

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: _____ FIRST: <u>William</u> MI: <u>E</u> NICKNAME: <u>Will</u> LAST: <u>Clark</u> SUFFIX: <u>Jr</u>	<b>OFFICE USE ONLY</b> RECEIVED - CSO APR 12 PM 4:49	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX: <u>2008 Deer Path Pr</u> APT / SUITE #: _____ CITY: <u>Arlington, Tx</u> STATE: _____ ZIP CODE: <u>76012</u>	Date Received: _____ Date Hand-delivered or Postmarked: _____ Receipt # _____ Amount: _____	Date Processed: _____ Date Imaged: _____
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <u>(817)</u> PHONE NUMBER: <u>689-4407</u> EXTENSION: _____		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: _____ FIRST: <u>Monette</u> MI: <u>S</u> NICKNAME: _____ LAST: <u>Clark</u> SUFFIX: _____		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <u>2008 Deer Path Pr</u> APT / SUITE #: _____ CITY: <u>Arlington Tx</u> STATE: _____ ZIP CODE: <u>76012</u>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <u>(817)</u> PHONE NUMBER: <u>657-8874</u> EXTENSION: _____		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year: <u>3 / 12 / 2012</u> THROUGH Month Day Year: <u>4 / 10 / 2012</u>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year: <u>5 / 12 / 2012</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <u>City Council District 8</u>	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

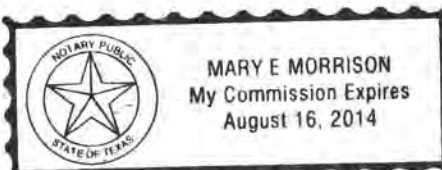
<b>14 C/OH NAME</b>	<b>15 ACCOUNT #</b> (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

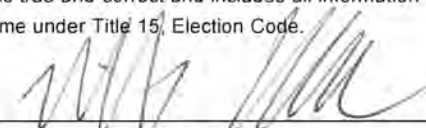
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 505.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 464.94
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 40.06
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1000.00

**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.

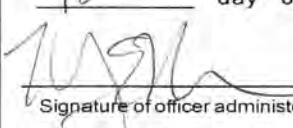


AFFIX NOTARY STAMP / SEAL ABOVE



\_\_\_\_\_  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said William Clark Jr., this the 12 day of April, 20 12, to certify which, witness my hand and seal of office.



\_\_\_\_\_  
Signature of officer administering oath

Mary Morrison

\_\_\_\_\_  
Printed name of officer administering oath

Banker

\_\_\_\_\_  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 2

2 FILER NAME

Will Clark

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/12

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Stanton Allen

6 Contributor address; City; State; Zip Code

901 W. Walnut Hill Ln.  
Irving, TX 75038

7 Amount of contribution (\$)

5.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Systems Developer

10 Employer (See Instructions)

Date

3/21

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Wendy Wright

Contributor address; City; State; Zip Code

3402 Blue Forest  
Arlington, TX 76017

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Date

3/22

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Barry + Jayne Morris

Contributor address; City; State; Zip Code

5507 Ceran Dr.  
Arlington, TX 76016

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Cynthia Southerland

Contributor address; City; State; Zip Code

P.O. Box 92497  
Austin, TX 78709

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/26

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Sharon Wright

Contributor address; City; State; Zip Code

1047 Peregrine Place  
Kennedale, TX 76060

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <span style="font-size: 2em;">2</span>	
2 FILER NAME <span style="font-size: 1.5em;">Will Clark</span>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <span style="font-size: 1.5em;">3/27</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Flora Moser</span>	7 Amount of contribution (\$) <span style="font-size: 1.5em;">100.00</span>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">1906 Dogwood Arlington, Tx 76012</span>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">Retired</span>		10 Employer (See Instructions)	
Date <span style="font-size: 1.5em;">4/4</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Susan Brown</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">100.00</span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">3273 Birch Ave. Grapevine, Tx 76051</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule E: 1

2 FILER NAME Will Clark 3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:        \$

5 Date of loan 3/12 7 Name of lender William Clark  out-of-state PAC (ID# \_\_\_\_\_) 9 Loan Amount (\$) 1000.00

6 Is lender a financial institution? Y   N 8 Lender address; City; State; Zip Code 2008 Deer Path Dr

Arlington, TX. 76012 10 Interest rate 0 11 Maturity date NA

12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)

14 Description of Collateral  none 15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION  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	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution?	Lender address; City; State; Zip Code	Interest rate
<u>Y</u> <input type="radio"/> <input type="radio"/> N		Maturity date

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Description of Collateral  none Check if personal funds were deposited into political account

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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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**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Will Clark	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 3/15	<b>5</b> Payee name Yard sign Master
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<b>6</b> Amount (\$) 297.94	<b>7</b> Payee address; City; State; Zip Code 1919 E. Orange Ave. Eustis, FL 32726
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Yard Signs
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/13	Payee name Scott Snider
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Amount (\$) 125.00	Payee address; City; State; Zip Code 620 Oakwood Arlington, TX 76012
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Website Design
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/12	Payee name Ipage
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Amount (\$) 42.00	Payee address; City; State; Zip Code —
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Website
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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