Event Expense Event Expense Event Expense Event Expense Expension Expen			
10 Harry D. Clark 5 Payee name 11/8/2011 Wells Fargo Bank Amount (\$) 7 Payee address; City: State; Zip Code \$121.97 5604 Broadway, Haltom City, TX 76117 PURPOSE OF EXPENDITURE Candidate / Officeholder name Campeter QNLY if direct expenditure to benefit C/OH Payee address; City: State; Zip Code \$100.00 Fayee address; City: State; Zip Code \$100.00 Candidate / Officeholder name Campeter QNLY if direct expenditure to benefit C/OH Campaign management Campaign	Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/	Contract Labor aising Expense Transportation Equipment & Relate Expense Contributions/Lionations (Lionations) Candidate/Officehology Bolitica Committee Rental Expense OTHER (enter a category for listed above)
11/8/2011 Wells Fargo Bank 7 Payee address; City; State; Zip Code 5604 Broadway, Haltom City, TX 76117			
Second Broadway, Haltom City, TX 76117 Second Broadway, Haltom City, TX 76			RATION TO THE PROPERTY OF THE
EXPENDITURE Banking expense Checkbook Complete CNITY if direct expenditure to benefit C/OH Date Payee name 1/1/15/2011 Arturo Camacho Amount (s) Payee address; City; State; Zip Code \$100.00 5612 Bonner Drive, Haltom City, Tx 76148 PURPOSE OF EXPENDITURE Campaign management Campaign management Campaign management Treasurer Expense Complete ONLY if direct expenditure to benefit C/OH Date Payee name 1//30/2011 Amount (s) Payee address; City; State; Zip Code \$218.67 Sandidate / Office holder name Office sought Office hold Description (if travel outside of Texas, complete Schedule T) Office hold Office hold Office sought Office hold			
Complete ONLY if direct expenditure to benefit C/OH Date Payee name 11/15/2011 Arturo Camacho Amount (\$) Payee address; City: State: Zip Code \$100.00 \$5612 Bonner Drive, Haltom City, Tx 76148 PURPOSE OF EXPENDITURE Campaign management Complete ONLY if direct expenditure to benefit C/OH Payee name 11/30/2011 Payee name Watkins Printing Amount (\$) Payee name Watkins Printing Payee address: City: State: Zip Code \$218.67 \$3232 Friendly Lane, Haltom City, Tx 76117 PURPOSE OF EXPENDITURE Candidate / Office holder name Office sought Office holder of Texas, complete Schedule T) Payee name Watkins Printing Payee address: City: State: Zip Code \$218.67 \$3232 Friendly Lane, Haltom City, Tx 76117 PURPOSE OF EXPENDITURE Candidate / Office holder name Office sought Office holder Texas, complete Schedule T) PURPOSE OF EXPENDITURE Candidate / Office holder name Office sought Office holder Texas, complete Schedule T) PURPOSE OF EXPENDITURE Candidate / Office holder name Office sought Office holder Texas, complete Schedule T) Date Payee name 12/23/2011 Becky Tate Amount (\$) Payee address: City: State: Zip Code School Office hold Payee name 12/23/2011 Becky Tate Payee address: City: State: Zip Code	OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date Payee name 11/15/2011 Arturo Camacho Amount (\$) Payee address; City; State; Zip Code \$100.00 \$5612 Bonner Drive, Haltom City, Tx 76148 PURPOSE OF EXPENDITURE Campaign management Treasurer Expense Complete QNLY if direct or Green Campaign State (City) State; Zip Code \$218.67 \$3232 Friendly Lane, Haltom City, TX 76117 PURPOSE OF EXPENDITURE Campaign management Office sought Office held Payee name Watkins Printing Amount (\$) Payee address; City; State; Zip Code \$2218.67 \$3232 Friendly Lane, Haltom City, TX 76117 PURPOSE OF EXPENDITURE Candidate / Office held Office sought Office held Purpose OF EXPENDITURE Candidate / Office held Office sought Office held Payee address; City; State; Zip Code \$230 Friendly Lane, Haltom City, TX 76117 Description (if travel outside of Texas, complete Schedule T) Business cards Complete QNLY if direct complete QNLY if direct expenditure to benefit C/OH Date Payee name 12/23/2011 Becky Tate Amount (\$) Payee address; City; State; Zip Code SCO (\$000 Payee address; City; State; Zip Code	EXPENDITURE	Banking expense	Checkbook
Amount (\$) Payee address; City; State; Zip Code \$100.00			Office sought Office held
Amount (\$)	Date	Payee name	
\$100.00 5612 Bonner Drive, Haltom City, Tx 76148 PURPOSE OF EXPENDITURE Campaign management Campaign management Candidate / Officeholder name Candidate / Officeholder name Office sought Office sought Office held Office held Office held Date 11/30/2011 Amount (\$) \$218.67 Purpose OF EXPENDITURE Category (See categories listed at the top of this schedule) Office held Date 11/30/2011 Payee address; City: State: Zip Code 3232 Friendly Lane, Haltom City, TX 76117 Category (See categories listed at the top of this schedule) OF EXPENDITURE Candidate / Officeholder name Office sought Office held Office held Date Payee name Advertising Expense Candidate / Officeholder name Office sought Office held Office held Office held Payee name Payee address; City: State: Zip Code Scoro 000 Payee address; City: State: Zip Code	11/15/2011	Arturo Camacho	
