CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

		1 ACCOUNT#	2 Total pages filed:
The C/OH Instruction	Guide explains how to complete this form.	(Ethics Commission Filers)	Z Total pages med.
3 CANDIDATE / OFFICEHOLDER NAME	Mr. James NICKNAME LAST Clement (Jim)	MI H, SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE#; CITY; LI 1/14 Waterwood Pass Sandy	Daks, TX 78112	Date Hand-delivered or Postmark
change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (210) 621-0655	EXTENSION	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr. James NICKNAME LAST Clemen	MI 1 SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE#;	city; state; ass Sundy Caks,	TX, 78112
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (216) WA 621-0655	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 07/10/	Year 2014
11 ELECTION	ELECTION DATE Month Day Year Primary Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Mayor	
	GOTOPAG	GE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

14 C/OH NAME		15 A	ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICEI	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.			
additional pages	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	I. IOIALI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0,00		
	2. TOTAL	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$0.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0.00		
CONTRIBUTION BALANCE	1	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 0.00		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0.00		
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 Flection Code. SYX31 - WOUND NOW					
BALANCE OUTSTANDING LOANTOT NAOJ 18 AFFIDAVIT 18 AFFIDAVIT OUTSTANDING OUT	OF REPORT OF REPORT OF REPORT OF A LAST DATE OF A L	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD I swear, or affirm, under penalty of period is true and correct and includes all interest me under Title 15 Election code. Signature of Candid TAMES Lunch Agree To certify which, witness my	strijury, that the accompanying formation required to be reported at the or Officeholder than d and seal of officeholder.		

POLITICAL	ONTRIBUTI	ONS
OTHER THA	I PLEDGES	OR LOANS

P.O. Box 12070

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A: /
2	FILER NAME	James H. Clemen	+	3 ACCOUNT # (E	thics Commission Filers)
4	Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	· · · · · · · · · · · · · · · · · · ·	6 Contributor address; City; State; Zip Code		\$0.00	\$0.00
				(If travel outside of	l of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
-	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code		\$0.00	#0.00
				(If travel outside o	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See	L	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code		#0.00	#0.00
				(If travel outside	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code		\$0.00	\$0.00
				(If travel outside	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code		\$0.00	\$0.00
				(If travel outside	of Texas, complete Schedule T)
\vdash	Principal occi	upation / Job title (See Instructions)	Employer (See		
L					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

	PLEDG	ED CONTRIBUTIONS			SCHEDULE B
	The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	edule B:
2	FILER NAME Jan	res H. Clement		3 ACCOUNT # (Et	thics Commission Filers)
4	TOTA	AL OF UNITEMIZED PLEDGES:	\$ \$ \$	⇒ ⇒	\$
5	Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
		7 Pledgor address; City; State; Zip Code		#6.00	\$0.00 NA
10	Principal occu	pation / 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)
		Pledgor address; City; State; Zip Code	·	#0.0c	#0.00 N/A
				(If travel outside	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code		\$0.00	N/A
L				(If travel outside of Texas, complete Schedule T)	
	Principal occu	upation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	\$0.00	 N/A
			-		of Texas, complete Schedule T)
	Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	#0.00	NA
L					of Texas, complete Schedule T)
	Principal occ	upation / Job title (See Instructions)	Employer (See	instructions)	
	lf	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see inst	OF THIS SCHEDULI	E AS NEEDED dditional reporting	g requirements.

P.O. Box 12070

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME	s H. Clement		3 ACCOUNT # (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS:	\$ \$ \$ \$ \$ \$ \$	\$O. <u>20</u>
5 Date of loan	7 Name of lender	out-of-state PAC (ID#	9 Loan Amount (\$) \$0,60
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal funds were	deposited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	#0,00
20 Principal Occupat	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;	Zip Code	Interest rate
Y N			Maturity date
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal funds were	deposited into political account
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	40.
Principal Occupa	I tion (See Instructions)	Employer (See Instructions)	
If len	ATTACH ADDITIONAL COPI der is out-of-state PAC, please see inst	ES OF THIS SCHEDULE AS NE ruction guide for additional re	

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE C	ATEGORIES FOR	BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Legal Services S Food/Beverage Expense T Polling Expense T	Salaries/Wages/Contract Solicitation/Fundraising Ex Travel In District Travel Out Of District Office Overhead/Rental E	xpense Transportati Contribution Candidat	ment/Reimbursement on Equipment & Related Expense s/Donations Made By e/Officeholder/Political Committee er a category not listed above)
Fees	Printing Expense C The Instruction Guide e			er a category not nated above,
1 Total pages Schedule F:	2 FILER NAME James H. C	lement	, , , , , , , , , , , , , , , , , , ,	COUNT # (Ethics Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State	e; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of	f this schedule) (b) [Description (If travel outsid	e of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	C	Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; State	e; Zip Code		
\$ 0.00				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top o	f this schedule)	Description (If travel outsid	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	C	Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; State	e; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description (If travel outside	ie of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	C	Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; Stat	e; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description (If travel outside	de of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit Co		(Office sought	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS SCH	EDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)
Advertising Expense	·	ges/Contract Labor Loan Repayment/Reimbursement
Accounting/Banking	•	Fundraising Expense Transportation Equipment & Related Expense strict Contributions/Donations Made By
Consulting Expense Event Expense	Food/Beverage Expense Travel In Di Polling Expense Travel Out	O BLA JOSS - No. Literat Delitical Committee
Fees	• • • • • • • • • • • • • • • • • • • •	head/Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains he	ow to complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
l	James H. C. le	nent
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$0.00		
Reimbursement from political contributions intended		
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		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Co	de
4000		
Reimbursement from		
political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule	e) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
EXPENDITORE		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Co	ode .
\$ (0.00		
Reimbursement from		
political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule	e) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
EXPENDITURE		
Date	Payee name	
Amount (#)	Payee address; City; State; Zip Co	ande
Amount (\$)	Payee address; City; State; Zip Co	AC
#0.00		
Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedul	e) Description (If travel outside of Texas, complete Schedule T)
OF		
EXPENDITURE		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

