

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED FOR FILING  
DALLAS COUNTY FORM C/OH  
ELECTIONS DIVISION  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission) **2022 JAN 19 PM 4:26** Total Pages: 1

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>				
	NICKNAME	LAST	SUFFIX					
		Billy	W.	Date Received				
		Clark						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE			
		P.O. Box 4682	Cedar Hill	TX	75106			
Change of Address								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
		( 214 )	725-2750					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #				
	NICKNAME	LAST	SUFFIX					
		Barre	B.	Amount \$				
		Hairston		Date Processed				
		Date Imaged						
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY:	STATE:	ZIP CODE		
(Residence or Business)		2629 S. Peninsula Dr. #1006		Grand Prairie	TX	75054		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
		( 214 )	918-6404					
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year	
		7	1	21	THROUGH	12	31	21
11 ELECTION	ELECTION DATE			ELECTION TYPE				
		Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
		3	1	22	<input type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)				
					Dallas County Judge			
14 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.							
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS						

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15 C/OH NAME</b>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,434.70
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,631.97
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 802.79
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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ELECTIONS DEPARTMENT  
2022 JAN 19 PM 4:30

**18 SIGNATURE** 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.

*Bill W. Clark*

Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Bill W. Clark this the 19 day of January, 2022, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Deatrice E Kirk Printed name of officer administering oath: DEATRICE E. KIRK Title of officer administering oath: Administrator

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country).

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) \_\_\_\_\_ (year).

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1**

2022 JAN 19 PM 4:30

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME Billy Clark		3 Filer ID (Ethics Commission Filers)
4 Date 7/2/21	5 Full name of contributor Robin Jarrett out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 25. <sup>00</sup>
6 Contributor address; City; State; Zip Code 320 Po St. Cedar Hill TX 75104		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/3/21	Full name of contributor Graham Glaser out-of-state PAC (ID#: _____)	Amount of contribution (\$) 25. <sup>00</sup>
Contributor address; City; State; Zip Code 3829 NW 65 <sup>th</sup> St. OKC OK 73116		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/30/21	Full name of contributor Stephanie Knowles out-of-state PAC (ID#: _____)	Amount of contribution (\$) 150. <sup>00</sup>
Contributor address; City; State; Zip Code 1514 Quail Ridge Cedar Hill TX 75104		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/4/21	Full name of contributor Merrick Green out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250. <sup>00</sup>
Contributor address; City; State; Zip Code 2004 Chev Chase Dr. Harrisburg PA 17110		
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**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Billy Clark		3 Filer ID (Ethics Commission Filers)
4 Date 8/12/21	5 Full name of contributor Norman Tidmore out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 50. <sup>00</sup>
6 Contributor address; City; State; Zip Code 1001 Surrey Dr. Desoto TX 75115		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/27/21	Full name of contributor Arturo DeWalt out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100. <sup>00</sup>
Contributor address; City; State; Zip Code 8552 Steeple Ridge Dr. N. Richland Hills 76182		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/10/21	Full name of contributor Sernaj Garrett out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50. <sup>00</sup>
Contributor address; City; State; Zip Code 3206 Oak Baum Dr. Arlington TX 76016		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/21/21	Full name of contributor Anthony Pertilla out-of-state PAC (ID#: _____)	Amount of contribution (\$) 10. <sup>00</sup>
Contributor address; City; State; Zip Code 1800 MLK Blvd. #1102 Waco TX 76704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

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ELECTIONS DEPARTMENT  
**SCHEDULE A1**

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2022 JAN 19 PM 4:30

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Billy Clark		3 Filer ID (Ethics Commission Filers)
4 Date 9/23/21	5 Full name of contributor out-of-state PAC (ID#: _____) Jabbar Thomas	7 Amount of contribution (\$) 500.00
6 Contributor address: City: State: Zip Code 938 Kirnwood Dr. Dallas TX 75232		
8 Principal occupation / Job title (See Instructions) Construction		9 Employer (See Instructions)
Date 9/23/21	Full name of contributor out-of-state PAC (ID#: _____) HAZEL-ANN McLEAN	Amount of contribution (\$) 50.00
Contributor address: City: State: Zip Code 3100 Ohio Dr. #333 Frisco TX 75035		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/23/21	Full name of contributor out-of-state PAC (ID#: _____) Kevin HAWKINS	Amount of contribution (\$) 50.00
Contributor address: City: State: Zip Code 2621 Wild Grove Ln. Lancaster TX 75146		
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions)
Date 9/23/21	Full name of contributor out-of-state PAC (ID#: _____) DeAnna Green	Amount of contribution (\$) 100.00
Contributor address: City: State: Zip Code P.O. Box 2083 Cypress TX 77410		
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME Billy Clark		3 Filer ID (Ethics Commission Filers)
4 Date 10/10/21	5 Full name of contributor out-of-state PAC (ID#: Bjorn Bennett	7 Amount of contribution (\$) 100. <sup>00</sup>
6 Contributor address; City, State, Zip Code 724 Longford Dr. Southlake TX 76092		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/10/21	Full name of contributor out-of-state PAC (ID#: Zoltan Papp	Amount of contribution (\$) 500. <sup>00</sup>
Contributor address; City, State, Zip Code 11603 Flintwood Ct. Houston TX 77024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/21	Full name of contributor out-of-state PAC (ID#: Greg Morris	Amount of contribution (\$) 50. <sup>00</sup>
Contributor address; City, State, Zip Code 4556 Daffodil Trl. Plano TX 75093		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/1/21	Full name of contributor out-of-state PAC (ID#: Chad Dunston	Amount of contribution (\$) 250. <sup>00</sup>
Contributor address; City, State, Zip Code 2459 Southwell Rd. Dallas TX 75229		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