PURPOSE OF EXPENDITURE Campaign management Campaign management Campaign management Candidate / Officeholder name Office sought Office sought Office held Office held Office held Office held Date Payee name 11/30/2011 Amount (\$) Payee address; City; State; Zip Code \$218.67 Category (See categories listed at the top of this schedule) Office sought Office held Office held Office held Description (if travel outside of Texas, complete Schedule T) Date Purpose OF EXPENDITURE Category (See categories listed at the top of this schedule) OF EXPENDITURE Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Office sought Office held Office held Office held Office held Payee name 12/23/2011 Becky Tate Amount (\$) Payee address; City; State; Zip Code	Amount (\$)	Payee address; City; State; Zip Code	
Campaign management Treasurer Expense Office sought Office held Office held Office held Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Business cards Candidate / Office held Candidate / Office held Candidate / Office held Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Office sought Office held Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Office held Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Office held Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Office held Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Office held Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Office held Category (See categories listed at the top of this schedule) Office held Category (See categories lis	\$100.00	5612 Bonner Drive, Haltom City, Tx 76	148
Complete QNLY if direct expenditure to benefit C/OH Date Payee name 11/30/2011 Watkins Printing Amount (\$) Payee address; City; State; Zip Code \$218.67 S232 Friendly Lane, Haltom City, TX 76117 PURPOSE OF EXPENDITURE Candidate / Office holder name Candidate / Office holder name Description (if travel outside of Texas, complete Schedule T) Advertising Expense Candidate / Office holder name Office sought Office hold Office held Office hold Office hold Description (office holder Texas, complete Schedule T) Office hold Office hold Payee name 12/23/2011 Becky Tate Amount (\$) Payee address; City; State; Zip Code Payee address; City; State; Zip Code		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/OH Candidate / Officeholder name Office sought Office held		Campaign management	Treasurer Expense
Amount (\$) Payee address; City: State: Zip Code \$218.67			Office sought Office held
Amount (\$) Payee address; City: State: Zip Code \$218.67	Date	Pavee name	
Amount (\$) Payee address; City; State; Zip Code \$218.67 3232 Friendly Lane, Haltom City, TX 76117 PURPOSE OF EXPENDITURE Advertising Expense Business cards Complete ONLY if direct expenditure to benefit C/OH Date Payee name 12/23/2011 Becky Tate Amount (\$) Payee address; City; State; Zip Code **Code One City State** State** State** Sip Code **City; State** State** Sip Code Description (If travel outside of Texas, complete Schedule T) Description (If travel outside of Texas, complete Schedule T) Office sought Office held Office held Payee name 12/23/2011 Becky Tate Payee address; City; State; Zip Code			
\$218.67 PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Date Payee name 12/23/2011 Amount (\$) Payee address; City; State; Zip Code			
OF EXPENDITURE Advertising Expense Complete ONLY if direct expenditure to benefit C/OH Date Payee name 12/23/2011 Becky Tate Amount (\$) Payee address; City; State; Zip Code	,		76117
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held Office held Payee name 12/23/2011 Becky Tate Amount (\$) Payee address; City; State; Zip Code	OF	Category (See categories listed at the top of this schedule)	
Date Payee name 12/23/2011 Becky Tate Amount (\$) Payee address; City; State; Zip Code	EXPENDITURE	Advertising Expense	Business cards
12/23/2011 Becky Tate Amount (\$) Payee address; City; State; Zip Code			Office sought Office held
Amount (\$) Payee address; City; State; Zip Code	Date	Payee name	
Amount (\$) Payee address; City; State; Zip Code	12/23/2011	Becky Tate	
	Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)		Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE Advertising expense Website detailing		Advertising expense	Website detailing
Complete ONLY if direct			Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES 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 Legal Services Food/Beverage Expense

