DEFLICENCIANE NAME NOCHAME LAST Clemens CANDIDATE / OFFICEHOLDER MALING ADDRESS / PO BOX APT / SUTE # CITY DESCRETAR AUGH - 1 2023 AUG - 1 2023 AUG - 1 2023 AUG - 1 2023 AUG - 1 2023 CITY - SECRETAR ADDISON, TX ABOUNTS CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER C214			CEHOLDER E REPORT			FO COVER SH	RM C/OH EET PG 1
CANDIDATE / NODAME LAST SUFFIX CITY STATE DP CODE AUG - 1 2023 CANDIDATE / OFFICEHOLDER Mr. Blake W NODAME LAST SUFFIX CITY STATE DP CODE AUG - 1 2023 CANDIDATE / OFFICEHOLDER PO BOX 801214 Dallas, TX 75380 CANDIDATE / OFFICEHOLDER PHONE NUMBER EXTENSION CITY SECRETAR ADDISON, TX ADDISON,	The C/OH Instruction 0	Guide explains how	to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages filed	6
CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address CANDIDATE / OFFICEHOLDER PO Box 801214 Dallas, TX 75380 AUG - 1 2023 AUG - 1 2023 AUG - 1 2023 AUG - 1 2023 CIPTESECRETAR ADDISON, TX Recept # ADDRESS / PO BOX 801214 Dallas, TX 75380 CANDIDATE / OFFICEHOLDER PHONE CANDIDATE / OFFICEHOLDER PHONE CAMPAIGN TREASURER ADDRESS / NO PO BOX PLEASEL AFT / SUITE # LOAMPAIGN TREASURER PHONE CAMPAIGN TREASURER PHONE PHONE STREET ADDRESS / NO PO BOX PLEASEL AFT / SUITE # LOAMPAIGN TREASURER PHONE PHONE NUMBER EXTENSION REPORT TYPE January 15 John day before election Runoff Exceeded Modified PREASURER PHONE PHONE PHONE Month Day Year Month Day Year Month Day Year Through T 15 23 H ELECTION ELECTION DATE Month Day Year Through T 15 23 H ELECTION N/A NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE (SUPPORTURES MAY PAUSE REASURER NAME COMMITTEE TYPE COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE TYPE COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE TYPE COMMITTEE CAMPAIGN TREASURER NAME		Mr.	Blake		W	Date Received	
AREA CODE PHONE NUMBER EXTENSION CITY SECRETAR ADDISON, TX RECORD TX RECOR	MAILING ADDRESS	PO Box 8012	APT / SUITE #:	CITY, STATE,	ZIP CODE		
TREASURER NAME Mr. J.J. NICKNAME LAST HORAN THEASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION AREA CODE PHONE NUMBER EXTENSION TISTED AREA CODE PHONE NUMBER EXTENSION TISTED TISTE ZIP CODE TIST	CANDIDATE/ OFFICEHOLDER			EXTENS	SION	ADDIS	
TREASURER ADDRESS CRESIDERS CRESIDERS CRESIDERS CAMPAIGN TREASURER PHONE 14914 Lake Forest Dr. Dallas, TX 75254 AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 972) 855-2503 3 REPORT TYPE January 15 Joby 15 Sith day before election Exceeded Modified Reporting Limit Final Report (Attach CICH - FR) To year Month Day Year Month Day Year 1 23 THROUGH 7 15 23 THROUGH 7 15 23 THROUGH THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIGATES AND OFFICE-HOLDERS AND REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. Additional Pages 14914 Lake Forest Dr. Dallas, TX 75254 AREA CODE PHONE NUMBER EXTENSION EXCEEDED 15904 Month Exceeded Modified Exceeded Modified Exceeded Modified Final Report (Attach CICH - FR) Final Report (Attach CICH - FR) Primary Reporting Limit Final Report (Attach CICH - FR) Final Report (Attach CICH - FR) Primary Reporting Limit Final Report (Attach CICH - FR) The CARCINATE AND THE SECOND TYPE Month Day Year Primary Runoff Other Description OFFICE SOUGHT (If known) N/A Mayor THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME		Mr.	J.J.			Date Processed	1-2023
TREASURER PHONE (972) 855-2503 REPORT TYPE January 15 Joly 15 Sith day before election Runoff Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR) Final Report (Attach C/OH - FR) Month Day Year 1 1 23 THROUGH 7 15 23 HELECTION ELECTION DATE Month Day Year Permany Runoff Description ELECTION TYPE Month Day Year Special Final Report (Attach C/OH - FR) F		14914 Lake F	orest Dr.	SUITE # CIT	Y	STATE,	ZIP CODE
July 15 Sith day before election Exceeded Modified Reporting Limit Final Report (Attach C/DH - FR) Month Day Year Month Day Year 1 1 23 THROUGH 7 15 23 MELECTION DATE Month Day Year Strong Runoff Other Description ELECTION TYPE Month Day Year Primary Runoff Other Description Description Description OFFICE OFFICE HELD (If any) N/A NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages Additional Pages SPECIFIC COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME It assurer appointment (Officeholder Only) Final Report (Attach C/DH - FR) Final Report (Attach C/				EXTEN:	SION		
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Month Day Year Primary Runoff Other Description 5	10 PERIOD COVERED			THROUGH	_	,	
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POLITICAL COMMITTEE(S) THE CANDIDATE'S OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE TYPE COMMITTEE ADDRESS Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME	12 OFFICE)		E SOUGHT (if know	in)	
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COMMITTEE CAMPAIGN TREASURER ADDRESS	Additional Pages	GENERAL COMMITTEE ADDRESS					
