

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Jenkins, Clay (Mr.)

15 ACCOUNT # (Ethics Commission filers)
00000001

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 86,377.25

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 62,852.92

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 67,844.75

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 99,500.00

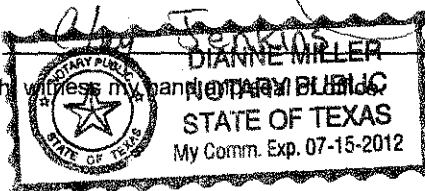
18 AFFIDAVIT

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Clay Jenkins, this the 15th day of July, 2010, to certify which witness my hand and seal.



[Handwritten Signature: Dianne Miller]

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/19 Report: 3/41	
2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 06/30/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aberly, Naomi 6 Contributor address; City; State; Zip Code 10210 Strait Ln Dallas, TX 75229-6532	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See instructions) Volunteer		10 Employer (See instructions) None	
Date 06/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Angelovich, Michael Contributor address; City; State; Zip Code 3600 N. Capitol of Texas Highway Suite B350 Austin, TX 78746	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self	
Date 04/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baker Botts Amicus Fund Contributor address; City; State; Zip Code 910 Louisiana Street Houston, TX 77002	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 06/28/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baker Botts Amicus Fund Contributor address; City; State; Zip Code 910 Louisiana Street Houston, TX 77002	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 04/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Benda, John Contributor address; City; State; Zip Code 801 S. Industrial Blvd Dallas, TX 75207	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Fuel City	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/19 Report: 4/41	
2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 06/23/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Benoit, Amber 6 Contributor address; City; State; Zip Code 3600 Alma Rd Apt 2611 Richardson, TX 75080-1116	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Analyst		10 Employer (See Instructions) CLMG	
Date 05/20/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blue, Lisa (Ms.) Contributor address; City; State; Zip Code 5956 Sherry Ln Ste 1616 Dallas, TX 75225-8027	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Baron & Blue	
Date 06/10/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boone, Aimee (Ms.) Contributor address; City; State; Zip Code 902 Ethel St Austin, TX 78704-1519	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Development Director		Employer (See Instructions) Texas Democratic Trust	
Date 04/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Autumn Contributor address; City; State; Zip Code 3818 Holland Ave. Unit 203 Dallas, TX 75219	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Liberty Mutual	
Date 05/24/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bruegger, Joseph Contributor address; City; State; Zip Code 9400 N Central Expy Ste 1305 Dallas, TX 75231-5069	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bruegger & McCullough P.C.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/19 Report: 5/41	
2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 06/24/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bruster, Anthony 6 Contributor address; City; State; Zip Code 715 Aberbeen Way Southlake, TX 76092	7 Amount of contribution (\$) \$650.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self	
Date 06/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burnham, Jim Contributor address; City; State; Zip Code 6116 N Central Expy Dallas, TX 75206	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 05/27/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cain, Randy C. Contributor address; City; State; Zip Code P.O. Box 5352 Austin, 78763	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) Self	
Date 05/25/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Camin, Linda Contributor address; City; State; Zip Code 16502 Falkirk Dr Dallas, TX 75248-1707	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 04/08/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carlock, David Contributor address; City; State; Zip Code 8235 Douglas Ave Ste 600 Dallas, TX 75225-6006	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/19 Report: 6/41	
2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 06/30/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chin, Edward 6 Contributor address; City; State; Zip Code 1513 Penny Lane Keller, TX 76248	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Nix Patterson	
4 Date 04/11/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, James 6 Contributor address; City; State; Zip Code 1900 Forest Trl Austin, TX 78703-2928	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Legislative Consultant		10 Employer (See Instructions) Self	
4 Date 05/27/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, James 6 Contributor address; City; State; Zip Code 1900 Forest Trail Austin, TX 78703	7 Amount of contribution (\$) \$428.25	8 In-kind contribution description (if applicable) Austin Reception
9 Principal occupation / Job title (See Instructions) Legislative Consultant		10 Employer (See Instructions) Self	
4 Date 04/27/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cooke, John 6 Contributor address; City; State; Zip Code 3314 Cole Ave. Apt. 351 Dallas, TX 75204	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Federal Reserve		10 Employer (See Instructions) Analyst	
4 Date 04/07/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Ron 6 Contributor address; City; State; Zip Code 612 Joy Dianne Dr Grand Prairie, TX 75052-4856	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Bonds		10 Employer (See Instructions) Southwest Securities	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/19 Report: 7/41	
2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 04/30/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis-Grimes, Roz 6 Contributor address; City; State; Zip Code 401 Williams St Cedar Hill, TX 75104-5053	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Sr. Financial Analyst IV		10 Employer (See Instructions) Ericsson Inc.	
Date 04/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Douglas C. Monsour P.C. Contributor address; City; State; Zip Code 404 N Green St Longview, TX 75601-6405	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/22/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elsner, Roy Contributor address; City; State; Zip Code 10444 Stone Canyon Rd Apt 107N Dallas, TX 75230-4843	Amount of contribution (\$) \$18.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 06/29/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eric Johnson Campaign Contributor address; City; State; Zip Code 1409 S. Lamar STE 5 Dallas, TX 75215	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/23/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Florence, Craig & Kristin Contributor address; City; State; Zip Code 7582 Benedict Dr Dallas, TX 75214-1903	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney at Law		Employer (See Instructions) Gardere Wynne Sewell LLP	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/19 Report: 8/41	
2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 06/30/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) George (Tex) Quesada, PC 6 Contributor address; City, State; Zip Code 3811 Turtle Creek Blvd Ste 1400 Dallas, TX 75219-4492	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Sommerman & Quesada LLP	