P.O. Box 12070

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)

Fees	Printing Expense Office Overhead/Ro The Instruction Guide explains how to o		R (enter a category not listed above)
Total pages Schedule F:	2 FILER NAME	3	ACCOUNT # (Etfics Commission Filer
10	Harry D. Clark		TA ECT
Date	5 Payee name		JAN FRAI FONS
12/9/2011	Lil' Angels Photography (W. Kemper)		FRANK P
Amount (\$)	7 Payee address; City; State; Zip Code		20 F 5
\$35.00	3309 Winthrop Ave., Ft. Worth, TX 76116	5	7 P
	•		
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel of	putside of Texas, compare 3 chedule T)
OF			1 5 - <
EXPENDITURE	Advertising Expense	Photos for campa	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12/15/2011	Arturo Camacho		
Amount (\$)	Payee address; City; State; Zip Code		
\$100.00	5612 Bonner Drive, Haltom City, Tx 7614	48	
\$100.00	3012 Bonner Drive, Hallom City, 1x 7013	40	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel of	outside of Texas, complete Schedule T)
OF	G	Treasurer Expe	ance
EXPENDITURE	Campaign management	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	
Date	Payee name		
1/5/2012	Tarrant County GOP		
Amount (\$)	Payee address; City; State; Zip Code		
\$300.00	2405 Gravel Rd., Fort Worth, TX 76118		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel	outside of Texas, complete Schedule T)
OF		Camaraian tabla	leigals NDU straw poll
EXPENDITURE	Event Expense		kiosk-NRH straw poll Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office field
Date	Payee name		
1/17/2012	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 travel	outside of Texas, complete Schedule T)
OF	Campaign management	Treasurer exper	nse
EXPENDITURE	*	Office sought	Office held
Complete ONLY if direct	Candidate / Officeholder name		
expenditure to benefit C	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED
-//F - · · ·	COPIES OF THIS	SURLEGEL	Revised 09/28

P.O. Box 12070

Advertising Expense		FOR BOY 8/a)	
Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead/	Contract Labor aising Expense Transportation Equipment & Related Expense Contributions/Donations, Made By Candidate/Officeholder/Political Committ Rental Expense Contract Labor Transportation Equipment & Related Expense Contributions/Donations, Made By Candidate/Officeholder/Political Committed OTHER (enter a category not listed above)	tee
	The Instruction Guide explains how to		_
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Consission)	ler a)]
10	Harry D. Clark		汇
4 Date	5 Payee name	33 _ 9	21
1/28/2012	Staples	3 3 6	20
6 Amount (\$) \$251.01	7 Payee address; City; State; Zip Code 6201 NE Loop 820. North Richland Hil	1	N14
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	Printing Expense	Stock paper, printing ink	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held	
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	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Event expense	Campaign table kiosk - Pct. Convention	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	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 7	6110	
	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF			
	Advertising Expense	Campaign brochure	
OF	Advertising Expense Candidate / Officeholder name DH	Campaign brochure Office sought Office held	
OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Payee name		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 2/1/2012	Candidate / Officeholder name DH Payee name Hightechgrafix	Office sought Office held	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 2/1/2012 Amount (\$)	Candidate / Officeholder name Payee name Hightechgrafix Payee address; City; State; Zip Code	Office sought Office held	
OF EXPENDITURE 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 7	Office sought Office held	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 2/1/2012 Amount (\$) \$116.91 PURPOSE OF	Candidate / Officeholder name Payee name Hightechgrafix Payee address; City; State; Zip Code 8749 Bedford-Euless Road, Hurst, TX 7 Category (See categories listed at the top of this schedule) Advertising expense Candidate / Officeholder name	Office sought Office held 26053 Description (If travel outside of Texas, complete Schedule T)	

