CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction 0	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 4.	
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST John	м ^і М.	OFFICE USE ONLY	
NAME	NICKNAME LAST	SUFFIX	Date Received	
	Clark		FILED FOR RECORD	
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	P.O. Box 2701, Corpus Christi,	CITY; STATE; ZIP CODE TX 78403	JAN 8 2016	
Change of Address			CLERK, COUNTY COUNTY, NUECES COUNTY, TEXAS	
5 CANDIDATE/ OFFICEHOLDER PHONE	(361) 887-8500	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Greg	MI	Receipt # Amount \$	
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	Knopp		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI 615 N. Upper Broadway, St		zip code , TX 78401-0739	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 883-8999	EXTENSION		
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD	Month Day Year	Month	Day Year	
COVERED	12 /16 /2015		31 /2015	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Constable Pct. 2 Nueces County		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME John Mitchell Clark 15 Filer ID (Ethics Commission Filers)					
16 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.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		Somming Comming the New York Williams			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZEI	s -O-		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - O-		
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ - O-		
	4. TOTAL	POLITICAL EXPENDITURES See Schedule	G. \$1,000.00		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAI PORTING PERIOD	· -O-		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ -0-				
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. DAYNA DIERINGER Notary Public, State of Texas Comm. Expires 12-19-2017 Notary ID 12552926-7					
Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP/SEALABOVE					
Sworn to and subscribed before me, by the said Mitchell Clark , this the 8th					
day of January, 20 16, to certify which, witness my hand and seal of office.					
D. Dieringe Dayna Dieringer Notary					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

John Mitchell Clark 20 Filer ID (Ethics Co	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$
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	\$ 1,000.00
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 PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/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)

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	*** Year 1 18 1 1 18 18 18 18 18 18 18 18 18 18		3 Filer ID (Ethics Commission Filers)		
1	John Mitchell Clark				
4 Date	5 Payee name				
12-14-15	Nueces County Republican Party				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,000.00	4639 Corona Dr., Ste. 5				
Reimbursement from political contributions intended	Corpus Christi, TX 78411				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF	Filing Foo		of Texas. Complete Schedule T.		
EXPENDITURE	Filing Fee	Check if Austin, TX,	officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description			
OF	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE		Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	1 22 22		
OF			of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					