Date 05/18/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grant, Mike Contributor address; City, State; Zip Code 617 Ferris Ave Waxahachie, TX 75165	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self	
Date 06/29/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hall, Wallace Contributor address; City, State; Zip Code 5956 Sherry Ln Ste 1810 Dallas, TX 75225-8029	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Real Estate Management		Employer (See Instructions) Self	
Date 04/08/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, Edward (Mr.) Contributor address; City, State; Zip Code 1902 Winterberry Trl Garland, TX 75040-1179	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) EHAA Inc.	
Date 06/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hoedebeck, Charles Contributor address; City, State; Zip Code PO Box 142282 Irving, TX 75014-2282	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/19 Report: 9/41	
2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 05/27/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hughes, Chris 6 Contributor address; City; State; Zip Code 6205 Indian Canyon Dr. Austin, TX 78746	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Lobbyist		10 Employer (See Instructions) Self	
Date 06/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James, Monte Contributor address; City; State; Zip Code 2806 Northwood Rd. Austin, TX 78703	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 06/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jenkins, JoAnn Contributor address; City; State; Zip Code PO Box 85 Waxahachie, TX 75168-0085	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 06/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jenkins, Laura Contributor address; City; State; Zip Code 5921 Kenwood Ave Dallas, TX 75206-5513	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) DISD	
Date 06/16/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Ron Contributor address; City; State; Zip Code 808 W Main St Waxahachie, TX 75165-3264	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/19 Report: 10/41	
2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 06/30/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kaeske, Michael 6 Contributor address; City; State; Zip Code 1301 W 25th St Ste 406 Austin, TX 78705-4236	7 Amount of contribution (\$) \$7,500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Kaeske Law Firm	
Date 05/31/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kettles, Jon Contributor address; City; State; Zip Code 6463 Lange Cir Dallas, TX 75214-2443	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Kettles Law Firm	
Date 06/28/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) King, Richard Contributor address; City; State; Zip Code 308 Peter Alan Nash, TX 75569	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 06/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lange, Michael Contributor address; City; State; Zip Code Flat 3 151 Gloucester Road SW74TH London,	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) USAA	
Date 04/09/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Law Office of Anthony D. Lyons Contributor address; City; State; Zip Code 3506 Gardenia Dr Arlington, TX 76016-3927	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/19 Report: 11/41	
2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 04/09/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Law Office of William Didlake PC 6 Contributor address; City; State; Zip Code 12900 Preston Road #920 Dallas, TX 75230	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 06/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Law Offices of Robert N. Grisham II Contributor address; City; State; Zip Code 5910 N. Central Expy Suite 750 Dallas, TX 75206	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 04/27/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lenahan, Marc Contributor address; City; State; Zip Code 11617 N Central Expy Ste 232 Dallas, TX 75243-3810	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Lenahan Law			
Date 04/06/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger Goggan Blair & Sampson LLP Contributor address; City; State; Zip Code 2323 Bryan St Ste 1600 Dallas, TX 75201-2637	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) Field Operations/Walk program
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 06/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Loncar, Brian (Mr.) Contributor address; City; State; Zip Code 424 S. Central Expwy. Dallas, TX 75201	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Loncar & Associates			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/19 Report: 12/41	
2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 04/05/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Love Law Firm PC 6 Contributor address; City; State; Zip Code P.O. Box 3427 Longview, TX 75606	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self	
Date 06/29/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MacLean, John Contributor address; City; State; Zip Code 11 Main St. Cleburne, TX 76033	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Waters & Kraus	
Date 04/08/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MacLean, Leslie (Ms.) Contributor address; City; State; Zip Code 5714 Caruth Blvd Dallas, TX 75209-3534	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Waters & Kraus	
Date 04/13/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mahomes Bolden Warren Sigmon PC Contributor address; City; State; Zip Code 1700 Pacific Ave Ste. 4650 Dallas, TX 75201	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) The law office of Peter Malouf	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/19 Report: 13/41	
2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 05/28/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Massingill, Gavin 6 Contributor address; City; State; Zip Code P.O. Box 1583 Austin, TX 78767	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Lobbyist		10 Employer (See Instructions) Self	
Date 05/27/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mathis, James Contributor address; City; State; Zip Code 1122 Colorado St. Suite 208 Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) Self	
Date 04/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, Ronald Contributor address; City; State; Zip Code 858 Meadow Lark Ln Red Oak, TX 75154-5428	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) USPS	
Date 06/24/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nix, Harold Contributor address; City; State; Zip Code 205 Linda Dr P.O. Box 679 Daingerfield, TX 75638-2107	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Nix Patterson & Roach	
Date 06/28/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norris, James Contributor address; City; State; Zip Code 306 College Lane Shreveport, LA 71106	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/19 Report: 14/41	
2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 06/23/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Noteboom, Chuck 6 Contributor address; City; State; Zip Code 669 Airport Freeway #100 Hurst, TX 76053	7 Amount of contribution (\$) \$156.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney at Law		10 Employer (See Instructions) Noteboom-The Law Firm	
Date 06/29/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paddock, Brad Contributor address; City; State; Zip Code 7303 Shadow Brooke Texarkana, TX 75503	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 06/28/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Palacios, Rosanne (Ms.) Contributor address; City; State; Zip Code 29 Quadrangle Laredo, TX 78040	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Director of Development		Employer (See Instructions) Mercy Ministries	
Date 06/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parker, William Contributor address; City; State; Zip Code 3505 Brookside Ct Bedford, TX 76021-3537	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Parker Law Firm	
Date 06/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patterson, Cary Contributor address; City; State; Zip Code 2900 Saint Michael Dr. Suite 500 Texarkana, TX 75503-5211	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/19 Report: 16/41	
2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 06/28/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robertson, Scott 6 Contributor address; City; State; Zip Code P.O. Box 293913 Dallas, TX 75209	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 04/09/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosenthal, Brett Contributor address; City; State; Zip Code 4017 Wingren Dr Irving, TX 75062-3825	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) N/A	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 04/12/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Royce West Campaign Fund Contributor address; City; State; Zip Code 5787 S Hampton Rd Ste 385 Dallas, TX 75232-6331	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 04/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rutherford, Jay (Mr.) Contributor address; City; State; Zip Code 301 Commerce St Ste 2400 Fort Worth, TX 76102-4124	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jackson Walker	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 04/13/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sampson, Demetris (Ms.) Contributor address; City; State; Zip Code 2323 Bryan St Ste 1600 Dallas, TX 75201-7520	Amount of contribution (\$) \$750.00	In-kind contribution description (if applicable) Field operations/Literature Drop
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Linebarger Goggin Blair & Sampson	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/19 Report: 17/41	
2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 05/27/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schlueter, Stan 6 Contributor address; City; State; Zip Code P.O. Box 162224 Austin, TX 78716	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Lobbyist		10 Employer (See Instructions) Self	
Date 06/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Seidel, Brad Contributor address; City; State; Zip Code 3235 Curtis Drive Tyler, TX 75701	Amount of contribution (\$) \$650.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 06/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sessions Fishman Nathan & Israel Contributor address; City; State; Zip Code 900 jackson st. ste 440 Dallas, TX 75202	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/06/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Siegel, Mark Contributor address; City; State; Zip Code 5233 Ursula Ln Dallas, TX 75229-6421	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 06/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Simon Eddins & Greenstone, LLP Contributor address; City; State; Zip Code 3232 McKinney Avenue Suite 607 Dallas, TX 75204	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/19 Report: 18/41	
2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 04/07/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Simpson Boyd & Powers, PLLC 6 Contributor address; City; State; Zip Code P.O. Box 685 Bridgeport, TX 76426	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 06/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, David Contributor address; City; State; Zip Code 5215 N O'Conner Blvd. Suite 1900 Irving, TX 75039	Amount of contribution (\$) \$650.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Nix Patterson Roach			
Date 04/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stevens, Scott Contributor address; City; State; Zip Code 1017 Riverwood Dr Longview, TX 75604-6228	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) The Stevens Law Firm			
Date 04/06/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sullivan, John Contributor address; City; State; Zip Code 8080 North Central Expway Suite 1400 Dallas, TX 75206	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Law Offices of John E. Sullivan			
Date 06/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas United Auto Workers CAP Voluntary Fund Contributor address; City; State; Zip Code 1341 W Mockingbird Ln Ste 301W Dallas, TX 75247-6901	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/19 Report: 19/41	
2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 06/30/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Cole Law Firm 6 Contributor address; City; State; Zip Code 705 Ross Avenue Dallas, TX 75202	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas, Barron Contributor address; City; State; Zip Code P.O. Box 8096 Van Nuys, CA 91409	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self	
Date 06/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) UA Plumbers & Pipefitters Local 100 PAC Fund Contributor address; City; State; Zip Code 3629 W Miller Rd Garland, TX 75041-6015	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/29/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vinson & Elkins Texas PAC Contributor address; City; State; Zip Code 2001 Ross Ave Dallas, TX 75201-2911	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, Robert Contributor address; City; State; Zip Code 5000 Cedar Springs Rd Apt 106 Dallas, TX 75235-8772	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/19 Report: 20/41	
2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 06/30/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walley, Elizabeth 6 Contributor address; City; State; Zip Code 1112 Siebold Ct Mesquite, TX 75150-4249	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 06/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wasserman, Tina Contributor address; City; State; Zip Code 7153 Lavendale Ave Dallas, TX 75230-3650	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Food Journalist		Employer (See Instructions) Self	
Date 06/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Waters & Kraus LLP Contributor address; City; State; Zip Code 3219 McKinney Ave Dallas, TX 75204-2472	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/08/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weeks, Dirk Contributor address; City; State; Zip Code 7101 Saucon Valley Dr Fort Worth, TX 76132-4541	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Structured Settlement Consultant		Employer (See Instructions) Structured Annuities Inc.	
Date 06/24/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weeks, Dirk Contributor address; City; State; Zip Code 7101 Saucon Valley Dr Fort Worth, TX 76132-4541	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Structured Settlement Consultant		Employer (See Instructions) Structured Annuities Inc.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/19 Report: 21/41	
2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 06/29/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weeks, Dirk 6 Contributor address; City; State; Zip Code 7101 Saucon Valley Dr Fort Worth, TX 76132-4541	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Structured Settlement Consultant		10 Employer (See Instructions) Structured Annuities Inc.	
Date 06/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weisbrod, Les Contributor address; City; State; Zip Code 9900 Preston Rd Dallas, TX 75230-5046	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Miller Curtis & Weisbrod	
Date 06/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wright, Andrew Contributor address; City; State; Zip Code 5215 N. O'Conner Blvd. Suite 1900 Irving, TX 75039	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Nix Patterson	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/18 Report: 24/41	2 FILER NAME Jenkins, Clay (Mr.)	3 ACCOUNT # (TEC filers) 00000001
---	--	---