P.O. Box 12070

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Advertising Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Harry D. Clark 4 Date 5 Payee name 2/6/2012 Staples 6 Amount (\$) \$30.40 7 Payee address; City; State; Zip Code 6201 NE Loop 820, North Richland Hills, TX 76101 (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule **PURPOSE** OF EXPENDITURE Printing Expense Printing ink Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Date Payee name U.S. Postal Service 2/7/2012 Payee address; Amount (\$) City; State; Zip Code \$36.00 5709 Broadway, Haltom City, TX 76117 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE EXPENDITURE** Stamps Mailing expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 2/13/2012 Sign Idea Amount (\$) Payee address; City; State; Zip Code \$389.70 3012 NE 28th St., Fort Worth, TX 76111 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Magnetic signs **EXPENDITURE** Advertising Expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 2/15/2012 Arturo Camacho Amount (\$) City; State; Zip Code Payee address; \$100.00 5612 Bonner Dr., Haltom City, TX 76148 **PURPOSE** Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Campaign management **EXPENDITURE** Treasurer expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundor Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/C	contract Labor Loan Repayments Transportation Contributions/E Candidate/C Rental Expense OTHER (enter	ent/Reimhursement fruipment & Related Expense onation Made B officeholder/Political Committee a categor Abt lists above
Total pages Schedule F:	2 FILER NAME	3 ACCO	NT # (Ethics Commission Files
10	Harry D. Clark		₩ 7 SE
Date	5 Payee name		
2/15/2012	ATT		UNT 4 3: UFS ISTR
Amount (\$) \$280.34	7 Payee address; City; State; Zip Code 6600 North Fwy, Ste 120, Ft. Worth, TX	76137	3: 11
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of	Texas, complete Schedule T)
EXPENDITURE	Campaign Expense	Campaign cell phone	
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought	Office held
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 7	6117	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Mailing expense	P.O. Box Rental	
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/9/2012	Radio Shack		
3/9/2012 Amount (\$)	Payee address; City; State; Zip Code		
\$95.24	3901 East Belknap, Fort Worth, TX 761	111	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
OF			.1.11
OF EXPENDITURE	Campaign Expense	Cell phone "Bluetoc	
	Candidate / Officeholder name	Office sought	th" Office held
Complete ONLY if direct	Candidate / Officeholder name		
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name /OH Payee name		
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name /OH	Office sought	
Complete ONLY if direct expenditure to benefit Complete 3/15/2012 Amount (\$) \$100.00	Candidate / Officeholder name /OH Payee name Arturo Camacho Payee address; City; State; Zip Code 5612 Bonner Dr., Haltom City, TX 7614	Office sought	Office held
Complete ONLY if direct expenditure to benefit Conduction Date 3/15/2012 Amount (\$)	Candidate / Officeholder name /OH Payee name Arturo Camacho Payee address; City; State; Zip Code	Office sought 8 Description (If travel outside of Treasurer expense)	Office held Texas, complete Schedule T)
EXPENDITURE Complete ONLY if direct expenditure to benefit Complete 3/15/2012 Amount (\$) \$100.00	Candidate / Officeholder name Payee name Arturo Camacho Payee address; City; State; Zip Code 5612 Bonner Dr., Haltom City, TX 7614 Category (See categories listed at the top of this schedule) Campaign management Candidate / Officeholder name	Office sought 8 Description (If travel outside of Treasurer expense Office sought	Office held

P.O. Box 12070

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/F Food/Beverage Expense Travel In Dis Polling Expense Travel Out C Printing Expense Office Overh	Of District nead/Rental Expense	Transportation E Contributions/Do Candidate/Of OTHER (enter a	nt/Reimbursement equipment & Related Exper onations Made By fficeholder/Political Comm category not listed above	ittee
	The Instruction Guide explains ho	w to complete this fo		B	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOU	NT # (Ednics Commission f	ilers)
10 1 Date	Harry D. Clark 5 Payee name			<u> </u>	2
3/26/2012			200	S 2 2)	27
6 Amount (\$)	Staples 7 Payee address; City; State; Zip Cod	e		- 52 F	三二
\$256.35	6201 NE Loop 820, North Richland H		and disease exists of the control of		
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of	exas, complete Schedule T)	<
OF EXPENDITURE	Printing Expense	1 .	,		
Complete ONLY if direct	Candidate / Officeholder name	Office sough	er, printing h	Office held	
expenditure to benefit C/	ОН				
Date	Payee name				
4/5/2012	Tarrant County GOP				
Amount (\$)	Payee address; City; State; Zip Cod	е			
\$200.00	2405 Gravel Drive, Fort Worth, TX	76118			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Te	exas, complete Schedule T)	
OF EXPENDITURE	Event evnence	State deleg	rate (9) Conv	table kiosk	
Complete ONLY if direct expenditure to benefit C/6	Event expense Candidate / Officeholder name OH	Office sough		Office held	
Date	Payee name				
4/11/2012	Hightechgrafix				
Amount (\$)	Payee address; City; State; Zip Code	е			
\$882.25	8749 Bedford-Euless Rd., Hurst, TX	76053			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Te	exas, complete Schedule T)	
OF EXPENDITURE	Printing Expense	Tri-fold m	nailer		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sough		Office held	
Date	Payee name				
4/16/2012	Arturo Camacho				
Amount (\$)	Payee address; City; State; Zip Code				
\$100.00	5612 Bonner Dr., Haltom City, TX 76	5148			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Te	xas, complete Schedule T)	
OF EXPENDITURE	Campaign management	Treasurer of	expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sough		Office held	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS	NEEDED		

