CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 3 The C/OH Instruction Guide explains how to complete this form. MI MS / MRS / MR FIRST 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER Mr Blake W NAME Date Received SUFFIX NICKNAME LAST Clemens RECEI VED 4 CANDIDATE / ADDRESS / PO BOX; ZIP CODE APT / SUITE #. CITY: STATE: OFFICEHOLDER 14754 Celestial Pl. MAILING JAN 18 2022 Dallas, TX 75254 ADDRESS Change of Address CITY SECRETARY 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION OFFICEHOLDER ADDISON, TX (214) 505-5511 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN MI TREASURER JJ Mr Date Processed NAME 72 NICKNAME LAST SHEEIX Date Imaged Horan 2 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE 7 CAMPAIGN TREASURER 75254 14914 Lake Forest Drive TX Dallas ADDRESS (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN EXTENSION TREASURER PHONE (972) 855-2903 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Month Dav Year Day Year COVERED 7 12 / 31 / 21 1 21 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Other Description Primary Runoff Month Day Year General Special 5 4 19 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Mayor 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. **14 NOTICE FROM** POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME N/A COMMITTEE ADDRESS GENERAL Additional Pages

SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

Forms provided by Texas Ethics Commission

Revised 8/17/2020

FORM C/OH

COVER SHEET PG 1

CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Blake W. Clemens		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	^{T DAY} \$ 1,393.22
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD 	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Bahew	ndidate or Officeholder
	Please complete either option below	r:
(1) Affidavit	DEBRA BEAVERS Notary ID #2860283 My Commission Expires January 4, 2024	
NOTARY STAMP/SEA		
Sworn to and subscribed	before me by January this the	18th day of 2022,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	•	Title of officer administering oath
ann an ann an	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is	······································	
Executed in	(street) (city) (s County, State of, on theday of (month	tate) (zip code) (country)
	(month), 20 (year)
	Signature of Candid	late/Officeholder (Declarant)
Forme provided by Taylog Et	hise Commission used othics state to us	Pavised 8/17/2020

Forms provided by Texas Ethics Commission

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE Blake	thics Commission	Filers)		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE E: LOANS	\$	0.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	vs \$	0.00	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s	0.00	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	ED \$	0.00	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

FILER NA	ME			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of contribution (\$)	
	6 Contributor address;	City;	State; Zip Code	
Principal o	ccupation / Job title (See Instructions)		9 Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)	
	Contributor address;	City:	State; Zip Code	
Principal o	ccupation / Job title (See Instructions)		Employer (See Instru	uctions)
Date	Full name of contributor	out-of-state PA) Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal o	ccupation / Job title (See Instructions)		Employer (See Instru	uctions)
Date	Full name of contributor	out-of-state PA	LC (ID#:) Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instru	uctions)	
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