

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
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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		Month Day Year
11 ELECTION	ELECTION DATE		ELECTION TYPE
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

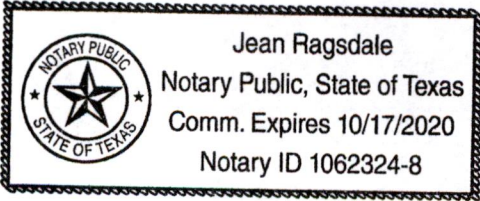
**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <p style="text-align: center; font-size: 1.5em;">N/A</p>
		COMMITTEE ADDRESS <p style="text-align: center; font-size: 1.5em;">N/A</p>
		COMMITTEE CAMPAIGN TREASURER NAME <p style="text-align: center; font-size: 1.5em;">N/A</p>
		COMMITTEE CAMPAIGN TREASURER ADDRESS <p style="text-align: center; font-size: 1.5em;">N/A</p>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ \emptyset
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,552.96
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ \emptyset
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,415.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,637.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \emptyset

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 W. Clemens, this the 4th day of April, 2019, to certify which, witness my hand and seal of office.

Jean Ragsdale

Signature of officer administering oath

Jean Ragsdale

Printed name of officer administering oath

Notary

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 17,052.96
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2,500.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 8,415.78
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

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

2/17/19

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

Blake & Jean Clemens

6 Contributor address; City; State; Zip Code

14754 Celestial Pl. Dallas, TX. 75254

7 Amount of contribution (\$)

\$47.45

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

2/18/19

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

Blake & Jean Clemens

Contributor address; City; State; Zip Code

14754 Celestial Pl. Dallas, TX. 75254

Amount of contribution (\$)

\$54.51

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/19/19

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

Blake & Jean Clemens

Contributor address; City; State; Zip Code

14754 Celestial Pl. Dallas, TX. 75254

Amount of contribution (\$)

\$150.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/23/19

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

Ed & Janet Ostrovitz

Contributor address; City; State; Zip Code

14924 Havenshire Pl. Dallas, TX. 75254

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Retired

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.

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

2/26/19

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

Blake & Jean Clemens

7 Amount of contribution (\$)

\$ 1.00

6 Contributor address; City; State; Zip Code

14754 Celestial Pl. Dallas, TX. 75254

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

3/1/19

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

John & Alexandra Chilton

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

14804 Lake Forest Dr. Dallas, TX. 75254

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

Self

Date

3/5/19

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

Skip & Judy Robbins

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

14770 Maiden Ct. Dallas, TX. 75254

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/5/19

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

Jim Crews

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

8118 E. Redfield Scottsdale, AZ. 85260

Principal occupation / Job title (See Instructions)

Real Estate / Sales

Employer (See Instructions)

Cushman & Wakefield

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 3/9/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Cawley 6 Contributor address; City; State; Zip Code 16401 N. Dallas Pkwy.	7 Amount of contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Real Estate / Developer		9 Employer (See Instructions) Cawley Partners
Date 3/12/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keven McGovern Contributor address; City; State; Zip Code 14860 Oaks North Pl. Dallas, TX 75254	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Residential Real Estate/Sales		Employer (See Instructions) Keller Williams
Date 3/12/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell Workman Contributor address; City; State; Zip Code 14694 Winnwood Rd. Dallas, TX 75254	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/12/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Carpenter Contributor address; City; State; Zip Code 4006 Winter Park Rd. Addison, TX 75001	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		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.		

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

3/12/19

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

Raymond Lemke

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

3792 Lakeway Ct. Addison, TX. 75001

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

3/12/19

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

Ivan Ashton

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

14791 Buckingham Dallas, TX. 75254

Principal occupation / Job title (See Instructions)

M.D.

Employer (See Instructions)

Date

3/15/19

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

Molly Guerin

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

1700 Lindbergh Dr. Lansing, MI. 48910

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/15/19

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

Dixie Boley

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

4030 Azure Ln. Addison, TX. 75001

Principal occupation / Job title (See Instructions)

Retired

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.

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 3/5/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenny Bowers	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 14913 Oaks North Dr. Dallas, TX. 75254		
8 Principal occupation / Job title (See Instructions) Restaurant Owner		9 Employer (See Instructions)
Date 3/17/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasan Afaneh	Amount of contribution (\$) \$ 25.00
Contributor address; City; State; Zip Code 3820 Vitruvian way #247 Addison, TX 75001		
Principal occupation / Job title (See Instructions) Independent Contractor		Employer (See Instructions)
Date 3/18/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billy Dreis	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 4025 Morman Ln. Addison, TX. 75001		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/18/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.J. Horan	Amount of contribution (\$) \$3,000.00
Contributor address; City; State; Zip Code 14757 Celestial Pl. Dallas, TX. 75254		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) South Western Ins.
<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

3/18/19

5 Full name of contributor

Bill Evans

 out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

14797 Buckingham Ct. Dallas, TX 75254

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

3/19/19

Full name of contributor

Bill Lamoreaux

 out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

3883 Les Lacs Avenue Addison, TX, 75001

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Date

3/19/19

Full name of contributor

Yaron LOHR

 out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

14901 Lake Forest Dallas, TX 75254

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Date

3/21/19

Full name of contributor

Bruce Davis

 out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

14873 Town Lake Cir. Addison, TX 75001

Principal occupation / Job title (See Instructions)

Retired

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.