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME		3 ACCOL	UNT # (Ethics Commission	on Filers)		
10	Harry D. Clark		ĺ				
4 Date	5 Payee name			B P			
4/17/2012	Hightechgrafix		2011 LEC BY:	\overline{z}			
6 Amount (\$)							
\$135.31	8749 Bedford-Euless Rd., Hurst, TX 7603	53		NS A	RRA		
		AR E	27				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	avel outside of	exas, compate Schedule T	OM		
OF					20		
EXPENDITURE	Printing Expense	Additional tri	<u>-fold ma</u>	ilers 🕳 \omega	=		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office neld	7		
				<u> </u>			
Date	Payee name		ž				
4/18/2012	Watkins Printing						
Amount (\$)	Payee address; City; State; Zip Code				İ		
\$1342.92	3232 Friendly Lane, Haltom City, Tx 76	117					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	ivel outside of	Texas, complete Schedule T))		
OF							
EXPENDITURE	Advertising expense	4' x 4' and 2' x	4' signs				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held			
experience to be in the ex-							
Date	Payee name				İ		
4/20/2012	Staples						
Amount (\$)	Payee address; City; State; Zip Code						
\$131.90	6201 NE Loop 820, North Richland Hil	lls, TX 76101					
	1	•			İ		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of	Texas, complete Schedule T)		
OF EXPENDITURE	n to the m	C4- al- man an		اساء			
EXPENDITURE	Printing Expense	Stock paper,	printing	Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office field			
experience to believe of							
Date	Payee name						
4/25/2012	Fort Worth Hispanic Chamber of Comme	erce					
Amount (\$)	Payee address; City; State; Zip Code				1		
\$50.00	1327 North Main St., Haltom City, TX 7	6164					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of	Texas, complete Schedule T)		
OF EXPENDITURE	Mailing expense	Mailing 1	ist label	c			
	Candidate / Officeholder name	Mailing 1 Office sought	ist lauch	Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/		Cilioo douglit		3,1130 1,314			
		COUEDINE ACNE	EDED				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDOLE AS NEI					

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of D Printing Expense Office Overhead The Instruction Guide explains how to	Contract Labor Loan Reparaising Expense Transporta Contribution Strict Candid (Rental Expense OTHER (e	ayment/Reimbursement ition Equipment & Related Expense ons/Donations Made By ate/Oriceholder/Political Committee inter a category not listed about
Total pages Schedule F:	2 FILER NAME	3 AC	COUNT # (Phice Commission Pilers
10	Harry D. Clark		PAR F AF
Date 5 / 1 5 / 2 0 1 2	5 Payee name		₹ - C[
5/15/2012	Arturo Camacho		
\$ Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 5612 Bonner Dr., Haltom City, TX 761	48	PM 3: 11 ILLIPS INISTRATOR
PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outsi	de of Texas, complete Schedule T)
EXPENDITURE	Campaign management	Treasurer expe	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
5/16/2012	Teacher's Tools		
Amount (\$)	Payee address; City; State; Zip Code		
\$166.23	9982 Grapevine Hwy., Hurst, TX 76054	1	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside	de of Texas, complete Schedule T)
OF EXPENDITURE	Mailing expense	Brochure suppli	es
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/23/2012	Staples		
Amount (\$)	Payee address; City; State; Zip Code		
\$34.68	6201 NE Loop 820, North Richland H	ills, TX 76101	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outsi	de of Texas, complete Schedule T)
EXPENDITURE	Printing Expense	Stock paper, print	ing ink
Complete QNLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
5/24/2012 Amount (\$)	U.S. Postal Service Payee address; City; State; Zip Code		
5/24/2012	U.S. Postal Service	76117	
5/24/2012 Amount (\$)	U.S. Postal Service Payee address; City; State; Zip Code		de of Texas, complete Schedule T)
5/24/2012 Amount (\$) \$450.00	U.S. Postal Service Payee address; City; State; Zip Code 5709 Broadway Ave., Haltom City, TX Category (See categories listed at the top of this schedule) Mailing expense	Description (If travel outsi	
5/24/2012 Amount (\$) \$450.00 PURPOSE OF	U.S. Postal Service Payee address; City; State; Zip Code 5709 Broadway Ave., Haltom City, TX Category (See categories listed at the top of this schedule) Mailing expense Candidate / Officeholder name	Description (If travel outsi	de of Texas, complete Schedule T) Office held

