FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Billy	MI W.	OFFICEUSE ONLY	
IVAIVIL	NICKNAME	LAST Clark	SUFFIX	Date Received	
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	P.O. Box 468		city; state; zip code Cedar Hill TX 75106	S PN 3: 5	
Change of Address				on m	
5 CANDIDATE/ OFFICEHOLDER PHONE	(214)	725-2750	EXTENSION	Date Hand-delivered or Date Postmarken	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Barre`	м.	Receipt # Amount S Date Processed	
NAIVIE	NICKNAME	LAST	SUFFIX	Balance Control Contro	
	1	Hairston		Date Imaged	
7 CAMPAIGN	STREET ADDRESS ((NO PO BOX PLEASE): APT / S	SUITE #: CITY:	STATE: ZIP CODE	
TREASURER ADDRESS	2629 S. Pen	insula Dr. #1006	Grand Prairie	TX 75054	
(Residence or Business)					
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE	(214) 918-6404				
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	2 /	/ 22 / 21	through 6	/ 30 / 21	
11 ELECTION	ELECTION DA	TE	ELECTION TYP	Е	
	Month Day	Year Primary	Runoff Other Description		
	3 / 1 /	/ 22 General	2006 of 101		
	OFFICE WELD 17	06			
12 OFFICE	OFFICE HELD (if any)		Dallas County Ju		
			Dallas Courlly Ju	age	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE! OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
00	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME		
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS		
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER

CAMPAIGN FINANCE REPORT

www.ethics.state.tx.us

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 2** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Billy Wayne Clark 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 0.00TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 1,462.31 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE \$ 0.00 TOTALS TOTAL POLITICAL EXPENDITURES 3,616.14 \$ CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 155.99 BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 1,919.82 LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Please complete either option below: BRIANNA CLARK-GOINES Notary Public, State of Texas Comm. Expires 04-11-2023 (1) Affidavit Notary ID 13197471-9 NOTARY STAMP/SEAL this the 15th day of July Sworn to and subscribed before me by Billy Warre Clark to certify which, witness my hand and seal of office Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration _____, and my date of birth is ___ My name is _ My address is (street) (city) (state) (zip code) (country) Executed in _____ , on the _____ day of _ (month)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)			
Bi	lly Wayne Clark				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$ 1,919, 82			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$ 1,696.32			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS \$ 1919.82			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$			
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				

SCHEDULE A1

	4.6		•		
The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:					
2 FILER NAME Billy Wayne	e Clark		3 Filer ID (Ethics Commission Filers)		
4 Date 03/04/2021	5 Full name of contributor Brianna Goines 6 Contributor address; City;	7 Amount of contribution (\$) 5.00			
	P.O. Box 1435 Cedar Hill,	1 / 7 5 1 0 6			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date		(ID#:)	Amount of contribution (\$)		
03/05/2021	Contributor address; City:	State; Zip Code	100.00		
	503 East Camino Luna Azul, Sahi	uarita, AZ 85629			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date 03/05/2021	Chad Clawson Contributor address; City; 2323 North Field St. #1843, Da	State; Zip Code	Amount of contribution (\$) 500.00		
Principal cocus			Vana\		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
03/09/2021	Curt McGurt Contributor address; City; 728 Mimosa Trl, Cedar Hi	State; Zip Code	100.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	cions)		
	ì				
	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see Instru	toric control one Personner is	The second secon		

SCHEDULE A1

\				
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:		
2 FILER NAME Billy Clark			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC David Greene	C (ID#:)	7 Amount of contribution (\$)	
03/10/2021	6 Contributor address; City; 5711 Goldfinch Way, Dalla	State; Zip Code S, TX 75249	25.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PACE Phyliss Harbert	C (ID#:)	Amount of contribution (\$)	
03/21/2021	Contributor address; City:	State; Zip Code	10.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
03/21/2021	Phyliss Harbert Contributor address; City; State; Zip Code 2101 Dan Rowe St., Waco, TX 76704		10.00	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
03/22/2021	Contributor address; City;	State; Zip Code	100.00	
Principal occup	1316 Southey St., Waco, Deation / Job title (See Instructions)	Employer (See Instruct	ions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME Billy Clark			3 Filer ID (Ethics Commission Filers)	
4 Date	Jordan Perez	(ID#:)	7 Amount of contribution (\$)	
03/27/2021	6 Contributor address; City; 12001 Dessau Rd. #1738, Aus	State; Zip Code	25.00	
8 Principal occu		9 Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state PAC Jerry Blake	(ID#:)	Amount of contribution (\$)	
03/28/2021	Contributor address; City; 11908 North 140th Ln., Surpr	State: Zip Code	50.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC Nikitra Jackson-Sagirius	(ID#:)	Amount of contribution (\$)	
03/28/2021	Contributor address; City; 252 Waterloo Dr., Kyle, TX	State; Zip Code	100.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
03/30/2021	Contributor address; City; 6 Amherst Rd., Riverside,	State; Zip Code	50.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
	`			
15,177 - 171 - 171 - 171 - 171 - 171 - 171 - 171 - 171 - 171 - 171 - 171 - 171 - 171 - 171 - 171 - 171 - 171 -		2		
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instruc			

