

**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	2 Total pages filed: 15	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Stetson	MI	
	NICKNAME	LAST Clark	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	
	Date Hand-delivered or Date Postmarked 4/1 KEN			
	Receipt #		Amount	
	Date Processed			
Date Imaged				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST RUSSELL	MI	
	NICKNAME	LAST CHENEY	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE; ZIP CODE
	3714 KELSEY CT		GRAPEVINE TX	76051
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
		817-975-6401		
8 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 modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month	Day	Year	Month Day Year
	02	10	2021	THROUGH 03/31/2021
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

FORM C/OH
COVER SHEET PG 2
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13 C / OH NAME Clark, Stetson	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S)
 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,541.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	3,211.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,329.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFADAVIT

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]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Stetson Clark, this the 1st day of April, 2021, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering

Kim E. Hutto

Printed name of officer administering

Donald Clark

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3
 3 of 15

18 FILER NAME Clark, Stetson		19 Filer ID
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,541.50
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 FROM POLITICAL CONTRIBUTIONS	\$ 3,211.86
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/15</p>
<p>2 FILER NAME Clark, Stetson</p>		<p>3 Filer ID</p>
<p>4 Date 03/13/2021</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Army</p> <p>6 Contributor address; City; State; Zip Code 5409 Rustic Trail Colleyville, TX 76034</p>	<p>7 Amount of Contribution (\$) \$90.00</p>
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>
<p>Date 03/24/2021</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blomsness, Patricia</p> <p>Contributor address; City; State; Zip Code 6819 Fallbrook Ct Colleyville, TX 76034</p>	<p>Amount of Contribution (\$) \$250.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date 03/23/2021</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COBB, THOMAS</p> <p>Contributor address; City; State; Zip Code 707 West L D Lockett Road Colleyville, TX 76034</p>	<p>Amount of Contribution (\$) \$1,000.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date 03/19/2021</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cangelosi, Kevin</p> <p>Contributor address; City; State; Zip Code 316 Lexington Ln 2200 Vista Dr. Ste. 512 Euless, TX 76039</p>	<p>Amount of Contribution (\$) \$26.50</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date 03/02/2021</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheney, Russell</p> <p>Contributor address; City; State; Zip Code 3714, Kelsey Court Grapevine, TX 76051</p>	<p>Amount of Contribution (\$) \$100.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/15
2 FILER NAME Clark, Stetson		3 Filer ID
4 Date 03/18/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Cannon 6 Contributor address; City; State; Zip Code 1015 Village Crossing Dr Chapel Hill, NC 27517	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Marshall Contributor address; City; State; Zip Code 333 S Straughan Ave #114 Boise, ID 83712	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodson, George Contributor address; City; State; Zip Code 7309 Balmoral Dr Colleyville, TX 76034	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Remington Contributor address; City; State; Zip Code 15295 South Tack Way Riverton, UT 84065	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Riley Contributor address; City; State; Zip Code 1030 West Painted Horse Lane Bluffdale, UT 84065	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/15
2 FILER NAME Clark, Stetson		3 Filer ID
4 Date 03/05/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glassman, Mark 6 Contributor address; City; State; Zip Code 6204 Brazos Court Colleyville, TX 76034	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gottfredson, Mark Contributor address; City; State; Zip Code 7321 Trianon Court Colleyville, TX 76034	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groves, David Contributor address; City; State; Zip Code 5702 Ponderosa St Colleyville, TX 76034	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Nancy Contributor address; City; State; Zip Code 3312 Shadow Ridge Grapevine, TX 76051	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markle, Chad Contributor address; City; State; Zip Code 301 Stonington Ln Colleyville, TX 76034	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/15
2 FILER NAME Clark, Stetson		3 Filer ID
4 Date 03/30/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Kelly	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code 6820 Fallbrook Court Colleyville, TX 76034	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/05/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Kelly	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code 6820 Fallbrook Court Colleyville, TX 76034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nakamura, Yukihito	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 2204 Collins Path Colleyville, TX 76034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Rocky	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code 2826 Timber Hill Drive Grapevine, TX 76051	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/04/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborne, William	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 11266 Crescent Oak Way Sandy, UT 84070	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/15
2 FILER NAME Clark, Stetson		3 Filer ID