–	EXPENDITURE CATEGORII	ES FOR BOX 8(a)			-	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wage	s/Contract Labor	Loan Repayme	ent/Reimbursem	ent		
Accounting/Banking	Legal Services Solicitation/Fur	ndraising Expense	Transportation	Equipment & Related Expense			
Consulting Expense				Donations Made			
Event Expense	Polling Expense Travel Out Of			Officeholder/Political Committee			
Fees	- ,	ad/Rental Expense		acategory not	lis tes at	pov <u>e)</u>	
	The Instruction Guide explains how	to complete this fo	orm.	===	55	<u> </u>	
Total pages Schedule F:	2 FILER NAME		3 ACCO	NT#(DEC	omeissi	ion M ers	
10	Harry D. Clark			美		-	
Date	5 Payee name			22	ŧ-	-1	
6/11/2012	Staples			==	70	SIL	
Amount (\$)	7 Payee address; City; State; Zip Code			25	-	=	
\$41.35	6201 NE Loop 820, North Richland H	ile TV 76101		S	ယ္	2	
	6201 NE Loop 820, North Richard H	IIIS, 1A /0101		A		YTY	
				9	-	•	
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(if travel outside o	Texas, complete S	chedule T	7)	
OF EXPENDITURE	Printing Expense	Envelopes	3				
Complete ONLY if direct	Candidate / Officeholder name	Office sough		Offic	e held		
expenditure to benefit C/0	ЭН	_					
Date	Payee name				,		
6/15/2012	Arturo Camacho						
Amount (\$)	Payee address; City; State; Zip Code						
\$100.00	5612 Bonner Drive, Haltom City, Tx 7	6148					
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of	f Texas, complete S	chedule T		
OF			Б				
EXPENDITURE	Campaign management	Treasure	r Expense				
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sough	nt	Office	e held		
Date	Payee name						
Date 6/19/2012 Amount (\$)	Payee name Hightechgrafix Payee address; City; State; Zip Code						
6/19/2012	Hightechgrafix	76053					
6/19/2012 Amount (\$) \$81.19	Hightechgrafix Payee address; City; State; Zip Code		(If travel outside o	f Texas, complete S	chedule T	T)	
6/19/2012 Amount (\$) \$81.19	Hightechgrafix Payee address; City; State; Zip Code 8749 Bedford-Euless Rd., Hurst, TX	Description	(If travel outside o		chedule T)	
6/19/2012 Amount (\$) \$81.19 PURPOSE OF	Hightechgrafix Payee address; City; State; Zip Code 8749 Bedford-Euless Rd., Hurst, TX Category (See categories listed at the top of this schedule) Printing Expense Candidate / Officeholder name	Description	l mailers fo	or runoff	chedule T	7)	
6/19/2012 Amount (\$) \$81.19 PURPOSE OF EXPENDITURE Complete ONLY if direct	Hightechgrafix Payee address; City; State; Zip Code 8749 Bedford-Euless Rd., Hurst, TX Category (See categories listed at the top of this schedule) Printing Expense Candidate / Officeholder name	Description Additiona	l mailers fo	or runoff		·)	
6/19/2012 Amount (\$) \$81.19 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Hightechgrafix Payee address; City; State; Zip Code 8749 Bedford-Euless Rd., Hurst, TX Category (See categories listed at the top of this schedule) Printing Expense Candidate / Officeholder name	Description Additiona	l mailers fo	or runoff		7)	
6/19/2012 Amount (\$) \$81.19 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Hightechgrafix Payee address; City; State; Zip Code 8749 Bedford-Euless Rd., Hurst, TX Category (See categories listed at the top of this schedule) Printing Expense Candidate / Officeholder name OH Payee name	Description Additiona	l mailers fo	or runoff		7)	
6/19/2012 Amount (\$) \$81.19 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Hightechgrafix Payee address; City; State; Zip Code 8749 Bedford-Euless Rd., Hurst, TX / Category (See categories listed at the top of this schedule) Printing Expense Candidate / Officeholder name OH Payee name Johnsons Press	Description Additiona Office sough	l mailers fo	or runoff		7)	
6/19/2012 Amount (\$) \$81.19 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 6/28/2012 Amount (\$)	Hightechgrafix Payee address; City; State; Zip Code 8749 Bedford-Euless Rd., Hurst, TX Category (See categories listed at the top of this schedule) Printing Expense Candidate / Officeholder name OH Payee name Johnsons Press Payee address; City; State; Zip Code	Description Additiona Office sough	ıl mailers fo	or runoff	e held		
Amount (\$) \$81.19 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 6/28/2012 Amount (\$) \$2543.44 PURPOSE OF	Hightechgrafix Payee address; City; State; Zip Code 8749 Bedford-Euless Rd., Hurst, TX Category (See categories listed at the top of this schedule) Printing Expense Candidate / Officeholder name OH Payee name Johnsons Press Payee address; City; State; Zip Code 3300 S. Freeway, Fort Worth, TX 76 Category (See categories listed at the top of this schedule)	Description Additiona Office sough	Il mailers fo	Office Office Office	e held		
6/19/2012 Amount (\$) \$81.19 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 6/28/2012 Amount (\$) \$2543.44	Hightechgrafix Payee address; City; State; Zip Code 8749 Bedford-Euless Rd., Hurst, TX Category (See categories listed at the top of this schedule) Printing Expense Candidate / Officeholder name OH Payee name Johnsons Press Payee address; City; State; Zip Code 3300 S. Freeway, Fort Worth, TX 76 Category (See categories listed at the top of this schedule) Mailing/printing expense	Additiona Office sough	Il mailers font (If travel outside o	or runoff Offic f Texas, complete S	e held chedule T		
6/19/2012 Amount (\$) \$81.19 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 6/28/2012 Amount (\$) \$2543.44 PURPOSE OF	Hightechgrafix Payee address; City; State; Zip Code 8749 Bedford-Euless Rd., Hurst, TX Category (See categories listed at the top of this schedule) Printing Expense Candidate / Officeholder name OH Payee name Johnsons Press Payee address; City; State; Zip Code 3300 S. Freeway, Fort Worth, TX 76 Category (See categories listed at the top of this schedule) Mailing/printing expense Candidate / Officeholder name	Description Additiona Office sough	Il mailers font (If travel outside o	or runoff Offic f Texas, complete S	e held		