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME Billy Clark		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Richard Chong	7 Amount of contribution (\$)		
04/02/2021	6 Contributor address; City; State; Zip Code	25.00		
	111 Kulanihakoi St., Kihei, HI 96753			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:) Mashi Epting-Williams	Amount of contribution (\$)		
05/13/2021	Contributor address; City; State; Zip Code	250.00		
	4711 Belladonna Ct., Mansfield, TX 76063			
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	itions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
06/29/2021	Robin Johnson Contributor address; City; State; Zip Code	40.00		
	627 Boer Ct., Grand Prairie, TX 75052	10.00		
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
	Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
ттара оссир				
т ппорагоссор				

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:		
2 FILER NAME Billy Wayne C	lark		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	IITEMIZED LOANS		\$		
5 Date of Ioan 4/12/202/	7 Name of lender □ out-of-state F Billy Clark	PAC (ID#:)	Loan Amount (\$)		
6 Is lender a financial Institution?	8 Lender address; City; P.O. Box 4682, Cedar Hill, TX 7	State; Zip Code	10 Interest rate NA 11 Maturity date NA		
12 Principal occupation Candidate / Att	on / Job title (See Instructions)	13 Employer (See Instructions) The Clark Law Firm			
14 Description of Coll	atera	Check if personal fund account (See Instruct	ds were deposited into political ions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
■ not applicable	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan 5 08 21	Name of lender out-of-state	PAC (ID#:)	500 € 00 Example 10 Page 10 P		
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
□ y Z N	P.O. Box 4682 Cedar Hill	TX 75106	Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions) The Clark LAW Firm			
Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
not applicable	Guarantor address; City;	State; Zip Code			
	on (See Instructions)	Employer (See Instructions)			
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE			

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to compl	1 Total pages Schedule E:		
2 FILER NAME	HET TATIQUE THAT ELECTRONIC OF COME OF STATE OF THAT SHE HET THAT IS STATED ON THE		3 Filer ID (Ethics Commission Filers)	
Billy Wayne C	Clark			
4 TOTAL OF UN	IITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)	
6/17/2021	Billy Clark		\$ 332,75	
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate	
Institution?	P.O. Box 4682, Cedar Hill, TX 7	75106	11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
Candidate / Att	torney	The Clark Law Firm		
14 Description of Coll	ateral	Check if personal fun account (See Instruct	ds were deposited into political tions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
not applicable	10			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)	
3/4/21	Billy Clark		\$ 100,00	
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate	
Institution?	P.O. BOX 4682 CEDAR H	:11 TX 75106	Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Chroidate	Attorney	The Clark LAW F	1510	
Description of Coll.	ateral r	Check if personal fun account (See Instruc	ds were deposited into political tions)	
GUARANTOR	Name of guarantor	<u> </u>	Amount Guaranteed (\$)	
INFORMATION				
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
	ATTACH ADDITIONAL COR	IES OF THIS SCHEDI II E AS NE	EDED	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

LOANS

SCHEDULE E

If the requested	I information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Billy Wayne C	lark		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state I	PAC (ID#:)	9 Loan Amount (\$)
6/17/2021	Billy Clark		\$ 201.34
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate
Institution?	P.O. Box 4682, Cedar Hill, TX	75106	NA 11 Matyrity date
YIN			NA
CAN TANK STEEL BEING STEEL STE	on / Job title (See Instructions)	13 Employer (See Instructions)	
Candidate / Att		The Clark Law Firm	
14 Description of Colla ■ none	ateral	Check if personal fun account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17, Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
■ not applicable			
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)	
Date of Ioan 4/17/2021	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$) 387, <u>38</u>
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N	P.O. Box 4682 Codar	Hill TX 75106	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	•
Description of Colla	ateral	Check if personal fun	ds were deposited into political
none		account (See Instruc	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable	-		
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEI	

