

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Billy W.	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged									
	NICKNAME LAST SUFFIX Clark										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 4682 Cedar Hill TX 75106										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 725-2750										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Barre B.	Receipt # Amount \$ Date Processed Date Imaged									
	NICKNAME LAST SUFFIX Hairston										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2629 S. Peninsula Dr. #1006 Grand Prairie TX 75054										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 918-6404										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)								
<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">2 / 22 / 21</td> <td></td> <td style="text-align: center;">6 / 30 / 21</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	2 / 22 / 21		6 / 30 / 21		
Month Day Year	THROUGH	Month Day Year									
2 / 22 / 21		6 / 30 / 21									
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="width:30%;"> ELECTION DATE Month Day Year 3 / 1 / 22 </td> <td style="width:70%;"> ELECTION TYPE <input checked="" type="checkbox"/> Primary Runoff Other Description General Special </td> </tr> </table>			ELECTION DATE Month Day Year 3 / 1 / 22	ELECTION TYPE <input checked="" type="checkbox"/> Primary Runoff Other Description General Special						
ELECTION DATE Month Day Year 3 / 1 / 22	ELECTION TYPE <input checked="" type="checkbox"/> Primary Runoff Other Description General Special										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Dallas County Judge									
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.										
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME									
	GENERAL	COMMITTEE ADDRESS									
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME									
		COMMITTEE CAMPAIGN TREASURER ADDRESS									

GO TO PAGE 2

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEPARTMENT
2011 JUL 15 PM 3:56

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

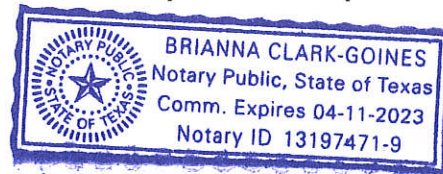
15 C/OH NAME Billy Wayne Clark		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,462.31
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,616.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 155.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,919.82

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.

Billy Wayne Clark

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Billy Wayne Clark this the 15th day of July, 2021, to certify which, witness my hand and seal of office.

Brianna Clark-Goines Brianna Clark-Goines Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Billy Wayne Clark

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS\$ 1,390.⁰⁰

2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☒ SCHEDULE E: LOANS\$ 1,919.⁸²5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS\$ 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 FUNDS\$ 1,919.⁸²