SCHEDULE H

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundre Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/	aising Expense Transpo Contribu strict Cano	epayment/Reimbursement rtation Equipment & Related Expense utions/Donations Made By didate/Officeholder/Political Committee (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule H:	2 FILER NAME James H. Clen	nent 3	ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel o	utside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel of	outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (Iftravel	outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Business name		
Amount (\$)	Business 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)
Complete ONLY if direct expenditure to benefit Co		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED	ED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule I:	James H. Clen	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

INTEREST EARNED, OTHER CREDITS/GAINS/ **REFUNDS, AND PURCHASE OF INVESTMENTS**

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME	ames H. Clement	3 ACCOUNT # (Eti	nics Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	\$6.00
·	7 Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
			\$0.00
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		\$0.00
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	е	\$0.00
		a de Arriva	
	Purpose for which amount is received		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED	

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS				
The Instruction	Guide explains how to complete this form.	1 Total pages Schedule T:		
2 FILER NAME Tame	s H. Clement	3 ACCOUNT # (Ethics Commission Filers)		
	ration or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure re	ported on:			
Schedule	A Schedule B Schedule C Schedu	lle D Schedule F Schedule G		
Schedule	H Schedule N COH-UC COH-T	PAC-C PAC-E		
6 Dates of travel 7 N	ame of person(s) traveling			
8 D	eparture city or name of departure location			
9 D	estination 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 / Corpor	ation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure rep	ported on:			
Schedule	A Schedule B Schedule C Schedu	lle D Schedule F Schedule G		
Schedule	H Schedule N COH-UC COH-T	PAC-C PAC-E		
Dates of travel Nar	ne of person(s) traveling			
Dep	parture city or name of departure location			
Des	tination city or name of destination location			
Means of transportation	Purpose of travel (including name of conference, se	eminar, or other event)		
Name of Contributor / Corpor	ration or Labor Organization / Pledgor / Payee			
Contribution / Expenditure re	ported on:			
Schedule	A Schedule B Schedule C Schedu	ule D Schedule F Schedule G		
Schedule	H Schedule N COH-UC COH-T	PAC-C PAC-E		
Dates of travel Nar	ne of person(s) traveling	• .		
Dep	arture city or name of departure location			
Des	tination city or name of destination location			
Means of transportation	Purpose of travel (including name of conference, se	eminar, or other event)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	Mr. James H. NICKNAME LAST Clement	MI 	OFFICE USE ONLY Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; 4414 Waterwood Pass Dr Sa	state; zipcode indyOaksTX 78(12	Date Hand-delivered or Postmaned Receipt # Ambunt		
5 CANDIDATE/ OFFICEHOLDER PHONE	(20) 621-0655	EXTENSION	Date Processed C		
6 CAMPAIGN TREASURER NAME	Mr. James H. NICKNAME LAST Clement (Jim)	MI 	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; 414 Waterwood Pass Dr. S	Sandy Oaks TX	78112		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (216) 621-0655	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 07/15/	Year 14		
11 ELECTION	State of the second of the sec	Runoff	General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Mayor			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

14 C/OH NAME		15 ACC	OUNT # (Ethics Commission Filers)	
16 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 OF 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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0. <u>00</u>	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$0,00	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$0.00	
	4. TOTAL	POLITICAL EXPENDITURES	\$0,00	
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$0,00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$0.00	
18 AFFIDAVIT Notar My	K. GARCIA y Public, State of Te Commission Expire June 16, 2017	I swear, or affirm, under penalty of perjury is true and correct and includes all information me under Title 15, Election Code.	ation required to be reported by	
	•	me, by the said James Henry Clem	1	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

		T				
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 Mr. FIRST James NICKNAME Jim Clement		OFFICE USE ONLY Date Received 2			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CITY; 4414 Waterwood Pass 5a; AREA CODE PHONE NUMBER (210) 621-0655	ndy Oaks, TX 78112 extension	Date Hand-delivered or Postmark T			
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST James NICKNAME LAST Clement	MI (+.	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#, 4414 Waterwood Pass	Sandy Oaks,	TX 78112			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 621-0655	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 08/01/				
11 ELECTION	Month Day Year ELECTION TYPE Month Day Year Primary	Runoff	General Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Mayor				
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

14 C/OH NAME		15	ACCOUNT # (Ethics Commission Filers)	
16 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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00	
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$0,00	
	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$0.00	
	4. TOTAL POLITICAL EXPENDITURES		\$0.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0,00		\$ 0.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00	
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 urder Title 15. Election Code. Signature of Candidate or Officeholder Sworn to and subscribed before me, by the said day of da				
Signature of officer admir	nistering oat	Printed name of officer administering oath	Title of officer administering oath	