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.					
The	1 Total pages Schedule E:				
² FILER NAME Billy Wayne C	lark		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	IITEMIZED LOANS		\$		
5 Date of loan 04/17/2021	7 Name of lender □ out-of-state F Billy Clark	PAC (ID#:)	9 Loan Amount (\$) 23.35		
6 Is lender a financial Institution?	8 Lender address; City; P.O. Box 4682, Cedar Hill, TX 7	State; Zip Code	10 Interest rate 11 Maturity date		
□ Y ■ N			11 Maturity date		
12 Principal occupation Candidate / Att	on / Job title (See Instructions)	13 Employer (See Instructions) The Clark Law Firm			
14 Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)		
16 GUARANTOR INFORMATION			19 Amount Guaranteed (\$)		
not applicable	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender out-of-state in Clark	PAC (ID#:)	Loan Amount (\$)		
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate		
Institution?	P.D. Box 4682 Cedar	HIN TX 75106	Maturity date		
Principal occupation	on / Job title (See Instructions) Attorney	Employer (See Instructions) The Clark LAW F	jrm		
Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
Guarantor address; City; State; Zip Code					
Principal Occupation	on (See Instructions)	Employer (See Instructions)			
16.1-	ATTACH ADDITIONAL COP	ES OF THIS SCHEDULE AS NEE	EDED		

