

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**  
**OFFICIAL RECORD**  
**CITY SECRETARY**  
**FT. WORTH, TEXAS**

**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:**

14

**3 CANDIDATE / OFFICEHOLDER NAME**  
MS / MRS / MR  
FIRST MI  
LAST SUFFIX  
NICKNAME

Rickie Clark

**OFFICE USE ONLY**

Date Received: APR 14 2011 PM 1 2 3 4 5 6 7 8 9 10 11 12

Date Hand Delivered or Date Postmarked: APR 14 2011

Receipt #

Amount

Date Processed

Date Imaged

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
2740 Maegen Circle  
Ft. Worth, Texas 76112

Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
AREA CODE PHONE NUMBER EXTENSION  
(817) 448-2787

**6 CAMPAIGN TREASURER NAME**  
MS / MRS / MR FIRST MI  
LAST SUFFIX  
NICKNAME

Frederick L Darden II

**7 CAMPAIGN TREASURER ADDRESS**  
(Residence or Business)  
STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
5013 Lincoln Oaks Dr. South Apt 1808  
Ft. Worth, Texas 76132

**8 CAMPAIGN TREASURER PHONE**  
AREA CODE PHONE NUMBER EXTENSION  
(817) 846-0246

**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 THROUGH Month Day Year  
03 / 14 / 2011 THROUGH 04 / 14 / 2011

**11 ELECTION**  
ELECTION DATE ELECTION TYPE  
Month Day Year  
05 / 14 / 2011  Primary  Runoff  General  Special

**12 OFFICE** OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**  
City Council District 5

**14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS**  
DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

additional pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Rickie Clark 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)  
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

|   |   |  |                                      |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> additional pages | <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE TYPE<br><br>COMMITTEE NAME<br><br>COMMITTEE ADDRESS<br><br>COMMITTEE CAMPAIGN TREASURER NAME<br><br>COMMITTEE CAMPAIGN TREASURER ADDRESS | N/A<br><br>N/A<br><br>N/A<br><br>N/A |
|---|---|--|--------------------------------------|

|                         |   |                  |
|-------------------------|---|------------------|
| 18 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ <u>0</u>      |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ <u>364.27</u> |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$ <u>0</u>      |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>615.55</u> |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ <u>0</u>      |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$               |

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Rickie Clark  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RICKIE CLARK, this the 14th day of APRIL, 20 11, to certify which, witness my hand and seal of office.

LaMonica D. Jenkins  
Signature of officer administering oath

LaMonica D. Jenkins  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|  |  |  |  |
|--|--|--|--|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A: <span style="font-size: 2em;">1</span>               |  |
| 2 FILER NAME<br><span style="font-size: 1.5em;">Rickie Clark</span>  |  | 3 ACCOUNT # (Ethics Commission Filers)   |  |
| 4 Date<br><span style="font-size: 1.5em;">3/31</span>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><span style="font-size: 1.2em;">Open Mic Poetry &amp; HipHop @ Deck Bookshop</span> | 7 Amount of contribution (\$)<br><span style="font-size: 1.5em;">199.27</span> | 8 In-kind contribution description (if applicable)   |
| 6 Contributor address; City; State; Zip Code<br><span style="font-size: 1.2em;">6637 Meadowbrook Drive<br/>Ft. Worth, Texas 76112</span> |  | (If travel outside of Texas, complete Schedule T)                              |  |
| 9 Principal occupation / Job title (See Instructions)  |  | 10 Employer (See Instructions)   |  |
| Date<br><span style="font-size: 1.5em;">3/31</span>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><span style="font-size: 1.2em;">Cecil Collier</span>                                  | Amount of contribution (\$)  | In-kind contribution description (if applicable)<br><span style="font-size: 1.5em;">\$ 65<br/>Food / Catering</span> |
| Contributor address; City; State; Zip Code   |  | (If travel outside of Texas, complete Schedule T)                              |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)  |  |
| Date<br><span style="font-size: 1.5em;">4/12</span>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><span style="font-size: 1.2em;">Loretha Buens</span>                                  | Amount of contribution (\$)<br><span style="font-size: 1.5em;">100.00</span>   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code   |  | (If travel outside of Texas, complete Schedule T)                              |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)  |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  | Amount of contribution (\$)  | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code   |  | (If travel outside of Texas, complete Schedule T)                              |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)  |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  | Amount of contribution (\$)  | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code   |  | (If travel outside of Texas, complete Schedule T)                              |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)  |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