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DALLAS COUNTY  
ELECTIONS DEPARTMENT  
SCHEDULE A1

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2 FILER NAME Billy Clark		3 Filer ID (Ethics Commission Filers)
4 Date 12/4/21	5 Full name of contributor James Devlin out-of-state PAC (ID#)	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 733 Fieldstone Dr. Hewitt TX 76643		
8 Principal occupation / Job title (See Instructions) Police Officer / Chief		9 Employer (See Instructions) Hewitt Police Dept.
Date 12/16/21	Full name of contributor Jonathan Gattman out-of-state PAC (ID#)	Amount of contribution (\$) 474.70
Contributor address; City; State; Zip Code 2907 Bookhout St Dallas TX 75201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/21	Full name of contributor Ron Dennis out-of-state PAC (ID#)	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3010 LBJ Fwy Dallas TX 75234		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/21	Full name of contributor Nicoaka Holder out-of-state PAC (ID#)	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 326 Holder Rd. Riesel TX 76682		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Billy Clark		3 Filer ID (Ethics Commission Filers)
4 Date 12/29/21	5 Full name of contributor Darnel Minor out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 2328 Lee St Waco TX 76711		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/29/21	Full name of contributor Desiree Patterson Ramirez out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3901 Lost Creek Dr. PLANO TX 75074		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/21	Full name of contributor Duke Trinh out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 21719 Balsam Brook Ln KATY TX 77450		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/21	Full name of contributor Adrian Jackson out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 462 Firenze Cir Biloxi MS 39531		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME Billy Clark		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/21	5 Full name of contributor Jerry Blake out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 50. <sup>00</sup>
6 Contributor address; City; State; Zip Code 11908 N. 140 <sup>th</sup> Ln Surprise AZ 85379		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/31/21	Full name of contributor Rhonda Wilkinson-Jaynes out-of-state PAC (ID# _____)	Amount of contribution (\$) 200. <sup>00</sup>
Contributor address; City; State; Zip Code 808 W. Lonesome Dove Trl Arlington TX 76001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/21	Full name of contributor Lennyka Howard out-of-state PAC (ID# _____)	Amount of contribution (\$) 50. <sup>00</sup>
Contributor address; City; State; Zip Code 14321 Alderminster Pflugerville TX 78660		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor 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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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

RECEIVED FOR FILING  
DALLAS COUNTY  
ELECTIONS DEPARTMENT **SCHEDULE F1**

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**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: Billy Clark **3** Filer ID (Ethics Commission Filers):

**4** Date: 12/31/21 **5** Payee name: Stripes, Inc.

**6** Amount (\$): 189.31 **7** Payee address: 510 Townsend St. City: SAN FRANCISCO State: CA Zip Code: 94103

**8** **PURPOSE OF EXPENDITURE**: Fees (a) Category: Fees (b) Description: Campaign Donation Processing Service Fee (c) 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: Office held:

Date: 12/30/21 Payee name: TBMG

Amount (\$): 300.00 Payee address: 4425 Airport Fwy City: IRVING State: TX Zip Code: 76040

**PURPOSE OF EXPENDITURE**: Advertising Expense (a) Category: Advertising Expense (b) Description: Website Design/Maintenance/Mgmt. (c) 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:

Date: 12/31/21 Payee name: Billy Clark

Amount (\$): 1,919.82 Payee address: P.O. Box 4682 City: Cedar Hill State: TX Zip Code: 75106

**PURPOSE OF EXPENDITURE**: Loan Repayment/Reimbursement (a) Category: Loan Repayment/Reimbursement (b) Description: Repayment of Candidate Loan (c) 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:

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

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**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: Billy Clark **3** Filer ID (Ethics Commission Filers):

**4** Date: 12/15/2021 **5** Payee name: Bank of America

**6** Amount (\$): 35.90 **7** Payee address: 156 W. Beltline Rd. City: Cedar Hill State: TX Zip Code: 75104

**8** PURPOSE OF EXPENDITURE: Fees (a) Category (See Categories listed at the top of this schedule) (b) Description: Monthly Account Analysis Fee (c) 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 Office held

Date: 11/15/2021 Payee name: Bank of America

Amount (\$): 35.75 Payee address: 156 W. Beltline Rd. City: Cedar Hill State: TX Zip Code: 75104

PURPOSE OF EXPENDITURE: Fees Category (See Categories listed at the top of this schedule) Description: Monthly Account Analysis Fee (c) 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

Date: 10/15/2021 Payee name: Bank of America

Amount (\$): 41.80 Payee address: 156 W. Beltline Rd. City: Cedar Hill State: TX Zip Code: 75104

PURPOSE OF EXPENDITURE: Fees Category (See Categories listed at the top of this schedule) Description: Monthly Account Analysis Fee (c) 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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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ELECTIONS DEPARTMENT

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## 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			

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<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Billy Clark	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/15/21	<b>5</b> Payee name Bank of America	
<b>6</b> Amount (\$) 37.40	<b>7</b> Payee address: City: State: Zip Code 156 W. Beltline Rd. Cedar Hill TX 75104	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Monthly Account Analysis Fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 8/16/21	Payee name Bank of America	
Amount (\$) 36.65	Payee address: City: State: Zip Code 156 W. Beltline Rd. Cedar Hill TX 75104	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Monthly Account Analysis Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 7/15/21	Payee name Bank of America	
Amount (\$) 35.34	Payee address: City: State: Zip Code 156 W. Beltline Rd. Cedar Hill TX 75104	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Monthly Account Analysis Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED