

# 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: <b>4</b> |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR                      FIRST                      MI<br>Mr.                                      Blake                      W<br><hr style="border-top: 1px dotted black;"/> NICKNAME                              LAST                      SUFFIX<br>Clemens   | <b>OFFICE USE ONLY</b><br>Date Received<br><div style="border: 1px solid black; padding: 5px; text-align: center;">                     2026 FEB 20 PM 12:28<br/>                     JOHN F. WARRNER<br/>                     COUNTY CLERK<br/>                     DALLAS COUNTY<br/>                     DEPUTY                 </div> Date Hand-Delivered on Date Postmarked<br>Receipt #                      Amount \$<br>Date Processed<br>Date Imaged |                               |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><small>Change of Address</small> | ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br>PO Box 801214                      Dallas, TX 75380  |   |                               |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE                      PHONE NUMBER                      EXTENSION<br>( 214 )                      505-5511  |   |                               |
| <b>6</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR                      FIRST                      MI<br>Mr.                                      Blake                      W<br><hr style="border-top: 1px dotted black;"/> NICKNAME                              LAST                      SUFFIX<br>Clemens   |   |                               |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br><small>(Residence or Business)</small>         | STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br>Same as above   |   |                               |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE                      PHONE NUMBER                      EXTENSION<br>(       )  |   |                               |
| <b>9</b> REPORT TYPE  | <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)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |   |                               |
| <b>10</b> PERIOD COVERED  | Month                      Day                      Year                      Month                      Day                      Year<br>2 / 4 / 26                      THROUGH                      2 / 23 / 26   |   |                               |
| <b>11</b> ELECTION  | ELECTION DATE<br>Month                      Day                      Year<br>3 / 3 / 26  | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special  |                               |
| <b>12</b> OFFICE  | OFFICE HELD (if any)<br>N/A  | <b>13</b> OFFICE SOUGHT (if known)<br>Dallas County Commissioner D*2  |                               |
| <b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)<br><br><small>Additional Pages</small>   | 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.  |   |                               |
|   | COMMITTEE TYPE<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC  | COMMITTEE NAME<br><hr/> COMMITTEE ADDRESS<br><hr/> COMMITTEE CAMPAIGN TREASURER NAME<br><hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS<br><hr/>   |                               |
| <b>GO TO PAGE 2</b>   |  |   |                               |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                         |   |  |
|-------------------------|---|--|
| 15 C/OH NAME            |   | 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) | \$                                     |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ - 0-                                |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$                                     |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 551.25                              |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$                                     |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 3,750.00                            |

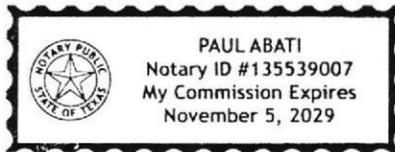
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Blake W. Clemens*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Blake W Clemens this the 20<sup>th</sup> day of February,

20 26 to certify which, witness my hand and seal of office.

*Paul Abati*  
Signature of officer administering oath

Paul Abati  
Printed name of officer administering oath

Notary Public  
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**

|  |  |   |
|--|--|---|
| <b>19</b> FILER NAME                             |  | <b>20</b> Filer ID (Ethics Commission Filers) |
| <b>21</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |  | SUBTOTAL<br>AMOUNT                            |
| 1.   | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ - 0 -                                      |
| 2.   | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |
| 3.   | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.   | SCHEDULE E: LOANS  | \$  |
| 5.   | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 551.25                                     |
| 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                        | \$  |
| 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 | \$  |

# 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br>Blake W Clemens   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>02/08/2026   | <b>5</b> Payee name<br>Lowes   |  |
| <b>6</b> Amount (\$)<br>101.25                                      | <b>7</b> Payee address; City; State; Zip Code<br>Inwood Rd. Dallas, TX   |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Campaign Signs                          | <b>(b)</b> Description<br>Steel Poles        |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| Date<br>02/10/2026  | Payee name<br>The Dupriest Company   |  |
| Amount (\$)<br>450.00   | Payee address; City; State; Zip Code<br>633 Sunnyside Dallas, TX   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Campaign Signs                                     | Description<br>Campaign Signs                |
|   | 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 (\$)   | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | 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                    |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED