CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			COVER SHEET PG 1
The C/OH instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR) FIRST	MI	· ·
NAME	Blake	کیا	OFFICE USE ONLY
V	LAST	SUFFIX	Date Received
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY: STATE: ZIP CODE	RECEIVEL
OFFICEHOLDER MAILING ADDRESS	14754 Celestia	L 72	DEC 2 3 2019
Change of Address	DAHAS, TX 752	154	
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER (2/4) 505.551/	EXTENSION	CITY SECRETARY ADDISON, TX
PHONE 6 CAMPAIGN	Me (Mare 40)		Date Hand-delivered or Date Postmarked
TREASURER NAME	MS / MRS (MR) FIRST	MI	Receipt # Amount \$
	NICKNAME LAST	SUFFIX	Date Processed 12-23-2019
7 CAMPAIGN	HORAKU		Date Imaged
TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 14757 CELESTIAL	그리면 하면 그 그림을 되는 것 같아. 아이를 하는 것 같아 먹는 것 같아 없다.	STATE; ZIP CODE
(Residence or Business)	DAMAS, TX 750		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (972) 855. 2903	EXTENSION	
REPORT TYPE	January 15 30th day before elections July 15 8th day before elections		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
PERIOD COVERED	Month Day Year 4 / 29 / 17	THROUGH 7	Day Year 15 / 17
I ELECTION	ELECTION DATE Month Day Year Primary 5 / 6 / 17 General	Runoff Other Description	
OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known)	
	NA	MAYOR	
	GO TO PA	AGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

C/OH NAME	Slake C	200 J. M. 1980 J. 1980 J. W. 1980	Filer ID (Ethics Commission Filers)
NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUNSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN	UT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME N/A	\$
	SPECIFIC	COMMITTEE ADDRESS N/4	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS N/A	
CONTRIBUTION TOTALS	PLEDO	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ -0 -
	2. TOTAL (OTHE	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		
	4. TOTAL	L POLITICAL EXPENDITURES	\$ 10,741.39
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 19.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0/4
8 AFFIDAVIT	VIRGIL GUY NORRI NOTARY PUBLIC STATE MY COMM. EXP. 1/11 NOTARY ID 12875	S JR OF TEXAS 9/2020 9/2020 9/38-0	mation required to be reported by me
Sworn to and subs		signature of Candi b, by the said BLAKE CLEHEN S to certify which, witness my hand and seal of office.	this the
109		VIRGIL GUT NORMS JR.	NOTARY PUBLIC

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	emmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,741.39
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Eanling
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Wacas/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Other (enter a category not listed above)

Total pages Schedule I	Blake Clemen	1-	3 Filer ID (Ethics Commission Filers
5-1-17		3	
Amount (\$)	7 Payee address:		
# 22.81	I HACKER WAY, NENIO PARI	City:	State; Zip Code
	(a) Category (See Categories listed at the top of this schedule)		
PURPOSE OF EXPENDITURE	Advertising Expense	(b) Description Boost Fo	But
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	and some or as to a	
5-3-17	La Comida		
Amount (\$)	Payee address;	Clhr	
		City:	State; Zip Code
PURPOSE	Payee address; 5100 Belf Liwe Rd, DA Category (See Categories listed at the top of this schedule)	City;	State; Zip Code
¥-58.90	5100 Belt Line Rd, DA	Allas, TX	State; Zip Code
PURPOSE OF EXPENDITURE	S100 Belt Liwe Rd, DA Category (See Categories listed at the top of this schedule)	Description Food	75001
SB. 90 PURPOSE OF	Category (See Categories listed at the top of this schedule) EVENT EXPENSE Check if travel outside of Texas. Complete Schedule T. Candidate (Office belder warms	Description Food	State; Zip Code 7500 (7500 (7×, ***, efficencider living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit G/C	Category (See Categories listed at the top of this schedule) EVENT Expense Complete Schedule T. Candidate / Officeholder name	Description Fosd Chask W Austin	7500(
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit G/C	Category (See Categories listed at the top of this schedule) EVENT EXPENSE Check if travel outside of Texas. Complete Schedule T. Candidate (Office belder warms	Description Fosd Chask W Austin	7500(
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Category (See Categories listed at the top of this schedule) EVENT Expendence Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name FX Direct Payee address;	Description Fold Cheale If Austin Office sought	7500(
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit G/O Date 5-3-/7 Amount (\$)	Category (See Categories listed at the top of this schedule) EVENT Expender C Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name FX Direct	Description Fold Cheale If Austin Office sought	7500(
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 5-3-17 Amount (\$)	Category (See Categories listed at the top of this schedule) EVENT Expendence Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name FX Direct Payee address;	Description Fold Cheale If Austin Office sought	7500(
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Category (See Categories listed at the top of this schedule) EVENT Expendence Check if traval outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name FX Direct Payee address; 1214 Dolton, Dahas T.	Description Fosd Check W Austin Office sought City;	7500(
PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/O Date 5-3-17 Amount (\$) PURPOSE OF	Category (See Categories listed at the top of this schedule) EVENT EXPENSE Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name FX Direct Payee address; 1214 Dolton, DANAS T. Category (See Categories listed at the top of this schedule)	Description Fosd Cheate If Austin Office sought City; City; Description Postage	7500(

SCHEDULE F1

Advertising Expense	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Pol Credit Card Payment	ie By Food/Beverage Expense P P Glit/Awards/Memorials Expense P P Legal Services S The Instruction Guide explains h	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense airnes/Wages/Contract Labor ow to complete this form.	Solicitation/Fundralising Expense Transportation Equipment & Related Exper Travel in District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule I	1: 2 FILER NAME		3 Filer ID (Ethics Commission Filers
Date 5-4-17	Blake Clem Sir Speedy	ens	Commence Files
Amount (\$)	7 Payee address;	City;	State; Zip Code
1202.97	2001 Midway Rd,	PARROLLTON, T	X 75006
	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
PURPOSE OF EXPENDITURE	PRINTING Expense	DOOR H	augers
	(C) Check if travel outside of Texas. Complete Scheck	deT. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		and the second second
5-4-17	Blue PAY		
mount (\$)	Payee address;	City;	
29.95	184 Shumau, NAPERL	the second of th	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedu	le) Description	
OF EXPENDITURE	BADKING Expense	C.C. F	ROCEISOL
	Check if travel outside of Taxas. Complete Schedul.	eT. Cheals if Austin.	TX, officeholder living expense
omplete ONLY if direct penditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
ate	Payee name		
5-8-17	YARD HOOSE		
mount (\$)	Payee address;	City;	State: 71-0-d
78.36	5100 Belt Live Rd, A)	Dison TX	7500 (
PURPOSE	Category (See Categories listed at the top of this schedule		
OF EXPENDITURE	Event Expense	Food	
		The state of the s	
emplete ONLY if direct	Check if travel outside of Texas. Complete Schedule Candidate / Officeholder name	T. Check if Austin,	TX, officeholder living expense

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Relati

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Printi Salar The Instruction Guide explains how	ing Expense nies/Wages/Contract Lebor / to complete this form	Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	Blake Clemp		3 Filer ID (Ethics Commission Filers)
5-3-17	5 Payee name MATT Hoe: NE		
6 Amount (\$) \$ 325. *0	7 Payee address; 4145 Towne GRE	en Cie, Addisc	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule EVEN + Expense		Drinks
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Aust	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payse name		The state of the s
5-9-17	Blue PAY		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 25.45	184 Shuman, Napervi	le, IL	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	BANKIUS EXPENSE	C.C. Proc	CESSOR
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	To be a second of the second of	
5-12-17	Fx Direct		
Amount (\$)	Payee address;	City;	State; Zip Code
\$892.07	1214 Doltou, DAYAS	TX	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF	Phioting Expense	Postag	e
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<i>*</i>	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE A S NEET	

SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explains	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F	1: 2 FILER NAME BLAKE CLEA		3 Filer ID (Ethics Commission Filers)
5-25-17	5 Payee name		
Amount (\$)	7 Payee address:		State; Zip Code
\$ 5,100.00	4680 Belt Live Rd,	ADDISON, TX.	75001
PURPOSE	(a) Category (See Categories listed at the top of this sch		Print
OF EXPENDITURE	ADVERTISION ExpENCE	Door H	Letters Letters
<u> </u>	(C) Check if travel outside of Texas. Complete Scher		in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		The state of the s
6-1-17	FACE 600K		
Amount (\$)	Payee address;	City;	State; Zip Code
\$6.18	I HACKER WAY, MENTO	PACK CA	
PURPOSE	Category (See Categories listed at the top of this sched	dule) Description	
OF EXPENDITURE	ADVERTISING Expense	Boost F	35+
Complete Office is	Check if travel outside of Texas. Complete Sched	ule T. Check If Aveil	n, TX, officerolder living expense
Complete ONLY if direct expenditure to benefit C/Or	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	Water Spice and a	
6-2-17	Petals & Stems		
Amount (\$)	Payee address;	City:	
854.95	1339 MONFFORT DN, 7	DAHAS, TX	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedu	ule) Description	
OF	Gifts, AWARES, memorials	Flower	2
	Check if travel outside of Texas. Complete Schedu	le T. Check if Assets	TX, officeholder living expense
	Candidate / Official Live		. A billogradger living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