(512) 463-5800

POLITICAL EXPENDITURES

P.O. Box 12070

		·				
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fu Food/Beverage Expense Travel In Dist Polling Expense Travel Out O	es/Contract Labor Loan Repaym Transportation Contributions/ Gandidate/ aad/Rental Expense OTHER (enter	nent/Reimbursement n Esuipment & Related Expense //polations Made B //officeholiter/Political Completee r a category and listed above			
1 Total pages Schedule F:	2 FILER NAME	3 ACCC	OUNT # (Pinics Commission Flore)			
10	Harry D. Clark	MO EE				
4 Date	5 Payee name		<u>%</u> ≥ 20			
7/13/2012	Saigon Dallas Media, LLC	UNI 1 3: IPS ISTR				
\$768.00	7 Payee address; City; State; Zip Code 10935 Estate Lane, #180, Dallas, TX	UNTY 1 3: 11 STRATOR				
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)					
EXPENDITURE	Media advertisement	Radio advertisement				
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
7/15/2012	Arturo Camacho					
Amount (\$)	Payee address; City; State; Zip Code	Э				
\$100.00	5612 Bonner Drive, Haltom City, Tx	76148				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	of Texas, complete Schedule T)			
OF EXPENDITURE	Campaign management	Treasurer Expense				
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
7/18/2012	Staples					
Amount (\$)	Payee address; City; State; Zip Code	3				
\$216.49	6201 NE Loop 820, North Richland	Hills, TX 76101				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	of Texas, complete Schedule T)			
OF EXPENDITURE	Printing Expense	Brochure material,	mailera mica			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code	3				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	of Texas, complete Schedule T)			
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEEDED				

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 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 G:	2 FILER NAME	3 ACCOUNT # (Empics Commission Filers)
4 Date	5 Payee name	JAN 14
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City, State; Zip Code	PM 3: I
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)
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)
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	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)
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)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

Advertising Expense Accounting/Banking Consulting Expense	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense	CATEGORIES F Salaries/Wages/Con Solicitation/Fundrais Travel In District	tract Labor		t/Reimbursement quipment & Related Exp nations Made By	ense
Event Expense	Polling Expense	trict Candidate/Officeholder/Political Comm				
Fees	Printing Expense The Instruction Guide	Office Overhead/Re	•	•	category not listed abo	ve)
1 Total pages Schedule H:	2 FILER NAME	explains how to e	ompote tine re-	3 ACCOU	NT # (Fithics Commission	n Filers)
4 Date	5 Business name				FRA CTION	ARRAI
6 Amount (\$)	7 Business address; City; Sta	ate; Zip Code			N I 4 PM	ANT COL
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of T	exas, completé Scheaule T)	JIN
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	t	7 ffice held	
Date	Business name					
Amount (\$)	Business address; City; Stat	te; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Te	xas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	t	Office held	
Date	Business name			- PV. V.		
Amount (\$)	Business address; City; Sta	ite; Zip Code	-			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Te	xas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	t	Office held	
Date	Business name					
Amount (\$)	Business address; City; Star	te; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Te	xas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	t	Office held	
	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULEAS	NEEDED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

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)

The Instruction Guide explains how to complete this form.