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)		
Gredit Gald Payment	The Instruction Guide explains	how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Billy Wayne Clark		3 Filer ID (Ethics C	Commission Filers)	
4 Date 06/16/2021	5 Payee name Elite News				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
1,500.00	3155 S. Lancaster Rd., Ste. 240	Dalla	s TX	75216	
8	(a) Category (See Categories listed at the top of this sci	hedule) (b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign Ac	dvertising in Ne	wspaper	
	(c) Check if travel outside of Texas, Complete Scho	edule T. Check if Aust	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	0	ffice held	
Date	Payee name				
04/15/2021	Bank of America				
Amount (\$)	Payee address;	City;	State;	Zip Code	
42.19	156 W. Beltline Rd.	Cedar Hill	TX	75104	
	Category (See Categories listed at the top of this sch	edule) Description	6.0 <u>- 10 - 17 (136 - 17 23</u> 1 - 13 1 - 14 1 - 14 1 1 1 1 1 1 1 1 1 1 1 1 1		
PURPOSE OF EXPENDITURE	Fees	Monthly Acco	ount Analysis Fe	ee	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	0	ffice held	
Date	Payee name				
03/17/2021	Bank of America				
Amount (\$)	Payee address;	City;	State;	Zip Code	
35.89	156 W. Beltline Rd.	Cedar Hill	TX	75104	
	Category (See Categories listed at the top of this sch	edule) Description			
PURPOSE OF EXPENDITURE	Fees	Monthly Accou	ount Analysis Fee		
	Check if travel outside of Texas. Complete Sche	edule T. Check if Aust	in, TX, officeholder living ex	rpense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Accounting/Banking Fees Office Over Consulting Expense Food/Beverage Expense Polling Exp Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Ex		pan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explains h	ow to complete this form.			
1 Total pages Schedule F1:	Billy Wayne Clark		3 Filer ID (Ethics C	ommission Filers)	
4 Date	5 Payee name				
06/15/2021	Bank of America				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
40.63	156 W. Beltline Rd.	Cedar Hill	TX	75104	
8	(a) Category (See Categories listed at the top of this scho	edule) (b) Description			
PURPOSE OF EXPENDITURE	of Monthly Account Analysis Fee				
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	n, TX, officeholder living ex	pense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Of	fice held	
Date	Payee name				
04/15/2021	Bank of America				
Amount (\$)	Payee address;	City;	State;	Zip Code	
42.19	156 W. Beltline Rd.	Cedar Hill	TX	75104	
	Category (See Categories listed at the top of this sched	dule) Description			
PURPOSE OF EXPENDITURE	Fees	Monthly Accou	ınt Analysis Fee		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office sought Office held		
Date	Payee name				
06/30/2021	Stripes, Inc.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
77.61	510 Townsend St.	San Francisco	o CA	94103	
	Category (See Categories listed at the top of this sched	dule) Description		(1971) 	
PURPOSE OF EXPENDITURE	Fees	Campaign Dona	ation Processing	Service Fee	
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	n, TX, officeholder living exp	pense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	0	ffice held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense		
1 Total pages Schedule G:	2 FILER NA Billy W	ame ayne Clark		3 Filer ID (Ethics Commission Filers)				
4 Date 06/17/2021	5 Payee name Kennedy Kreations							
6 Amount (\$) 201.34 ✓ Reimbursement from political contributions intended	7 Payee address; 1421 Barron Lane Ft. W				State; TX	Zip Code 76112		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense			(b) Description Campaign T-Shirts (Blue)				
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Air				stin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought		Office held		
Date 06/17/2021	Payee nai Print N							
Amount (\$) 332.75 Reimbursement from political contributions intended	Payee ad 888 S.	_{dress;} Greenville Ave. Ste. 3	01	c _{ity;} Richardsoi	State;	Zip Code 75081		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense			Description Campaign Flyers (Print Card Stock)				
	Check if travel outside of Texas. Complete Schedule T.			Check if Austin,	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct						Office held		
Date 06/29/2021	Payee name Shenita Cleveland for Congress Campaign							
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
500.00 Reimbursement from political contributions intended	2822 N	1LK Jr. Blvd.		Dallas	TX	75215		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations made by Candidate/officeholder/political committee			Description Donations/Contribution				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin				n, TX. officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Shenita Cleveland Office sought Office held U.S. Congress (TX-30)					Office held		
	ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	FD			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGO	PRIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Control Fees Feed Feed Feed Feed Feed Feed Feed	oan Repayment/Reimbursement office Overhead/Rental Expense colling Expense rinting Expense salaries/Wages/Contract Labor now to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
1.54	Billy Wayne Clark							
4 Date 04/17/2021	5 Payee name Total Wine							
6 Amount (\$)	7 Payee address;	City;	State; Zip Code					
387.38 Reimbursement from political contributions intended	428 E. FM 1382	TX 75104						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	Food/Beverage Expense	Campaign Meet	Neet & Greet Event Community Event					
	(c) Check if travel outside of Texas. Complete Schedu	lle T. Check if Austin	k if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name							
05/08/2021	Paul Quinn College							
Amount (\$)	Payee address;	City;	State; Zip Code					
300.00 Reimbursement from political contributions intended	3837 Simpson Stuart Rd.	Dallas	TX 75241					
DURROOF	Category (See Categories listed at the top of this sched	dule) Description						
PURPOSE OF EXPENDITURE	Event Expense	Town Hall Can	wn Hall Campaign Event					
	Check if travel outside of Texas, Complete Schedu	ule T. Check if Austin	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held								
Date	Payee name							
03/04/2021	Bank of America							
Amount (\$)	Payee address;	City;	State; Zip Code					
100.00 Reimbursement from political contributions intended	156 W. Beltline Rd.	Cedar Hill	TX 75104					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Jule) Description						
	Loan Repayment/Reimbursemen	nt Initial Deposit to	Initial Deposit to establish Campaign Bank Account					
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austin	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED)ED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		EXPENDITURE C	ATEGORIES	FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing		Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule G:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Total pages consults of		ayne Clark	3 Filer ID (Etnics Commission Filers)					
4 Date	5 Payee name							
04/12/2021	Eye Got You Media, LLC							
6 Amount (\$)				City;	State;	Zip Code		
75.00 Reimbursement from political contributions intended				Arlington	TX	76006		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)			(b) Description				
OF EXPENDITURE	Advertising Expense			Campaign Flyer Design				
	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austi	Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held		
Date	Payee nar	ne						
04/17/2021	Party City							
Amount (\$)	Payee address;			City; Si		Zip Code		
23.35 Reimbursement from political contributions intended	715 N. U.S. Hwy 67, Ste. 206		Cedar Hill TX 751		75104			
DUDDOOF	Category	(See Categories listed at the top	of this schedule)	Description				
PURPOSE OF EXPENDITURE	Event Expense			Campaign Meet and Greet Event				
	Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	1	ate / Officeholder name		Office sought		Office held		
Date	Payee nar	ne						
Amount (\$)	Payee add	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of	of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T.		olete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held		
	ATTA	CH ADDITIONAL COPI	ES OF THIS S	CHEDULE AS NEED	DED			