	EXPENDITURE CATEGOR	are ron box o(a)		
dvertising Expense counting/Banidng onsulting Expense ontributions/Conations Made By Candidate/Officeholder/Politica radit Card Payment	Fees Office Food/Beverage Expense Poli Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement ce Overhead/Rental Expense ling Expense aries/Wages/Contract Labor	Solicitation/Fundralsing Transportation Equipm Travel in District Travel Out Of District Other (enter a category	ent & Related Expense
		w to complete this form.	T= == ===	
Total pages Schedule F1:	2 FILER NAME BLAKE CLEME	als	3 Filer ID (Ethics	Commission Filers)
6-5-17	5 Payee name Blue PAY			
Amount (5)	7 Payor address: 184 Shuman Napervill	lle IL	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school BAUKING EXPENSE		Rocessor	
	(C) Check if travel outside of Texas. Complete Schedu	ileT. Check if Au	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			i i
6-6-17	GRAPHICS MOT			
Amount (\$)	Payee address; 9322 Moss TRAIL, DA	Chy:	State;	Zip Code
PURPOSE OF EXPENDITURE	ADVECTISIONS EXPENSE		+ mailees	
	Check if travel outside of Taxas. Complete Sched	lule T. Check If A		expense
			ustin, TX, officeholder !lving	
	Candidate / Officeholder name	Office sought	uelin, TX, officeholder living	Office held
Complete ONLY if direct expenditure to benefit C/O			uedo, TX, officeholder living	
expenditure to benefit C/O	н		uedn, TX, officeholder living	
expenditure to benefit C/O	Payee name Blue Pay	Office sought	state;	
Date 6-8-17 Amount (\$)	Payee name Blue Pay	Office sought		Office held
Date 6-8-17 Amount (\$)	Payee name Blue Pay	Office sought City; Ville I L dule) Description		Office held
Date 6-8-17 Amount (\$) PURPOSE OF	Payee name BIVE Pay Payee address; 184 Shuman, Naper Category (See Categories listed at the top of this scheen	Office sought City; Ville I L dule) Description C. C. f.	State;	Office held Zip Code

SCHEDULE F1

Advertising Expense Accounting/Benking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expens Loan Rapayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME
BLAKE CLEMENS
4 Date 5 Payee name 3 Filer ID (Ethics Commission Filers) Wells FARGO BAUK

7 Payor address: City: State
15216 Moint ford Dr., DAHAS TX 75248 6-26-17 Zip Code \$10.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE BANKING Expense Monthly tee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Blue Pay 7-5-17 Amount (\$) State: Zip Code 184 Shum AN, NAPERUINE IL \$39.95 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE BANKINI Expense CC Processon Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Date Payes name Amount (\$) Payee address; City: State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The instruction Guide explains Complete only if "Report Type" on	
1	C/OH N	Blake Clenens	2 Filer ID (Ethics Commission Filers)
3	SIGNA		
	ing a rep		ditures in connection with my candidacy. I understand that designat- pointment. I also understand that I may not accept any campaign paign treasurer appointment on file. Signature of Candidate / Officeholder
8		WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder	, ···
	A.	CAMPAIGN FUNDS	
	Check	conly one:	
		I do not have unexpended contributions or unexpended	interest or income earned from political contributions.
		may not convert unexpended political contributions or a personal use. I also understand that I must file an an unexpended contributions or unexpended interest or inco	st or income earned from political contributions. I understand that unexpended interest or income earned on political contributions to much report of unexpended contributions and that I may not retain the earned on political contributions longer than six years after filing se of unexpended political contributions and unexpended interest or with the requirements of Election Code, § 254.204.
	B.	ASSETS	
	Chec	k only one:	
		I do not retain assets purchased with political contribution	ons or interest or other income from political contributions.
		that I may not convert assets purchased with political co	or interest or other income from political contributions. I understand ontributions or interest or other income from political contributions to assets purchased with political contributions in accordance with the
			Signature of Candidate
5		EHOLDER	
	• Con	plete this section only if you are an officeholder	•
	ď	file. I am also aware that I will be required to file reports of	licable to an officeholder who does not have a campaign treasurer on unexpended contributions if, after filing the last required report as an r income from political contributions, or assets purchased with political contributions.
			13khill h