|   |  |   |                                       |
|---|--|---|---------------------------------------|
| The Instruction Guide explains how to complete this form. |  | 1 Total pages Schedule B: <u>1</u>                |                                       |
| 2 FILER NAME<br><u>Rickie Clark</u>                       |  | 3 ACCOUNT # (Ethics Commission Filers)            |                                       |
| 4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨ |  |   | \$                                    |
| 5 Date  | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>NONE</u>                               | 8 Amount of pledge (\$)                           | 9 In-kind description (if applicable) |
| 7 Pledgor address;      City; State; Zip Code             |  | (If travel outside of Texas, complete Schedule T) |                                       |
| 10 Principal occupation / Job title (See Instructions)    |  | 11 Employer (See Instructions)                    |                                       |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pledgor address;      City; State; Zip Code | Amount of pledge (\$)                             | In-kind description (if applicable)   |
|   |  | (If travel outside of Texas, complete Schedule T) |                                       |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                       |                                       |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pledgor address;      City; State; Zip Code | Amount of pledge (\$)                             | In-kind description (if applicable)   |
|   |  | (If travel outside of Texas, complete Schedule T) |                                       |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                       |                                       |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pledgor address;      City; State; Zip Code | Amount of pledge (\$)                             | In-kind description (if applicable)   |
|   |  | (If travel outside of Texas, complete Schedule T) |                                       |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                       |                                       |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pledgor address;      City; State; Zip Code | Amount of pledge (\$)                             | In-kind description (if applicable)   |
|   |  | (If travel outside of Texas, complete Schedule T) |                                       |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                       |                                       |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: **1**

2 FILER NAME

*Rickie Clark*

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial Institution?  
Y    N

8 Lender address:   City:   State:   Zip Code

*NONE*

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address;   City:   State:   Zip Code

19 Principal Occupation (See Instructions)

20 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial Institution?  
Y    N

Lender address;   City:   State:   Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;   City:   State:   Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F: <u>3</u>                  | <b>2</b> FILER NAME: <u>Rickie Clark</u>  | <b>3</b> ACCOUNT # (Ethics Commission Filers)                            |
| <b>4</b> Date: <u>3.14.2011</u>                            | <b>5</b> Payee name: <u>City of Fort Worth</u>  |  |
| <b>6</b> Amount (\$): <u>100.00</u>                        | <b>7</b> Payee address; City: State: Zip Code<br><u>1000 Throckmorton<br/>Fort Worth, Texas 76102</u>       |  |
| <b>8</b> PURPOSE OF EXPENDITURE                            | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><u>Fee (Filing Fee)</u>          | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T) |
|  | Candidate / Officeholder name   | Office sought                      Office held                           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |  |
| Date: <u>3.14.2011</u>                                     | Payee name: <u>BBVA Compass</u>   |  |
| Amount (\$):   | Payee address; City: State: Zip Code<br><u>1689 East Chase<br/>Fort Worth, Texas 76120</u>                  |  |
| PURPOSE OF EXPENDITURE                                     | Category (See categories listed at the top of this schedule)<br><u>Opened Account (Accounting Bankings)</u> | Description (If travel outside of Texas, complete Schedule T)            |
|  | Candidate / Officeholder name   | Office sought                      Office held                           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |  |
| Date: <u>3.15.2011</u>                                     | Payee name: <u>1st Internet Inc.</u>  |  |
| Amount (\$): <u>\$4.99</u>                                 | Payee address; City: State: Zip Code  |  |
| PURPOSE OF EXPENDITURE                                     | Category (See categories listed at the top of this schedule)<br><u>Advertisements Expense</u>               | Description (If travel outside of Texas, complete Schedule T)            |
|  | Candidate / Officeholder name   | Office sought                      Office held                           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |  |
| Date: <u>3.19.2011</u>                                     | Payee name: <u>Wal-Mart</u>   |  |
| Amount (\$): <u>\$33.36</u>                                | Payee address; City: State: Zip Code<br><u>6366 Oakmount<br/>Fort Worth, Texas 76132</u>                    |  |
| PURPOSE OF EXPENDITURE                                     | Category (See categories listed at the top of this schedule)<br><u>Office Supplies</u>                      | Description (If travel outside of Texas, complete Schedule T)            |
|  | Candidate / Officeholder name   | Office sought                      Office held                           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> |   |  |

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F:<br><b>3</b>                        | <b>2</b> FILER NAME<br>Rickie Clark  | <b>3</b> ACCOUNT # (Ethics Commission Filers)                            |
| <b>4</b> Date<br>3.22.2011  | <b>5</b> Payee name<br>Office Depot  |  |
| <b>6</b> Amount (\$)<br>\$31.65                                     | <b>7</b> Payee address; City; State; Zip Code<br>1600 Eastchase Parkway<br>Fort Worth, Texas 76120   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See categories listed at the top of this schedule)<br>Copies (Printing Expense) | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T) |
|   | Candidate / Officeholder name  | Office sought                      Office held                           |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |  |
| Date<br>3.26.2011   | Payee name<br>Office Depot   |  |
| Amount (\$)<br>\$10.61  | Payee address; City; State; Zip Code<br>1600 Eastchase Parkway<br>Fort Worth, Texas 76120            |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See categories listed at the top of this schedule)<br>Copies (Printing Expense)            | Description (If travel outside of Texas, complete Schedule T)            |
|   | Candidate / Officeholder name  | Office sought                      Office held                           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |
| Date<br>3.31.2011   | Payee name<br>Kisha's Catering   |  |
| Amount (\$)<br>\$45.00  | Payee address; City; State; Zip Code<br>7440 Meadowbrook Drive<br>Fort Worth, Texas 76112            |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See categories listed at the top of this schedule)<br>Food (Event Expense)                 | Description (If travel outside of Texas, complete Schedule T)            |
|   | Candidate / Officeholder name  | Office sought                      Office held                           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |
| Date<br>4.1.2011  | Payee name<br>Fort Worth Black News  |  |
| Amount (\$)<br>\$250.00   | Payee address; City; State; Zip Code<br>P.O. Box 121961<br>Fort Worth, Texas 76121                   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See categories listed at the top of this schedule)<br>Advertising                          | Description (If travel outside of Texas, complete Schedule T)            |
|   | Candidate / Officeholder name  | Office sought                      Office held                           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F:                           | <b>2</b> FILER NAME   | <b>3</b> ACCOUNT # (Ethics Commission Filers)                            |
| 3  | Rickey Clark  |  |
| <b>4</b> Date  | <b>5</b> Payee name   |  |
| 04.07.2011   | BK Graphics   |  |
| <b>6</b> Amount (\$)                                       | <b>7</b> Payee address; City; State; Zip Code                           |  |
| \$240  | 420 Lincoln Rd #390<br>Miami Beach, FL 33139                            |  |
| <b>8</b> PURPOSE OF EXPENDITURE                            | <b>(a)</b> Category (See categories listed at the top of this schedule) | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T) |
|  | Advertising   |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought      Office held   |
| Date   | Payee name  |  |
| Amount (\$)  | Payee address; City; State; Zip Code                                    |  |
| <b>PURPOSE OF EXPENDITURE</b>                              | <b>Category</b> (See categories listed at the top of this schedule)     | <b>Description</b> (If travel outside of Texas, complete Schedule T)     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought      Office held   |
| Date   | Payee name  |  |
| Amount (\$)  | Payee address; City; State; Zip Code                                    |  |
| <b>PURPOSE OF EXPENDITURE</b>                              | <b>Category</b> (See categories listed at the top of this schedule)     | <b>Description</b> (If travel outside of Texas, complete Schedule T)     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought      Office held   |
| Date   | Payee name  |  |
| Amount (\$)  | Payee address; City; State; Zip Code                                    |  |
| <b>PURPOSE OF EXPENDITURE</b>                              | <b>Category</b> (See categories listed at the top of this schedule)     | <b>Description</b> (If travel outside of Texas, complete Schedule T)     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought      Office held   |

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



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule G:<br><br>1  | <b>2</b> FILER NAME<br><br>Rickie Clark                                 | <b>3</b> ACCOUNT # (Ethics Commission Filer)                             |
| <b>4</b> Date  | <b>5</b> Payee name   |  |
| <b>6</b> Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><br>NONE               |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See categories listed at the top of this schedule) | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T) |
| Date   | Payee name  |  |
| Amount (\$)<br><br><input type="checkbox"/> 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 (\$)<br><br><input type="checkbox"/> 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 (\$)<br><br><input type="checkbox"/> 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)            |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule H:                                    | <b>2</b> FILER NAME<br><i>Rickie Clark</i>                              | <b>3</b> ACCOUNT # (Ethics Commission Filers)                            |
| <b>4</b> Date   | <b>5</b> Business name  |  |
| <b>6</b> Amount (\$)  | <b>7</b> Business address; City; State; Zip Code<br><i>NONE</i>         |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See categories listed at the top of this schedule) | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T) |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought      Office held   |
| Date  | Business name   |  |
| Amount (\$)   | Business address; City; State; Zip Code                                 |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See categories listed at the top of this schedule)            | Description (If travel outside of Texas, complete Schedule T)            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought      Office held   |
| Date  | Business name   |  |
| Amount (\$)   | Business address; City; State; Zip Code                                 |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See categories listed at the top of this schedule)            | Description (If travel outside of Texas, complete Schedule T)            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought      Office held   |
| Date  | Business name   |  |
| Amount (\$)   | Business address; City; State; Zip Code                                 |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See categories listed at the top of this schedule)            | Description (If travel outside of Texas, complete Schedule T)            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought      Office held   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule I:<br><br>1 | <b>2</b> FILER NAME<br><br>Beckie Clark                                 | <b>3</b> ACCOUNT # (Ethics Commission Filers)                                     |
| <b>4</b> Date                             | <b>5</b> Payee name   |   |
| <b>6</b> Amount (\$)                      | <b>7</b> Payee address; City; State; Zip Code<br><br>NONE               |   |
| <b>8</b> PURPOSE OF EXPENDITURE           | <b>(a)</b> Category (See categories listed at the top of this schedule) | <b>(b)</b> 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.)            |
| 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.)            |

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**CREDITS (optional)**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

*Rickie Clark*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Payor name

8 Amount (\$)

6 Payor address; City; State; Zip Code

*NONE*

7 Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

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

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

2 FILER NAME

Rickie Clark

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

None

5 Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

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  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

## 4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

### A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

## 5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder