

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
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 NAME	MS / MRS / MR FIRST MI	<div style="font-size: 2em; font-weight: bold; border: 2px solid black; padding: 5px; display: inline-block;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold; margin-top: 5px;">APR 26 2019</div> <div style="font-size: 1.2em; font-weight: bold; margin-top: 5px;">CITY SECRETARY ADDISON, TX</div>	
	NICKNAME LAST SUFFIX <i>Mr. Blake</i> <i>Clemens</i>		
Date Received			
Date Hand-delivered or Date Postmarked <i>Rec'd by K. Horton</i>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Receipt #	Amount \$
	<i>14754 Celestial Pl. Dallas, TX. 75254</i>		Date Processed <i>4-26-2019 Jsp</i>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Imaged <i>4-26-2019</i>	
	<i>(214) 505-5511</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		
	NICKNAME LAST SUFFIX <i>Mr. JJ</i> <i>Horan</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	<i>14757 Celestial Pl. Dallas, TX. 75254</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	<i>(972) 855-2903</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year		
	<i>4 / 5 / 2019 THROUGH 4 / 26 / 2019</i>		
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year <i>5 / 4 / 2019</i>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	<i>N/A</i>		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)

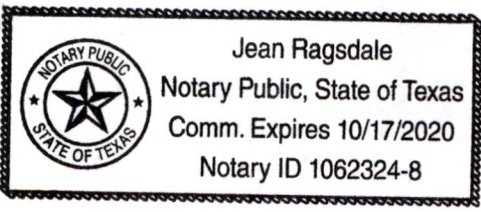
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME N/A COMMITTEE ADDRESS N/A COMMITTEE CAMPAIGN TREASURER NAME N/A COMMITTEE CAMPAIGN TREASURER ADDRESS N/A
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Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,950.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 175.25
	4. TOTAL POLITICAL EXPENDITURES	\$ 175.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17,411.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Blake W. Clemens
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Blake Clemens, this the 26th day of April, 2019, to certify which, witness my hand and seal of office.

<i>Jean Ragsdale</i> Signature of officer administering oath	Jean Ragsdale Printed name of officer administering oath	Notary Title of officer administering oath
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SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Blake Clemens</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,950.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ - 0 -
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ N/A
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ N/A
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 175.25
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ N/A
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ N/A
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ N/A
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ N/A
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Blake Clemens		3 Filer ID (Ethics Commission Filers)
4 Date 4/8/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Perry	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 3837 Azure Ln. Addison, TX. 75001		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 4/11/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnny Winton	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 15 Shore Dr. East Miami, FL 33133		
Principal occupation / Job title (See Instructions) Commercial Building Owner		Employer (See Instructions)
Date 4/11/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine & Jonathan Rymysza	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 5994 Indian Blanket Dr. Frisco, TX. 75034		
Principal occupation / Job title (See Instructions) Owner of Corporate Fitness Solutions		Employer (See Instructions) Corporate Fitness Solutions
Date 4/11/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracey Pals	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3820 Nothaven Rd. Dallas, TX. 75229		
Principal occupation / Job title (See Instructions) Interstate Restoration		Employer (See Instructions) V.P.
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Blake Clemens		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Kellis	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 137 Saddle Ridge Drive Maxahachie, TX		
8 Principal occupation / Job title (See Instructions) Owner of Landmark Security		9 Employer (See Instructions) Landmark Security
Date 4/11/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer A. Ralph Mattison	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 2617 Cross Haven Dr. Flower Mound, TX 75028		
Principal occupation / Job title (See Instructions) CEO of Pivot Building Services		Employer (See Instructions) Pivot Building Services
Date 4/11/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Smith	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 8210 Quail Glenn Court Poytett, TX 75089		
Principal occupation / Job title (See Instructions) Partner at Lewis Commercial General cont.		Employer (See Instructions) Lewis Commercial General Contractors, Inc.
Date 4/11/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shane Baggett	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 10026 Coppedge Ln. Dallas, TX 75229		
Principal occupation / Job title (See Instructions) President at UBM Enterprise		Employer (See Instructions) UBM Enterprise

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Blake Clemens

3 Filer ID (Ethics Commission Filers)

4 Date

4/13/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Tony Radoszewski

6 Contributor address; City; State; Zip Code

14612 Heritage Ln. Addison, TX. 75001

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

President - PPI

9 Employer (See Instructions)

PPI

Date

4/13/19

Full name of contributor out-of-state PAC (ID#: _____)

James Krohn

Contributor address; City; State; Zip Code

11407 Chicot Dr. Dallas, TX 75230

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Regional Analyst - FDIC

Employer (See Instructions)

FDIC

Date

4/13/19

Full name of contributor out-of-state PAC (ID#: _____)

Don A. Terry Hill

Contributor address; City; State; Zip Code

3604 Vineyard Way Dallas, TX. 75234

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4/15/19

Full name of contributor out-of-state PAC (ID#: _____)

Bob Jacoby

Contributor address; City; State; Zip Code

4016 Rive Lane Addison, TX. 75001

Amount of contribution (\$)

\$300.00

Principal occupation / Job title (See Instructions)

Independent Contractor

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Blake Clemens		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roxanne Hayward 6 Contributor address; City; State; Zip Code 3761 Chatham Court Dr. Addison, TX. 75001	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 4/17/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gene Wismer Contributor address; City; State; Zip Code 14707 Winnwood Dr Dallas, TX. 75254	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Owner Gold Star Appliance		Employer (See Instructions) Gold Star Appliance
Date 4/22/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter Halston Contributor address; City; State; Zip Code 10706 Waterlawn Pkwy Rowlett, TX. 75089	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP- NEC Corp		Employer (See Instructions) NEC Corp
Date 4/23/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nupe G. Dotti Singhal Contributor address; City; State; Zip Code 14678 Winnwood rd. Dallas, TX. 75254	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Blake Clemens		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Signs	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 4035 Rive Ln. Addison, TX. 75001		
8 Principal occupation / Job title (See Instructions) Owner - Auto Repair		9 Employer (See Instructions) Swedish Auto
Date 4/24/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lola Hurt	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 3772 Lakeway Ct. Addison, TX. 75001		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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 (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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		3 Filer ID (Ethics Commission Filers)	
4 Date 4/8/19		5 Payee name Ireo Reproductions			
6 Amount (\$) \$90.25		7 Payee address; City; State; Zip Code 633 Sunnyside Ave. Dallas, TX. 75211			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signs <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 4/15/19		Payee name Facebook			
Amount (\$) \$25.00		Payee address; City; State; Zip Code 1 Hackerway Menlo Park, CA. 94025			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Boost Post <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 4/19/19		Payee name Facebook			
Amount (\$) \$25.00		Payee address; City; State; Zip Code 1 Hackerway Menlo Park, CA. 94025			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Boost Post <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Blake Clemens	3 Filer ID (Ethics Commission Filers)
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4 Date 4/23/19	5 Payee name Facebook
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6 Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 1 Hackerway Menlo Park, CA. 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Boost Post <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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