

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # <small>(Ethics Commission Filers)</small>	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr NICKNAME	FIRST Clint LAST	MI C SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address		ADDRESS / PO BOX: P. O Box 533	APT / SUITE #, CITY, STATE, ZIP CODE Inez TX 77968
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 649-2068	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs NICKNAME	FIRST Nancy LAST	MI L SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 9583 J-2 Ranch Rd		
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 550-2475	EXTENSION
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 2018 1 / 25 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 3 / 6 / 2018	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Victoria County Commissioner Pct 4	13 OFFICE SOUGHT (if known) Victoria County Commissioner Pct 4	
GO TO PAGE 2			

OFFICE USE ONLY

Date Received
FEB 05 2018
M. Hill

Date Hand-delivered or Postmarked

Receipt #	Amount
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Date Processed

Date Imaged

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Clint C Ives

15 ACCOUNT # (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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 125.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2,650.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$

4. TOTAL POLITICAL EXPENDITURES \$ 1,293.26

CONTRIBUTION
BALANCE

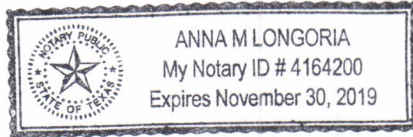
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 3,685.01

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$

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.



Clint C Ives

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Clint C. Ives, this the 5 day of Feb., 20 18, to certify which, witness my hand and seal of office.

Anna M Longoria

Signature of officer administering oath

Printed name of officer administering oath

Anna M. Longoria Notary Public

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 FILER NAME Clint C Ives		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/5/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) R.I. Gandy	7 Amount of contribution (\$) 1,000.0	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code PO Box 1316 Corpus Christi 78403		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/10/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Thomas and Grace Innes	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 222 Sirocco Dr Victoria, TX77904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/15/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) S. Holtzheuser	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 3200 Grandview Dr Austin, TX 78705		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/24/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Empire Field Services	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code PO Box 4609Victoria, TX 77903		(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.

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.

1 Total pages Schedule F: **2** FILER NAME **Clint C Ives** **3** ACCOUNT # (Ethics Commission Filers)

4 Date **1/5/2018** **5** Payee name **McCoys**

6 Amount (\$) **74.69** **7** Payee address, City, State, Zip Code **Victoria TX 77904**

8 PURPOSE OF EXPENDITURE **(a) Category (See categories listed at the top of this schedule): Advertising Exp** **(b) Description (If travel outside of Texas, complete Schedule F):**

9 Complete ONLY if direct expenditure to benefit C/OH **Candidate / Officeholder name** **Office sought** **Office held**

Date **1/12/18** Payee name **Martin Printing**

Amount (\$) **453.57** Payee address, City, State, Zip Code **Victoria, TX**

PURPOSE OF EXPENDITURE **Category (See categories listed at the top of this schedule): Printing** **Description (If travel outside of Texas, complete Schedule F):**

Complete ONLY if direct expenditure to benefit C/OH **Candidate / Officeholder name** **Office sought** **Office held**

Date **1/15/2018** Payee name **Industrial Education Foundation Maroon Ball**

Amount (\$) **350.00** Payee address, City, State, Zip Code **Inez, TX 77968**

PURPOSE OF EXPENDITURE **Category (See categories listed at the top of this schedule): Advertising Exp** **Description (If travel outside of Texas, complete Schedule F):**

Complete ONLY if direct expenditure to benefit C/OH **Candidate / Officeholder name** **Office sought** **Office held**

Date **1/18/2018** Payee name **UHV Night with the Jags**

Amount (\$) **90.00** Payee address, City, State, Zip Code **Victoria, TX**

PURPOSE OF EXPENDITURE **Category (See categories listed at the top of this schedule): Advertising Exp** **Description (If travel outside of Texas, complete Schedule F):**

Complete ONLY if direct expenditure to benefit C/OH **Candidate / Officeholder name** **Office sought** **Office held**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F:		2 FILER NAME Clint C Ives		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/20/2018		5 Payee name Inez Community Benefit Association			
6 Amount (\$) 325.00		7 Payee address: City: State: Zip Code Inez, TX 77968			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule): Advertising Exp		(b) Description (If travel outside of Texas, complete Schedule I)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete schedule I)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule I)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule I)	
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

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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Clint C Ives	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1/20/2018	5 Payee name Ventura's Tamales
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6 Amount (\$) 81.41 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, City, State, Zip Code Victoria, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): Event Exp	(b) Description (If travel outside of Texas, complete Schedule I)
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Date 1/20/2018	Payee name Inez Community Benefit Association
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Amount (\$) 120.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code Inez, TX 77968
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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 I)
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Date	Payee name
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Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	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 I)
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Date	Payee name
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Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	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 I)
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