4 Date 03/06/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Mark	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 6716 Glenhurst Drive Dallas, TX 75254		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prescott, Nathan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2437 Brittany Ln Grapevine, TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Mitchell	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2023 SANTA FE TRL GRAPEVINE, TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/06/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schofield, Lyle	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 5805 Highland Hills Lane Colleyville, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Tirzah	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code 1309 Laguna Vista Way Grapevine, TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/15</p>
<p>2 FILER NAME Clark, Stetson</p>		<p>3 Filer ID</p>
<p>4 Date 03/08/2021</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilhite, Tamara</p> <p>6 Contributor address; City; State; Zip Code 517 Aurora Court Euless, TX 76039</p>	<p>7 Amount of Contribution (\$) \$300.00</p>
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>
<p>Date 02/10/2021</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) clark, stetson</p> <p>Contributor address; City; State; Zip Code</p>	<p>Amount of Contribution (\$) \$100.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date 03/03/2021</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) clark, stetson</p> <p>Contributor address; City; State; Zip Code</p>	<p>Amount of Contribution (\$) \$750.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Printing 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/6 Rpt: 10/15		2 FILER NAME Clark, Stetson		3 Filer ID	
4 Date 03/30/2021		5 Payee name Anedot.com			
6 Amount (\$) \$217.26		7 Payee address; City; State; Zip Code 5555 Hilton Ste 106 Baton Rouge, LA 70808			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fund Collection	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/01/2021		Payee name DNH*GODADDY.COM CHK CARD PUR 480-5058855 AZ 041559			
Amount (\$) \$15.98		Payee address; City; State; Zip Code 14455 N Hayden Rd Scottsdale, AZ 85260			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Website	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/29/2021		Payee name DRI*PRINTPLACE CHK CARD PUR 877-405-3949 CA 011262			
Amount (\$) \$173.34		Payee address; City; State; Zip Code 1130 Avenue H E Arlington, TX 76011			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Flyers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/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)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1: Sch: 2/6 Rpt: 11/15		2. FILER NAME Clark, Stetson		3. Filer ID
4. Date 03/16/2021	5. Payee name FACEBK *JPAKGZNTW2 CHK CARD PUR 650-543-7818 CA 007341			
6. Amount (\$) \$25.00	7. Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025-1452			
8. PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Ads	
9. Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held
Date 03/22/2021	Payee name FACEBK *PRJN723UW2 CHK CARD PUR 650-543-7818 CA 079036			
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025-1452			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Ads	
Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held
Date 03/25/2021	Payee name FACEBK G4DAE3KUW2 CHK CARD PUR 650-5434800 CA 005775			
Amount (\$) \$35.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025-1452			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Ads	
Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/6 Rpt: 12/15		2 FILER NAME Clark, Stetson		3 Filer ID	
4 Date 03/30/2021		5 Payee name FACEBK GJBWE23UW2 CHK CARD PUR 650-5434800 CA 010774			
6 Amount (\$) \$50.00		7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025-1452			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Ads	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/19/2021		Payee name FACEBK Y635KZNTW2 CHK CARD PUR 650-5434800 CA 049682			
Amount (\$) \$25.00		Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025-1452			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Ads	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/01/2021		Payee name GODADDY.COM			
Amount (\$) \$1.17		Payee address; City; State; Zip Code 14455 N Hayden Rd Scottsdale, AZ 85260			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Website	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/6 Rpt: 13/15		2 FILER NAME Clark, Stetson		3 Filer ID
4 Date 03/24/2021		5 Payee name LOWE'S #2440 POS PURCHASE EULESS TX 783802		
6 Amount (\$) \$135.75		7 Payee address; City; State; Zip Code 3000 S.H. 121 Euless, TX 76039		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 03/29/2021		Payee name LOWE'S #2440 POS PURCHASE EULESS TX 833626		
Amount (\$) \$16.13		Payee address; City; State; Zip Code 3000 S.H. 121 Euless, TX 76039		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 03/29/2021		Payee name OFFICE DEPOT #406 CHK CARD PUR 800-463-3768 TX 052749		
Amount (\$) \$126.65		Payee address; City; State; Zip Code 1317 W State Highway 114 grapevine, TX 76051		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Flyers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/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)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/6 Rpt: 14/15		2 FILER NAME Clark, Stetson		3 Filer ID
4 Date 03/29/2021	5 Payee name OFFICE DEPOT #406 CHK CARD PUR 800-463-3768 TX 099536			
6 Amount (\$) \$60.62	7 Payee address; City; State; Zip Code 1317 W State Highway 114 Grapevine, TX 76051			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Flyers	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 03/25/2021	Payee name OFFICE DEPOT 00 POS PURCHASE GRAPEVINE TX 052877			
Amount (\$) \$53.58	Payee address; City; State; Zip Code 1317 W State Highway 114 grapevine, TX 76051			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Flyers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 03/15/2021	Payee name VISTAGO PRINT LLC CHK CARD PUR 888-2555541 TX 008819			
Amount (\$) \$2,226.49	Payee address; City; State; Zip Code 7301 Bar K Ranch Rd Lago Vista, TX 78645			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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 -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/6 Rpt: 15/15	2 FILER NAME Clark, Stetson	3 Filer ID
4 Date 03/29/2021	5 Payee name WIX.COM PREMIUM-PL CHK CARD PUR WWW.WIX.COM CA 013579	
6 Amount (\$) \$24.89	7 Payee address; City; State; Zip Code 40 Namal Tel Aviv St. TEL AVIV YAFO 6701101 Israel	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held