10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED
TO FILER

\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Billy Clark		3 Filer ID (Ethics Commission Filers)
4 Date 03/27/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Jordan Perez 6 Contributor address; City; State; Zip Code 12001 Dessau Rd. #1738, Austin, TX 78754	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/28/2021	Full name of contributor out-of-state PAC (ID#: _____) Jerry Blake Contributor address; City; State; Zip Code 11908 North 140th Ln., Surprise, AZ 85379	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2021	Full name of contributor out-of-state PAC (ID#: _____) Nikitra Jackson-Sagirus Contributor address; City; State; Zip Code 252 Waterloo Dr., Kyle, TX 78640	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/30/2021	Full name of contributor out-of-state PAC (ID#: _____) Michael LaFevé Contributor address; City; State; Zip Code 6 Amherst Rd., Riverside, CT 06878	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Billy Clark		3 Filer ID (Ethics Commission Filers)
4 Date 04/02/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Richard Chong 6 Contributor address; City; State; Zip Code 111 Kulanihakoi St., Kihei, HI 96753	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/13/2021	Full name of contributor out-of-state PAC (ID#: _____) Mashi Epting-Williams Contributor address; City; State; Zip Code 4711 Belladonna Ct., Mansfield, TX 76063	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/29/2021	Full name of contributor out-of-state PAC (ID#: _____) Robin Johnson Contributor address; City; State; Zip Code 627 Boer Ct., Grand Prairie, TX 75052	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Billy Wayne Clark		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 4/12/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Billy Clark	9 Loan Amount (\$) \$75.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code P.O. Box 4682, Cedar Hill, TX 75106	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Candidate / Attorney		13 Employer (See Instructions) The Clark Law Firm
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan 5/08/21	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Billy Clark	Loan Amount (\$) \$300.00
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code P.O. Box 4682 Cedar Hill TX 75106	Interest rate N/A
		Maturity date N/A
Principal occupation / Job title (See Instructions) Candidate Candidate / Attorney		Employer (See Instructions) The Clark Law Firm
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Billy Wayne Clark		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 6/17/2021	7 Name of lender Billy Clark <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$ 332.75
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code P.O. Box 4682, Cedar Hill, TX 75106	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Candidate / Attorney		13 Employer (See Instructions) The Clark Law Firm
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 3/4/21	Name of lender Billy Clark <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) \$ 100.00
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code P.O. Box 4682 Cedar Hill TX 75106	Interest rate N/A
		Maturity date N/A
Principal occupation / Job title (See Instructions) Candidate / Attorney		Employer (See Instructions) The Clark Law Firm
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Billy Wayne Clark		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 6/17/2021	7 Name of lender Billy Clark <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$201,34
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code P.O. Box 4682, Cedar Hill, TX 75106	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Candidate / Attorney		13 Employer (See Instructions) The Clark Law Firm
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 4/17/2021	Name of lender Billy Clark <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) \$387.38
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code P.O. Box 4682 Cedar Hill TX 75106	Interest rate N/A
		Maturity date N/A
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Billy Wayne Clark		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 04/17/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Billy Clark	9 Loan Amount (\$) 23.35
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code P.O. Box 4682, Cedar Hill, TX 75106	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Candidate / Attorney		13 Employer (See Instructions) The Clark Law Firm
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor Billy Clark 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 6/29/21	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Billy Clark	Loan Amount (\$) \$500. ⁰⁰
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code P.O. Box 4682 Cedar Hill TX 75106	Interest rate N/A
		Maturity date N/A
Principal occupation / Job title (See Instructions) Candidate / Attorney		Employer (See Instructions) The Clark Law Firm
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Billy Wayne Clark	3 Filer ID (Ethics Commission Filers)
4 Date 06/16/2021	5 Payee name Elite News	
6 Amount (\$) 1,500.00	7 Payee address; City; State; Zip Code 3155 S. Lancaster Rd., Ste. 240 Dallas TX 75216	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Advertising in Newspaper
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 04/15/2021	Payee name Bank of America	
Amount (\$) 42.19	Payee address; City; State; Zip Code 156 W. Beltline Rd. Cedar Hill TX 75104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Monthly Account Analysis Fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 03/17/2021	Payee name Bank of America	
Amount (\$) 35.89	Payee address; City; State; Zip Code 156 W. Beltline Rd. Cedar Hill TX 75104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Monthly Account Analysis Fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Billy Wayne Clark		3 Filer ID (Ethics Commission Filers)	
4 Date 06/15/2021		5 Payee name Bank of America			
6 Amount (\$) 40.63		7 Payee address; 156 W. Beltline Rd.		City; Cedar Hill	State; TX Zip Code 75104
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Monthly Account Analysis Fee		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 04/15/2021		Payee name Bank of America			
Amount (\$) 42.19		Payee address; 156 W. Beltline Rd.		City; Cedar Hill	State; TX Zip Code 75104
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Monthly Account Analysis Fee		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 06/30/2021		Payee name Stripes, Inc.			
Amount (\$) 77.61		Payee address; 510 Townsend St.		City; San Francisco	State; CA Zip Code 94103
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Campaign Donation Processing Service Fee		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Billy Wayne Clark	3 Filer ID (Ethics Commission Filers)
4 Date 06/17/2021	5 Payee name Kennedy Kreations	
6 Amount (\$) 201.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1421 Barron Lane Ft. Worth TX 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 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 06/17/2021	Payee name Print Noise	
Amount (\$) 332.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 888 S. Greenville Ave. Ste. 301 Richardson TX 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, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 06/29/2021	Payee name Shenita Cleveland for Congress Campaign	
Amount (\$) 500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2822 MLK 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, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Shenita Cleveland U.S. Congress (TX-30)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME Billy Wayne Clark		3 Filer ID (Ethics Commission Filers)	
4 Date 04/17/2021		5 Payee name Total Wine			
6 Amount (\$) 387.38 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; 428 E. FM 1382		City; Cedar Hill	State; TX Zip Code 75104
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Meet & Greet Event Community Event		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 05/08/2021		Payee name Paul Quinn College			
Amount (\$) 300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 3837 Simpson Stuart Rd.		City; Dallas	State; TX Zip Code 75241
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Town Hall Campaign 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/OH Candidate / Officeholder name Office sought Office held					
Date 03/04/2021		Payee name Bank of America			
Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 156 W. Beltline Rd.		City; Cedar Hill	State; TX Zip Code 75104
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description Initial Deposit to establish Campaign Bank Account		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Billy Wayne Clark	3 Filer ID (Ethics Commission Filers)
4 Date 04/12/2021	5 Payee name Eye Got You Media, LLC	
6 Amount (\$) 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 502 Tish Circle Arlington TX 76006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Flyer Design
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 04/17/2021	Payee name Party City	
Amount (\$) 23.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 715 N. U.S. Hwy 67, Ste. 206 Cedar Hill TX 75104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Campaign Meet and Greet Event
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	

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