	The instruction Guide explains flow to	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	TAF 2015. ELECT BY:_
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding the information required.)
Date	Payee name	PH 3: NISTRJ
Amount (\$)	Payee address; City; State; Zip Code	ATOR
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
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 instructions regarding type of information required.)
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 instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

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 Sche	edule	K:		
2	FILER NAME		3 ACCOUNT # (Et	hics	Commissi	on Filers)
4	Date	5 Name of person from whom amount is received	-	8	P	Amount (\$)	
		6 Address of person from whom amount is received; City; State; Zip Code					
		7 Purpose for which amount is received	:	e K	ELECTION FR.	2015 JA	TARR
	Date	Name of person from whom amount is received			ANX PAIL	Amotint (\$\frac{1}{2}\)	ANT CO
		Address of person from whom amount is received; City; State; Zip Code			LIPS	3:	COUNTY
		Purpose for which amount is received					
	Date	Name of person from whom amount is received			F	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			F	Amount (\$)	
		Address of person from whom amount is received; City; State; Zip Code					
		Purpose for which amount is received		<u>L</u> .			
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED				

IN-KIND CO FOR TRAVE				EXPEND	ITURE	SCHEDULE T
The Instru	ction Guid	le explains how to	complete this for	m.	1 Total pages Schedu	le T:
2 FILER NAME					3 ACCOUNT # (Ethics	Commission Filers)
4 Name of Contributor /	Corporation	n or Labor Organizat	ion / Pledgor / Payee	•		
5 Contribution / Expendi	iture reporte	ed on:				
Sch	edule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
Sch	edule H	Schedule N	Сон-ис	Сон-т	PAC-C	PAC-E
6 Dates of travel	7 Name	of person(s) travelin	g			
	8 Depart	ure city or name of d	leparture location			
	9 Destina	ation city or name of	destination location		87.	TA 2015
10 Means of transportation	on	11 Purpose of tra	vel (including name	of conference, se	minar, or other event)	TARRAI
Name of Contributor / C	Corporation	or Labor Organizatio	on / Pledgor / Payee			2 TE
Contribution / Expenditu	re reported	l on:			1:	# S & S
Sch	edule A	Schedule B	Schedule C	Schedule	D Schedule F	*
Sch	edule H	Schedule N	Сон-ис	_ сон-т	PAC-C	PAC-E
Dates of travel	Name of	person(s) traveling				
	Departure	e city or name of dep	parture location			
	Destination	on city or name of de	estination location	, H ₁ ,		
Means of transportation		Purpose of trave	l (including name of	conference, semi	nar, or other event)	
Name of Contributor / C	Corporation	or Labor Organizatio	on / Pledgor / Payee			
Contribution / Expenditu	ure reported	d on:				
Scho	edule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
Scho	edule H	Schedule N	Сон-пс	СОН-Т	PAC-C	PAC-E
Dates of travel	Name of	person(s) traveling				
	Departure	e city or name of dep	arture location			
	Destination	on city or name of de	stination location		V	
Means of transportation		Purpose of trave	el (including name of	conference, semi	inar, or other event)	
		ATTACH ADDITION	NAL COPIES OF TH	IIS SCHEDULE	AS NEEDED	

CANDIDATE / OFFICEHOLDER REPORT:

	DES	SIGNATION OF FINAL REPORT	FORM C/C	PH - FR
		The Instruction Guide explains how to complete this •• Complete only if "Report Type" on page 1 is marked "Fi	form. nal Report" ••	
1	C/OHI	NAME	2 ACCOUNT# (Ethics C	ommission Filers)
3	SIGN	ATURE		
	report a	expect any further political contributions or political expenditures in connection with my ca s a final report terminates my campaign treasurer appointment. I also understand that I ma any campaign expenditures without a campaign treasurer appointment on file.	andidacy. I understand tha ay not accept any campaig	at designating a in contributions
		Signatu	re of Candidate / Office	holder
4	EU EB	WHO IS NOT AN OFFICEHOLDER		2
•	_	olete A & B below <i>only</i> if you are not an officeholder. ••		TAF 015 J
	A.	CAMPAIGN FUNDS	NS A	RAI.
	Chec	k only one:	32	+ <u>3</u> =
		I do not have unexpended contributions or unexpended interest or income earned from po	olitical contributio	
		I have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or income earned use. I also understand that I must file an annual report of unexpended contributions an contributions or unexpended interest or income earned on political contributions longer report. Further, I understand that I must dispose of unexpended political contributions are earned on political contributions in accordance with the requirements of Election Code, § 2	on political contrections to nd that I may not retain un er than six years after filin and unexpended interest	o perso nal expended g this final
	В.	ASSETS		
	Chec	k only one:		
		I do not retain assets purchased with political contributions or interest or other income from	om political contributions.	
		I do retain assets purchased with political contributions or interest or other income from political may not convert assets purchased with political contributions or interest or other income fruse. I also understand that I must dispose of assets purchased with political contributions of Election Code, § 254.204.	rom political contributions	o personal
		S	Signature of Candidate	
5	OFFIC	CEHOLDER		
		plete this section <i>only</i> if you are an officeholder ••		
		I am aware that I remain subject to filing requirements applicable to an officeholder who does I am also aware that I will be required to file reports of unexpended contributions if, after officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	r filing the last required re	port as an
		Si	ignature of Officeholde	r