4 Date 04/13/2010	5 Payee name Amyson, Joseph
-----------------------------	---------------------------------------

6 Amount (\$) \$109.43	7 Payee address City: State: Zip Code 6802 Amesbury Lane Rowlett, TX 75089
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mileage
---------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 04/27/2010	Payee name Angle Mastagni Mathews Political Strategies
---------------------------	--

Amount (\$) \$1,331.00	Payee address City: State: Zip Code 2600 E Southlake Blvd Ste 120 Southlake, TX 76092-8009
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phonebanks and voter contact consulting services
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 05/04/2010	Payee name Angle Mastagni Mathews Political Strategies
---------------------------	--

Amount (\$) \$13,318.00	Payee address City: State: Zip Code 2600 E Southlake Blvd Ste 120 Southlake, TX 76092-8009
-----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phonebanks and voter contact consulting services
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 06/04/2010	Payee name Angle Mastagni Mathews Political Strategies
---------------------------	--

Amount (\$) \$6,615.75	Payee address City: State: Zip Code 2600 E Southlake Blvd Ste 120 Southlake, TX 76092-8009
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phonebanks and voter contact consulting services
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/18 Report: 25/41	2 FILER NAME Jenkins, Clay (Mr.)	3 ACCOUNT # (TEC filers) 00000001
---	--	---