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 3/20/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell Glassman 6 Contributor address; City; State; Zip Code 14332 Platinum Dr. North Potomac, MD 20888	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/24/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Heape Contributor address; City; State; Zip Code 4030 Rive Ln. Addison, TX 75001	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Residential Real Estate / Sales		Employer (See Instructions) Keller Williams
Date 3/27/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Roemer Contributor address; City; State; Zip Code 1519 meeting St. Southlake, TX 76092	Amount of contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) CND
Date 3/29/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Emmett & Mike Emmett Contributor address; City; State; Zip Code 14530 Winnwood Dr. Dallas, TX 75254	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Baylor Hospital
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 3/30/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Queen	7 Amount of contribution (\$) \$ 1,000.00
6 Contributor address; City; State; Zip Code 14814 Hampton Ct. Dallas, TX. 75254		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/31/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Heckman	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 14776 Maiden Ct. Dallas, TX. 75254		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4/2/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth Haerner	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 14596 Parker Ct. Addison, TX. 75001		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4/2/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan Lamoreaux	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 3883 Les Lacs Avenue Addison, TX. 75001		
Principal occupation / Job title (See Instructions) Retired		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 4/2/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clemon Maddox Jr. 6 Contributor address; City; State; Zip Code 2916 Senedero Grand Prairie, TX. 75054	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) V.P.		9 Employer (See Instructions) Spectrum
Date 4/3/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jean & Darrell Arnold Contributor address; City; State; Zip Code 14928 Oaks North Dr. Dallas, TX 75254	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4/3/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim & Traci Robinson Contributor address; City; State; Zip Code 14795 Buckingham Ct. Dallas, TX 75254	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Independent Contractor		Employer (See Instructions) Self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Blake Clemens		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 4/1/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) La Comida Restaurant	8 Amount of Contribution \$ \$2,500.00	9 In-kind contribution description Food & Beverage
7 Contributor address; City; State; Zip Code 5100 Beltline Rd. Dallas, TX. 75254		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Owner of restaurant		11 Employer (FOR NON-JUDICIAL) (See Instructions) La Comida Restaurant	
12 Contributor's principal occupation (FOR JUDICIAL) N/A		13 Contributor's job title (FOR JUDICIAL) (See Instructions) N/A	
14 Contributor's employer/law firm (FOR JUDICIAL) N/A		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A			
Date 4/1/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mario Urtecho	Amount of Contribution \$ \$2,500.00	In-kind contribution description Food & Beverage
Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) N/A		Employer (FOR NON-JUDICIAL) (See Instructions) N/A	
Contributor's principal occupation (FOR JUDICIAL) N/A		Contributor's job title (FOR JUDICIAL) (See Instructions) N/A	
Contributor's employer/law firm (FOR JUDICIAL) N/A		Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A			

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

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)
4 Date 2/18/19	5 Payee name Go Daddy	
6 Amount (\$) \$54.51	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Event	(b) Description Website <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 Office held	
Date 2/17/19	Payee name OFFICE DEPOT	
Amount (\$) \$47.45	Payee address; City; State; Zip Code 5301 Belt Line Rd. Ste. 108 Dallas, TX. 75254	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description office supplies <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 Office held	
Date 2/26/19	Payee name Harland Clarke Checks	
Amount (\$) \$36.61	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Bank Expense	Description Campaign Checks <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 Office held	

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 3/4/19	5 Payee name Blue Pay
-------------------------	---------------------------------

6 Amount (\$) \$15.69	7 Payee address; City; State; Zip Code 184 Shuman Naperville, IL.
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Bank Expense	(b) Description CC Processor <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 3/14/19	Payee name Fuse Mind
------------------------	--------------------------------

Amount (\$) \$1,097.86	Payee address; City; State; Zip Code 2451 N. Stemmons Freeway Dallas, TX. 75207
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Postage <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	Office held
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Date 3/20/19	Payee name Ireo Reproductions, LLC
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Amount (\$) \$4,682.90	Payee address; City; State; Zip Code 633 Sunnyside Ave. Dallas, TX. 75211
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs <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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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | 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)
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4 Date 3/23/19	5 Payee name Facebook
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6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 1 Hacker way 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/25/19	Payee name Office Max
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Amount (\$) \$29.21	Payee address; City; State; Zip Code Montfort Dr. Dallas, TX.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description office Supplies <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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/25/19	Payee name Globerunner, Inc.
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Amount (\$) \$795.00	Payee address; City; State; Zip Code 16415 Addison Rd. Addison, TX. 75001
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Social Media <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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | 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)
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4 Date 3/28/19	5 Payee name Ireo Reproductions, LLC
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6 Amount (\$) \$1,093.95	7 Payee address; City; State; Zip Code 633 Sunnyside Ave. Dallas, TX. 75211
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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
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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 3/28/19	Payee name Lowes
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Amount (\$) \$213.21	Payee address; City; State; Zip Code 11920 Inwood Rd. Dallas, TX. 75244
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign Stakes <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 4/1/19	Payee name LaComida Restaurant
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Amount (\$) \$300.00	Payee address; City; State; Zip Code 5100 Beltline Rd. Dallas, TX. 75254
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Campaign Event <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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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)
4 Date 4/1/19	5 Payee name Office Max	
6 Amount (\$) \$20.97	7 Payee address; City; State; Zip Code Montfort Dr. Dallas, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Office Supplies <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 Facebook Office sought Office held	

Date 4/1/19	Payee name Facebook	
Amount (\$) \$3.42	Payee address; City; State; Zip Code 1 Hacker way 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 Facebook Office sought Office held	

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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