

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Cory Clements 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
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	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)	\$ <u>5,070.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,152.86</u>
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	\$ <u>5,207.64</u>

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cory A. Clements, this the 29th day of March, 20 19, to certify which, witness my hand and seal of office.

Kentara West Kentara West Notary Public
 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

19 FILER NAME <i>Cory Clements</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5,070.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1,152.86</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

Cory Clements

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/19

5 Full name of contributor

Frederick Scott Dueser

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

PO Box 701, Abilene, TX 79604

8 Principal occupation / Job title (See Instructions)

CEO - First Financial Bank

9 Employer (See Instructions)

First Financial Bank

Date

3/4/19

Full name of contributor

Thomas Watson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

701 Amador, Abilene, TX 79602

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

3/4/19

Full name of contributor

Claudia Clinto

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

1290 S. Willis, Ste 202, Abilene, TX 79602

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

3/4/19

Full name of contributor

Branson Hunt

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$300.00

Contributor address;

City; State; Zip Code

781 Lytle Shores, Abilene, TX 79602

Principal occupation / Job title (See Instructions)

Bug Killer

Employer (See Instructions)

Pest Patrol

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

Cory Clements

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Majed Ghannayem

7 Amount of contribution (\$)

\$1,320.00

6 Contributor address; City; State; Zip Code

500 Chestnut Ste 1501, Abilene, TX 79602

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

MFG Law Firm

Date

3/4/19

Full name of contributor out-of-state PAC (ID#: _____)

Randy Wilson

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

104 Pine Ste 408, Abilene, TX 79601

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Randy Wilson & Kristin Partoll PLLC

Date

3/4/19

Full name of contributor out-of-state PAC (ID#: _____)

Sylvia Leal

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

5 Lytle Place, Abilene, TX 79602

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Little Joe Movers

Date

3/4/19

Full name of contributor out-of-state PAC (ID#: _____)

Brittany + William Pearson

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

17 Harbour Town, Abilene, TX 79606

Principal occupation / Job title (See Instructions)

Coordinator

Employer (See Instructions)

Little Joe Movers

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

Cory Clements

3 Filer ID (Ethics Commission Filers)

4 Date

3/8/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Scott Westlund

6 Contributor address;

City; State; Zip Code

222 Hancock Way, Burnet, TX 78611

7 Amount of contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

K&W Law Firm

Date

3/8/19

Full name of contributor

out-of-state PAC (ID#: _____)

Crystal Staggs

Contributor address;

City; State; Zip Code

1102 N. 3rd, Abilene, TX 79601

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Green Room

Date

3/21/19

Full name of contributor

out-of-state PAC (ID#: _____)

Phil Blue

Contributor address;

City; State; Zip Code

633 Scott Pl, Abilene, TX 79601

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Athletics Director

Employer (See Instructions)

Abilene ISD

Date

3/23/19

Full name of contributor

out-of-state PAC (ID#: _____)

D'Ann Clements

Contributor address;

City; State; Zip Code

5708 150th St, Lubbock, TX 79424

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Nurse

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 EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: <i>1</i>	2 FILER NAME <i>Cory Clements</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/5/19</i>	5 Payee name <i>Sign Pro</i>
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6 Amount (\$) <i>\$1,152.86</i>	7 Payee address; City; State; Zip Code <i>2541 S. Treadaway, Abilene, TX 79602</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Yard Signs</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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
------	------------

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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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