4 Date 05/27/2010	5 Payee name Bahama Beach Water Park
-----------------------------	--

6 Amount (\$) \$52.00	7 Payee address City; State; Zip Code 61 Marina Drive Garland, TX 75043
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Passes for Interns
---------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 04/15/2010	Payee name Birabil, Lorraine
---------------------------	--

Amount (\$) \$1,064.08	Payee address City; State; Zip Code 7127 Larkin Dr Dallas, TX 75227
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 04/30/2010	Payee name Birabil, Lorraine
---------------------------	--

Amount (\$) \$1,064.08	Payee address City; State; Zip Code 7127 Larkin Dr Dallas, TX 75227
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 05/17/2010	Payee name Birabil, Lorraine
---------------------------	--

Amount (\$) \$1,064.08	Payee address City; State; Zip Code 7127 Larkin Dr Dallas, TX 75227
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/18 Report: 26/41	2 FILER NAME Jenkins, Clay (Mr.)	3 ACCOUNT # (TEC filers) 00000001
---	--	---

4 Date 06/01/2010	5 Payee name Birabil, Lorraine
-----------------------------	--

6 Amount (\$) \$1,064.08	7 Payee address City; State; Zip Code 7127 Larkin Dr Dallas, TX 75227
------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
---------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 06/14/2010	Payee name Birabil, Lorraine
---------------------------	--

Amount (\$) \$1,064.08	Payee address City; State; Zip Code 7127 Larkin Dr Dallas, TX 75227
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 04/14/2010	Payee name Campisi's Downtown
---------------------------	---

Amount (\$) \$40.81	Payee address City; State; Zip Code 1520 Elm St Ste 111 Dallas, TX 75201-3500
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food for Volunteers
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 04/12/2010	Payee name CVS Pharmacy
---------------------------	-----------------------------------

Amount (\$) \$7.98	Payee address City; State; Zip Code 901 Main St Dallas, TX 75202-3707
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies for Campaign Office
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/18 Report: 27/41		2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 04/12/2010		5 Payee name Department of Treasury			
6 Amount (\$) \$1,921.44		7 Payee address City; State; Zip Code 1619 Woodward St Austin, TX 78741-7830			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
				Payroll Taxes	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 04/28/2010		Payee name Department of Treasury			
Amount (\$) \$160.00		Payee address City; State; Zip Code 1619 Woodward St Austin, TX 78741-7830			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
				Payroll Taxes	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 05/14/2010		Payee name Department of Treasury			
Amount (\$) \$1,921.44		Payee address City; State; Zip Code 1619 Woodward St Austin, TX 78741-7830			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
				Payroll Taxes	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 06/14/2010		Payee name Department of Treasury			
Amount (\$) \$762.92		Payee address City; State; Zip Code 1619 Woodward St Austin, TX 78741-7830			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
				Payroll Taxes	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/18 Report: 28/41	2 FILER NAME Jenkins, Clay (Mr.)	3 ACCOUNT # (TEC filers) 00000001
---	--	---

4 Date 05/06/2010	5 Payee name Dollar Tree Stores
-----------------------------	---

6 Amount (\$) \$17.16	7 Payee address City; State; Zip Code 9208 E. RL Thornton Frwy Dallas, TX 75228
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Supplies
---------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 05/06/2010	Payee name Dominos Pizza
---------------------------	------------------------------------

Amount (\$) \$61.50	Payee address City; State; Zip Code 3312 N BUCKNER BLVD Dallas, TX 75228
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Pizza for Interns
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 04/05/2010	Payee name First Data Merchant Services
---------------------------	---

Amount (\$) \$274.04	Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Merchant Service Fee
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 05/01/2010	Payee name First Data Merchant Services
---------------------------	---

Amount (\$) \$196.78	Payee address City; State; Zip Code PO Box 6600 Hagerstown, MD 21741-6600
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Merchant Service Fee
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/18 Report: 29/41	2 FILER NAME Jenkins, Clay (Mr.)	3 ACCOUNT # (TEC filers) 00000001
---	--	---

4 Date 06/01/2010	5 Payee name First Data Merchant Services
-----------------------------	---

6 Amount (\$) \$74.13	7 Payee address City, State, Zip Code PO Box 6600 Hagerstown, MD 21741-6600
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> merchant service fee
---------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 04/15/2010	Payee name Gilly's Dallas
---------------------------	-------------------------------------

Amount (\$) \$60.00	Payee address City, State, Zip Code 1135 S Lamar St Dallas, TX 75215-1036
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Election Night Party
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 04/15/2010	Payee name Gilly's Dallas
---------------------------	-------------------------------------

Amount (\$) \$27.50	Payee address City, State, Zip Code 1135 S Lamar St Dallas, TX 75215-1036
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Election Night Party
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 04/15/2010	Payee name Gilly's Dallas
---------------------------	-------------------------------------

Amount (\$) \$344.91	Payee address City, State, Zip Code 1135 S Lamar St Dallas, TX 75215-1036
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Election Night Party
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

POLITICAL EXPENDITURES **SCHEDULE F**

EXPENDITURE CATEGORIES			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
The INSTRUCTION GUIDE explains how to complete this form.			