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Blake W. Clemens 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 0.00TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS 91.78 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE 0.00 TOTALS 1,485.00 TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5 0.00 BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 0.00\$ LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE 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. Please complete either option below: WILLIAM HUSTEAD Notary ID #133840708 (1) Affidavit Ay Commission Expires July 5, 2026 NOTARY STAMP/SEAL Sworn to and subscribed before me by Blake W. Cleners this the 1st day of Aug 20 23 to certify which, witness my hand and seal of office. Notary Public Title of officer administering oath William Hustead William Hustead Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration ___, and my date of birth is __ My name is _ My address is ____ (street) (city) (state) (zip code) (country) Executed in _____ County, State of _____, on the _____ day of ___ Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE	LO FIRE ID (LIII	ics Commissi	ion Filers)
Blake	W. Clemens		
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	91.78
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	1,485.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C	/ОН \$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Blake W. Clemens 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#____ Blake W. Clemens 91.78 03/15/2023 6 Contributor address: City; State; Zip Code PO Box 801214 Dallas TX 75380 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired N/A Full name of contributor out-of-state PAC (ID#__ Date Amount of contribution (\$) City; State; Zip Code Contributor address: Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#_ Date Full name of contributor Amount of contribution (\$) State; Zip Code Contributor address; City, Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#____ Amount of contribution (\$) Contributor address: City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel In District Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 1 Blake W. Clemens 4 Date 5 Payee name 03/15/2023 Print Place Zip Code City State 7 Payee address: 6 Amount (\$) Addison TX 75001 1,485.00 4680 Belt Line (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Mailer/Door Hanger Printing EXPENDITURE Check if Austin, TX. officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Payee name Date Zip Code City: State: Amount (\$) Payee address: Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date State; Zip Code City: Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH 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 fo	rm.
	 Complete only if "Report Type" on page 1 is marked "Fin 	al Report" ••
C/OH N	AME	2 Filer ID (Ethics Commission Filers)
Blake	W. Clemens	
SIGNA	TURE	
designa	expect any further political contributions or political expenditures in connection with noting a report as a final report terminates my campaign treasurer appointment. I also upon contributions or make any campaign expenditures without a campaign treasurer appointment.	understand that I may not accept any
	WHO IS NOT AN OFFICEHOLDER uplete A & B below only if you are not an officeholder	
A.	CAMPAIGN FUNDS	
Chec	k only one:	
1	I do not have unexpended contributions or unexpended interest or income earned fr	rom political contributions.
	I have unexpended contributions or unexpended interest or income earned from pol may not convert unexpended political contributions or unexpended interest or incorpersonal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political confiling this final report. Further, I understand that I must dispose of unexpended political contributions in accordance with the requirement.	ome earned on political contributions to contributions and that I may not retain tributions longer than six years after ical contributions and unexpended
B.	ASSETS	
Chec	k only one:	
✓	I do not retain assets purchased with political contributions or interest or other incom	ne from political contributions.
	I do retain assets purchased with political contributions or interest or other income fit that I may not convert assets purchased with political contributions or interest or oth personal use. I also understand that I must dispose of assets purchased with politic requirements of Election Code, § 254.204.	er income from political contributions to
	EHOLDER plete this section only if you are an officeholder	
	I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions in an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	f, after filing the last required report as
	S	Signature of Officeholder