1 PAGE # Schedule: 7/18 Report: 30/41	2 FILER NAME Jenkins, Clay (Mr.)	3 ACCOUNT # (TEC filers) 00000001
---	--	---

4 Date 04/26/2010	5 Payee name Google
6 Amount (\$) \$14.29	7 Payee address City; State; Zip Code 9606 N MO Pac Expy Austin, TX 78759-5932

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Communication
---------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 05/26/2010	Payee name Google
Amount (\$) \$7.68	Payee address City; State; Zip Code 9606 N MO Pac Expy Austin, TX 78759-5932

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Communication
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 06/25/2010	Payee name Google
Amount (\$) \$2.70	Payee address City; State; Zip Code 9606 N MO Pac Expy Austin, TX 78759-5932

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Communication
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 06/04/2010	Payee name Grande Communications
Amount (\$) \$153.35	Payee address City; State; Zip Code 500 Tittle Rd Ste 400 Lewisville, TX 75056-5296

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office Internet/Phones
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/18 Report: 31/41	2 FILER NAME Jenkins, Clay (Mr.)	3 ACCOUNT # (TEC filers) 00000001
---	--	---

4 Date 06/24/2010	5 Payee name Grande Communications
-----------------------------	--

6 Amount (\$) \$153.35	7 Payee address City; State; Zip Code 500 Tittle Rd Ste 400 Lewisville, TX 75056-5296
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office Internet/Phones
---------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 04/13/2010	Payee name Hedgepeth, Jane
--------------------	-------------------------------

Amount (\$) \$250.00	Payee address City; State; Zip Code 1339 Bonham Ter Austin, TX 78704-2606
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Compliance Consulting and Reporting Services
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 04/15/2010	Payee name Jordan, Claire
--------------------	------------------------------

Amount (\$) \$461.75	Payee address City; State; Zip Code 4024 Grassmere Ln Dallas, TX 75205-1151
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 04/30/2010	Payee name Jordan, Claire
--------------------	------------------------------

Amount (\$) \$461.75	Payee address City; State; Zip Code 4024 Grassmere Ln Dallas, TX 75205-1151
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/18 Report: 32/41	2 FILER NAME Jenkins, Clay (Mr.)	3 ACCOUNT # (TEC filers) 00000001
---	--	---

4 Date 04/13/2010	5 Payee name Knickerbocker SKD
-----------------------------	--

6 Amount (\$) \$10,102.40	7 Payee address City; State; Zip Code 1818 N St NW Ste 450 Washington, DC 20036-2473
-------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mail/Voter Contact
---------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 04/15/2010	Payee name Madison, Andrew
---------------------------	--------------------------------------

Amount (\$) \$438.34	Payee address City; State; Zip Code 2603 Highland Meadow Dr Colleyville, TX 76034-5320
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 04/30/2010	Payee name Madison, Andrew
---------------------------	--------------------------------------

Amount (\$) \$438.34	Payee address City; State; Zip Code 2603 Highland Meadow Dr Colleyville, TX 76034-5320
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 05/17/2010	Payee name Madison, Andrew
---------------------------	--------------------------------------

Amount (\$) \$438.34	Payee address City; State; Zip Code 2603 Highland Meadow Dr Colleyville, TX 76034-5320
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION Guide explains how to complete this form.

1 PAGE # Schedule: 10/18 Report: 33/41		2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 05/25/2010		5 Payee name Madison, Andrew			
6 Amount (\$) \$300.00		7 Payee address City; State; Zip Code 2603 Highland Meadow Dr Colleyville, TX 76034-5320			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mileage Reimbursement	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 06/01/2010		Payee name Madison, Andrew			
Amount (\$) \$438.34		Payee address City; State; Zip Code 2603 Highland Meadow Dr Colleyville, TX 76034-5320			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 06/14/2010		Payee name Madison, Andrew			
Amount (\$) \$438.34		Payee address City; State; Zip Code 2603 Highland Meadow Dr Colleyville, TX 76034-5320			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payroll	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 06/25/2010		Payee name Madison, Andrew			
Amount (\$) \$300.00		Payee address City; State; Zip Code 2603 Highland Meadow Dr Colleyville, TX 76034-5320			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mileage Reimbursement	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION Guide explains how to complete this form.

1 PAGE # Schedule: 11/18 Report: 34/41		2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 04/15/2010		5 Payee name McCarty, Taylor			
6 Amount (\$) \$1,381.12		7 Payee address City; State; Zip Code 3260 River Lodge Trl N Apt 622 Fort Worth, TX 76116-0839			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
				Salary	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 04/30/2010		Payee name McCarty, Taylor			
Amount (\$) \$1,381.12		Payee address City; State; Zip Code 3260 River Lodge Trl N Apt 622 Fort Worth, TX 76116-0839			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
				Salary	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 04/30/2010		Payee name Minol			
Amount (\$) \$233.97		Payee address City; State; Zip Code 15280 Addison Rd Ste 100 Addison, TX 75001-4503			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
				Utilities	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 05/28/2010		Payee name Minol			
Amount (\$) \$212.35		Payee address City; State; Zip Code 15280 Addison Rd Ste 100 Addison, TX 75001-4503			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
				Utilities	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 12/18 Report: 35/41		2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 06/24/2010	5 Payee name Minol				
6 Amount (\$) \$166.42	7 Payee address City; State; Zip Code 15280 Addison Rd Ste 100 Addison, TX 75001-4503				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Utilities		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/28/2010	Payee name Net Victories				
Amount (\$) \$250.00	Payee address City; State; Zip Code PO Box 5013 Austin, TX 78763-5013				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website maintenance		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/26/2010	Payee name Net Victories				
Amount (\$) \$250.00	Payee address City; State; Zip Code PO Box 5013 Austin, TX 78763-5013				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website maintenance		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/14/2010	Payee name NGP Software				
Amount (\$) \$450.00	Payee address City; State; Zip Code 1225 I St NW Ste 1225 Washington, DC 20005-5918				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Database software		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 13/18 Report: 36/41	2 FILER NAME Jenkins, Clay (Mr.)	3 ACCOUNT # (TEC filers) 00000001
--	--	---

4 Date 04/27/2010	5 Payee name NGP Software
-----------------------------	-------------------------------------

6 Amount (\$) \$170.00	7 Payee address City; State; Zip Code 1225 I St NW Ste 1225 Washington, DC 20005-5918
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Database software
---------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 05/03/2010	Payee name NGP Software
--------------------	----------------------------

Amount (\$) \$500.00	Payee address City; State; Zip Code 1225 I St NW Ste 1225 Washington, DC 20005-5918
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Database software
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 06/02/2010	Payee name NGP Software
--------------------	----------------------------

Amount (\$) \$500.00	Payee address City; State; Zip Code 1225 I St NW Ste 1225 Washington, DC 20005-5918
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Database software
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 05/25/2010	Payee name Pizza Hut
--------------------	-------------------------

Amount (\$) \$34.27	Payee address City; State; Zip Code 2025 Cedar Springs Dallas, TX 75201
------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Pizza for Volunteers
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

POLITICAL EXPENDITURES	SCHEDULE F
------------------------	------------

EXPENDITURE CATEGORIES			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
The INSTRUCTION GUIDE explains how to complete this form.			

1 PAGE # Schedule: 14/18 Report: 37/41	2 FILER NAME Jenkins, Clay (Mr.)	3 ACCOUNT # (TEC filers) 00000001
---	-------------------------------------	--------------------------------------

4 Date 06/12/2010	5 Payee name Pizza Hut
----------------------	---------------------------

6 Amount (\$) \$95.25	7 Payee address City; State; Zip Code 2025 Cedar Springs Dallas, TX 75201
--------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Pizza for Volunteers
--------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 04/13/2010	Payee name Rylo Consulting
--------------------	-------------------------------

Amount (\$) \$2,500.00	Payee address City; State; Zip Code 3005 S Lamar Blvd #d 109-347 Austin, TX 78704-8864
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraising consulting fees
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 05/21/2010	Payee name Rylo Consulting
--------------------	-------------------------------

Amount (\$) \$2,500.00	Payee address City; State; Zip Code 3005 S Lamar Blvd #d 109-347 Austin, TX 78704-8864
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraising consulting fees
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 06/21/2010	Payee name Rylo Consulting
--------------------	-------------------------------

Amount (\$) \$2,500.00	Payee address City; State; Zip Code 3005 S Lamar Blvd #d 109-347 Austin, TX 78704-8864
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraising consulting fees
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 15/18 Report: 38/41	2 FILER NAME Jenkins, Clay (Mr.)	3 ACCOUNT # (TEC filers) 00000001
--	--	---

4 Date 06/12/2010	5 Payee name Sam's Club
-----------------------------	-----------------------------------

6 Amount (\$) \$15.71	7 Payee address City; State; Zip Code 5555 South Buckner Boulevard Dallas, TX 75228
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Supplies
	Candidate / Officeholder name _____ Office sought: _____ Office held: _____	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name _____	Office sought: _____	Office held: _____
--	-------------------------------------	----------------------	--------------------

Date 04/05/2010	Payee name South Side on Lamar
--------------------	-----------------------------------

Amount (\$) \$508.00	Payee address City; State; Zip Code 1409 S Lamar St Dallas, TX 75215-1871
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Rent
	Candidate / Officeholder name _____ Office sought: _____ Office held: _____	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name _____	Office sought: _____	Office held: _____
---	-------------------------------------	----------------------	--------------------

Date 04/30/2010	Payee name South Side on Lamar
--------------------	-----------------------------------

Amount (\$) \$508.00	Payee address City; State; Zip Code 1409 S Lamar St Dallas, TX 75215-1871
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Rent
	Candidate / Officeholder name _____ Office sought: _____ Office held: _____	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name _____	Office sought: _____	Office held: _____
---	-------------------------------------	----------------------	--------------------

Date 06/07/2010	Payee name South Side on Lamar
--------------------	-----------------------------------

Amount (\$) \$500.00	Payee address City; State; Zip Code 1409 S Lamar St Dallas, TX 75215-1871
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Rent
	Candidate / Officeholder name _____ Office sought: _____ Office held: _____	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name _____	Office sought: _____	Office held: _____
---	-------------------------------------	----------------------	--------------------

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 16/18 Report: 39/41		2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 04/09/2010	5 Payee name Staples				
6 Amount (\$) \$31.60	7 Payee address City; State; Zip Code 9222 E R L Thornton Fwy Dallas, TX 75228-6109				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies for Campaign Office		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/12/2010	Payee name Staples				
Amount (\$) \$74.68	Payee address City; State; Zip Code 9222 E R L Thornton Fwy Dallas, TX 75228-6109				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies for Office		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/15/2010	Payee name Taco Cabana				
Amount (\$) \$17.82	Payee address City; State; Zip Code 4360 Dfw Tpke Dallas, TX 75211-1304				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food for Volunteers		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/28/2010	Payee name Texas Workforce Commission				
Amount (\$) \$607.50	Payee address City; State; Zip Code PO Box 149037 Austin, TX 78714-9037				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Employment Taxes		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 17/18 Report: 40/41		2 FILER NAME Jenkins, Clay (Mr.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 04/12/2010	5 Payee name Tom Thumb				
6 Amount (\$) \$23.71	7 Payee address City; State; Zip Code 9 Highland Park Vlg Dallas, TX 75205-2710				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food for Volunteers		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 04/17/2010	Payee name United States Postal Service				
Amount (\$) \$44.00	Payee address City; State; Zip Code 401 DFW TPKE Dallas, TX 75260				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 04/13/2010	Payee name Urban Market				
Amount (\$) \$5.79	Payee address City; State; Zip Code 1409 S Lamar St Dallas, TX 75215-1871				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies for Campaign Office		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 05/05/2010	Payee name Wachovia Bank				
Amount (\$) \$70.00	Payee address City; State; Zip Code 128 E Colorado Blvd Dallas, TX 75203-1210				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bank fee/Service charges		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 18/18 Report: 41/41	2 FILER NAME Jenkins, Clay (Mr.)	3 ACCOUNT # (TEC filers) 00000001
--	--	---

4 Date 04/05/2010	5 Payee name Wal Mart
-----------------------------	---------------------------------

6 Amount (\$) \$65.45	7 Payee address City; State; Zip Code 7401 Samuel Blvd Dallas, TX 75228-6166
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies for Campaign Office
---------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 04/09/2010	Payee name Williams, Yolanda
---------------------------	--

Amount (\$) \$192.00	Payee address City; State; Zip Code 1012 Penda Ave. Dallas, TX 75217
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign literature distribution
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 04/28/2010	Payee name Witcher, Derious
---------------------------	---------------------------------------

Amount (\$) \$48.00	Payee address City; State; Zip Code 702 Collette Dallas, TX 75214
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> Canvassing Services
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

--	--	--	--